



HSE Corporate Safety Statement 2022



Policy Statement

Welcome to the HSE Corporate Safety Statement 2022.

I would like to thank and acknowledge the true dedication and commitment of all of you, who give so much every day, right across our health service. I have been fortunate to have experienced many varying roles within the HSE over the last 25 years, including senior service management roles and as a result, I have witnessed the daily achievements by our staff right across the entire health and social care services. Staff have experienced a very difficult period during both the COVID-19 pandemic and during the criminal cyber-attack and I wish to acknowledge their great efforts over the last two and half years. We can look forward to what we can achieve together in the coming months, building on what we have learned during this time of great adversity.

I am committed to supporting you in the important work that you do and I am grateful for your ongoing support. As we move towards the winter months, I am mindful of the many challenges we face as we will all endeavour to ensure that our patients' and clients' safety and wellbeing are protected, as they need to be at the heart of everything we do.

As CEO, I have overarching responsibility under the Safety, Health and Welfare at Work Act, 2005, to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all employees and those affected by the HSE activities. An integral component of the HSE's safety management system continues to be the clear allocation of responsibility and accountability to managers and employees which is understood, demonstrated and monitored, and where compliance with legal requirements is regarded as the minimum standard to be achieved.

I will build upon the commitment to provide healthy and safe workplaces by supporting open communication, engaging and consulting with employees, encouraging them to identify and report issues of concern and suggest innovative solutions.

The HSE organisational structure sets out the accountability arrangements in place for management of all levels to follow. The structure aims to support improved performance and accountability and enable the progression of the Sláintecare vision.

This Corporate Safety Statement is a dynamic document, which will continue to evolve over time and hence be subject to ongoing review, as and when required.

In summary, our aim is to achieve and maintain the highest possible standards of occupational safety and health management, whilst working together to deliver our vision of *'a Healthier Ireland, with the right care, at the right time and in the right place'*. (HSE Corporate Plan 2021-2024).

Stephen Mulvany, CEO

Date:

22 November 2022

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Executive Summary

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

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

Section 2 of the CSS places the management of Occupational Safety and Health (OSH) as a prime responsibility from managers at all levels. The roles and responsibilities of the HSE Board, CEO, Executive Management Team, Chief Operations Officer, Chief Financial Officer, National Director HR, Hospital Group Chief Executive Officers, Community Health Organisation Chief Officers, Head of National Ambulance, and Local Senior Managers and Line Managers are clearly outlined.

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

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

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

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

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

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

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

Section 8 will assist with the implementation of an effective safety management system, which will be supported by the SSSS. Management are responsible to ensure that the contents of the Corporate Safety Statement are appropriately communicated, implemented and made available to all employees.

Section 9 advises that it is the responsibility of the National Director of Human Resources to ensure that the HSE's CSS is reviewed at least annually or when there has been a significant change in the matters to which it refers.

Section 10 provides a framework for measuring performance and ensuring continuous improvement through the establishment of Key Performance Indicators and auditing.

Finally, Section 11 outlines the role of the Health and Safety Authority.

1.0 Introduction

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

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

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

The HSE promotes the principles outlined in the Health and Safety Authority's *"Guidance on the Management of Safety, Health and Welfare in the Health Sector, 2006"* and the internally developed audit tools, to assist in the continuous development and implementation of the safety management system. Regular auditing at both national and local level will provide a source of evidence to measure compliance with legislation.

1.1 Scope

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

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

2.0 Organisational Roles and Responsibilities

2.1 HSE Board

The Board is the governing body of the Health Service Executive (HSE), accountable to the Minister for Health for the performance of its functions with the Chief Executive Officer accountable to the Board as set out in the Health Service Executive (Governance) Act 2019.

The Board's key priorities include:

- The development and implementation of an effective Corporate Governance Framework, incorporating clinical governance and a performance management and accountability system
- Developing a plan for building public trust and confidence in the HSE and the wider Health Service
- Ensuring the HSE's full support for and implementation of the Government's programme of health reform as set out in the Sláintecare Implementation Strategy
- Exercising effective budgetary management, including improving the value achieved with existing resources and securing target saving, with the objective of delivering the National Service Plan within Budget.

In line with the Board's authority the following Committees have been established:

- Audit and Risk Committee
- Safety and Quality Committee
- People and Culture Committee
- Performance and Delivery Committee
- Technology and Transformation Committee

With regard to risk management, the Audit & Risk Committee retains overall oversight of operation, maintenance and development of the HSE risk management framework and underlying risk methodologies (and for the avoidance of doubt will retain overall committee responsibility for the oversight of the HSE's principal risks and reviewing the financial impact of claims experience on the HSE) with the above Committees of the Board providing the detailed consideration, oversight and advice relating to risks within their agreed scopes.

Accordingly, in the context of occupational safety, health and welfare, the People and Culture Committee is responsible for advising the Board on all matters relating to the people and culture mandate to include:

- Overseeing the implementation of the Health Services People Strategy 2019-2024 through the development of an appropriate dashboard to monitor progress
- Assuring the Board that effective and proactive evidence-based workforce planning and intelligence is in place to have the right people, with the right skills, in the right place and at the right time
- Advising the Board that the appropriate investment is being made in people and teams to ensure that the capability and capacity to deliver person-centered care continues to be nurtured
- Advising the Board that the necessary supports are in place to enable and support a digital culture to improve productivity and efficiency
- Advising the Board that appropriate and effective systems of communication are in place for staff
- Reviewing the effectiveness of the systems established by management to identify, assess, manage, monitor and report on risks to staff by receiving regular reports from the National Director of HR
- Advising the Board in relation to the implementation of the aspects of Sláintecare that refer to people and culture
- Overseeing the development of a national suite of tested key performance indicators relating to staff and measuring and monitoring progress against a relevant dashboard
- Monitoring the implementation of new practices and ensuring that appropriate systems, programmes and controls are in place to support staff with successful delivery
- Receiving reports on the identification of risks to staff safety and overseeing development plans to anticipate and respond to such risk with the aim of creating and maintaining a safe working environment and reducing adverse events
- Reviewing and endorsing the National Service Plan and related annual work programmes of National HR and Health Business Services and advising the Board on the adequate resourcing to ensure successful implementation

- Providing assurance that appropriate systems and controls are in place to ensure compliance with all statutory obligations imposed on the HSE relating to employees including compliance with the Pay and Numbers Strategy
- Advising on systems and processes to ensure that lessons learned from adverse events are communicated effectively and are embedded in practice
- Supporting the enhancement of collaborative working relationships across the health service between professions and other stakeholders, including representative bodies and regulators to improve culture

The Board of the HSE delegates operational responsibility for the day-to-day running of the HSE to the CEO.

2.2 Chief Executive Officer (CEO)

The CEO, Stephen Mulvany, has overarching responsibility to ensure, in so far as is reasonably practicable, the safety, health and welfare at work of all employees and others affected by HSE activities.

The CEO will ensure:

- The HSE has a strategic management system for occupational safety, health and welfare
- Management arrangements are in place so that the safety management system is effectively integrated across all disciplines and services
- Mechanisms are in place to promote a positive safety culture which is communicated, successfully implemented and audited throughout the HSE
- There is accountability for the management of occupational safety, health and welfare throughout the HSE
- The Executive Management Team are given the authority to effect safety and health changes in workplaces covered by this Safety Statement
- Systems of internal control and risk management operate effectively
- The Executive Management Team has sufficient information on the effectiveness of the safety management system
- There is an appropriate system in place to effectively audit and evaluate the safety management system and to take appropriate action where necessary to ensure compliance with health and safety legislation
- In so far as is practicable, appropriate resources are allocated to ensure the effective implementation of the safety management system
- Health and safety factors are taken into account during corporate and service design and planning

The CEO is accountable for occupational safety and health and delegates operational responsibility for the day-to-day discharge of statutory duties under the 2005 Act to the Executive Management Team, Senior Management Team, Senior Managers and Line Managers for all matters within their control (as set out in this Statement hereafter) and, with specific regard to assurance and support to the Organisation on occupational safety and health matters, to the National Director of HR.

2.3 Executive Management Team

Whilst the CEO has overarching responsibility as described in Section 2.2 above, the Executive Management Team carry similar responsibility to the CEO for all matters within their control or influence¹.

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

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

2.4 Chief Operations Officer

The Chief Operations Officer, within their division delegates operational responsibility for the day-to-day discharge of statutory duties under the 2005 Act to the Director of Acute Operations, National Director of Operational Performance and Integration and National Director Community Operations by ensuring:

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

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

resources necessary to manage occupational safety, health and welfare are in place and are effective

2.5 Chief Financial Officer

In addition to Section 2.3 above, the Chief Financial Officer assists the CEO on all strategic and operational matters relating to budget management, forecasting needs and the securing of funding for Health and Social Care Services.

2.6 National Director of Human Resources

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

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

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

2.7 National Director of Capital and Estates

In addition to Section 2.3 above, the National Director of Capital and Estates shall provide leadership and ensure the provision of competent advice, guidance and support with regard to the management of fire safety and infrastructural risk.

2.8 Hospital Group Chief Executive Officers (CEOs), Chief Officers of Community Health Organisations (COs) and Head of National Ambulance Services (NAS)

Hospital Group CEOs, CHO COs and the Head of NAS are accountable respectively to the National Director Acute Hospitals and National Director Community Operations, for the effective integration of safety, health and welfare across all disciplines and services within their area of responsibility, so far as is reasonably practicable. Hospital Group CEOs, COs and the Head of NAS must be named in the relevant Site Service Safety Statement.

Responsibilities include:

- Ensuring there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation and review of the safety management system
- Ensuring that each site or service has in place a written Site Service Safety Statement and associated risk assessments which is communicated, monitored, reviewed and updated at least annually and in the event of any significant change in legislation, work activity or place of work
- Ensuring necessary resources are allocated and are available for the implementation of the safety management system
- Seeking advice from the National Health and Safety Function via <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/health-and-safety-helpdesk.html>, specialist health and safety professionals and risk advisors/managers as necessary
- Ensuring that a health and safety training needs assessment based on risk assessment has been undertaken and training programmes have been and continue to be implemented to ensure the safety, health and welfare of employees and others affected by the work activities
- Ensuring that suitable arrangements are in place to facilitate effective consultation on matters pertaining to occupational safety, health and welfare
- With regard to emergencies or situations of serious or imminent danger, ensuring adequate plans and procedures are in place and periodically tested
- Putting in place appropriate procedures to ensure all incidents are reported and managed in accordance with the [HSE Incident Management Framework](#) and prescribed accidents and dangerous occurrences are reported to the Health and Safety Authority
- Ensuring that workplaces are designed and maintained in a condition that is safe and without risk to health, that there is a safe means of access to and egress from the workplace and that plant, equipment and other articles are safe and without risk to health so far as is reasonably practicable
- Ensuring that systems of work are planned, organised, performed, maintained and revised as appropriate, so as to be safe and without risk to health so far as is reasonably practicable
- Managing and conducting work activities in such a way as to prevent, so far as is reasonably practicable, any improper conduct or behaviour likely to put the safety, health or welfare at work of his or her employees at risk

- Ensuring safety, health and welfare legislation forms part of the general conditions of a contractor's work specification at all stages of the procurement process
- Ensuring that all safety related records are maintained appropriately and are available for inspection
- Integrating performance indicators in relation to safety, health and welfare as part of performance management
- Identifying and nominating key personnel who will act as a liaison on matters pertaining to occupational safety, health and welfare to the National Health and Safety Function

2.9 Local Senior Managers and Line Managers

- Local Senior Managers (LSMs) and Line Managers (LMs) are responsible for ensuring that safety is managed at local level and that safety is inherent in the services provided
- Essentially, LSMs and LMs must, at an operational level, implement the requirements set out in 2.7 above through the activities, staff and workplaces within their control

Note: Delegated roles & responsibilities of Local Senior Managers and Line Managers are detailed in the local SSSS

2.10 Employees

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

Note: Detailed responsibilities of employees are described in the local SSSS

2.11 National Health and Safety Function

The National Health and Safety Function (NHSF) falls within the Workplace Health and Wellbeing Unit, Corporate HR Directorate. The NHSF provides strategic direction and assurance to duty holders at all levels of the organisation and combines expert resources with best practices to deliver the highest possible standard of service across the key OSH support areas to include:

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

- Working collaboratively with local Health and Safety Specialists to ensure alignment against strategic objectives through standardisation and assurance in accordance with Appendix 5.

For further information see: <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/>

2.12 Occupational Health Services

Occupational Health Services enable the HSE to deliver safe, effective and quality care to all of its service users by optimising the available workforce and the health and wellbeing of that workforce. They provide medical advice on issues where work is affecting health and/or health is affecting work.

Responsibilities include:

- Promoting compliance with health and safety legislation
- Completing pre-placement health assessments for applicants to ensure they are medically fit to undertake the employment
- Administering appropriate vaccination programme(s) in accordance with the [Immunisation Guidelines of Ireland](#)
- Fitness for work assessment and case management of HCWs out of work due to illness or injury as per the Management Attendance and Rehabilitation Policies through Management and Self-referral pathways
- Providing recommendations on workplace accommodations required to facilitate early and safe return to work.
- Providing an opinion on fitness as required by Critical Illness protocol, Serious Physical Assault Scheme/Temporary Rehabilitation Remuneration/ Injury at Work Scheme
- Providing appropriate health surveillance to employees where risk is identified in the workplace
- Providing information to employees regarding support services available, e.g. counselling support through the Employee Assistance Programme, employee coaching.
- Developing and maintaining relations with appropriate external organisations
- Promoting employee health and wellbeing
- Supporting the development of evidence-based policies, procedures and guidelines related to occupational health
- Promoting audit-based benchmarked standards for occupational health, using the HSE Occupational Health Standards

For further information see: <https://healthservice.hse.ie/staff/benefits-and-services/occupational-health/>

2.13 Employee Assistance Programme (EAP)

EAP provides:

- The HSE Employee Assistance Programme (EAP) is a work-based support service for staff and the organisation. It is a confidential independent service that is free and available to all HSE employees. It provides short term counselling for personal and work related issues affecting job performance or home life. Critical Incident Stress Management (CISM) services are available to help staff who require support following a critical incident. EAP also supports employees with complex psychosocial issues (psychological and social factors that influence mental health)
- Access to services is via self-referral, or referral by Occupational Health or Management
- Formal structured supports to groups of employees who have experienced distress as a result of a critical incident and/or other issues
- Consultation and support to management on staff wellbeing issues
- Workshops/training on topics where the EAP has relevant expertise, e.g. stress management, resilience, post trauma support, and team support
- Data-driven reporting from EAP to the organisation of de-identified and generalised trends and themes, to enhance employee wellbeing and the organisational effectiveness
- Evidence-based [EAP National Standards](#), procedures and practice guidelines related to EAP service provision
- Outcomes-focused benchmarked standards for EAP

For further information see: [HSE Employee Assistance Programme](#)

2.14 Risk Committee

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

- Advising the EMT and Board on the HSE's overall risk appetite (i.e. the amount and type of risk that the organisation is willing to pursue or retain), tolerance and strategy, taking account of the current and prospective macroeconomic and healthcare environment, drawing on authoritative sources relevant to the HSE's risk policies
- Reviewing arrangements in place by which employees may, in confidence:
 - Raise concerns,
 - Receive reports, on a timely basis, of concerns raised under Protected Disclosure procedures and,

- Advise on appropriate action to maintain the highest standards of probity and honesty throughout the health services
- Reviewing, at least annually, and if necessary, proposing changes to the HSE's Governance Framework relating to risk management

The Committee receives communications on occupational safety, health and welfare issues from the Health and Safety Management Advisory Committee and, through such mechanisms of consultation in place within the HSE, engages with staff and their representatives.

2.15 Health and Safety Management Advisory Committee (HSMAC)

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

- The development of an overarching view of non-clinical risk management
- Providing information, reports and/or assurances as applicable to the Executive Management Team, HSE Audit and Risk Committee and People and Culture Committee on risks to staff safety and support structures for the effective management of non - clinical risk
- Enhancing collaboration and co-ordination between Divisions with key support roles in relation to non-clinical risks

2.16 Quality and Patient Safety

The National Quality and Patient Safety (NQPS) Directorate works in partnership with HSE operations, patient representative and other internal and external partners to improve patient safety and the quality of care by;

- Building quality and patient safety capacity and capability in practice
- Using data to inform improvements
- Developing and monitoring the incident management framework and open disclosure policy and guidance
- Providing a platform for sharing and learning
- Reducing common causes of harm and enabling safe systems of care and sustainable improvements.

In line with the [Patient Safety Strategy 2019-2024](#), the NQPS Directorate delivers on its purpose through the following teams:

- **Patient Safety Programme:** Oversee and monitor the implementation of the Patient Safety Strategy
- **QPS Improvement:** Use of improvement methodologies to address common causes of harm
- **QPS Intelligence:** Using data to inform improvements in quality and patient safety
- **QPS Incident Management:** Incident Management Framework, Open Disclosure Policy & National Incident Management System
- **QPS Education:** Enabling QPS capacity and capability in practice

- **QPS Connect:** Communicating, sharing learning, making connections
- **National Center for Clinical Audit**

2.17 Governance and Risk

The Governance and Risk Function has accountability for establishing and managing Risk Management, Compliance and other governance frameworks and standards including statutory appeals, protected disclosures, and legal affairs by:

- Developing and promoting the HSE's risk management framework
- Creating mechanisms for monitoring the HSE's compliance with relevant statutory and regulatory obligations
- Overseeing and managing the HSE's legal services
- Delivering the National Appeals Service, managing the delivery of an internal, independent and impartial review of decisions taken by personnel of the HSE in relation to specified services and entitlements
- Overseeing the statutory Protected Disclosures process allowing staff to raise concerns where they have reasonable grounds for believing that the health or welfare of patients/clients or the public may be put at risk, or where there is waste of public funds or legal obligations are not being met
- Supporting the health and social care services of the HSE to meet their responsibilities under Children First

3.0 Risk Management Process

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

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

The HSE Integrated Risk Management Policy sets out the policy and guidance by which the HSE manages risk which has been aligned to ISO 31000 Risk Management – Principles and Guidelines. The Policy adopts a proactive approach to the management of risk to support both the achievement of objectives and compliance with governance requirements.

3.1 Hazard Identification and Risk Assessment Process

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

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

- Identify the hazards, and assess the risks in the workplaces under their control
- Identify current controls that are in place to manage the risk

- Evaluate the risk using the [HSE Integrated Risk Management Policy - Part 2 Risk Assessment and Treatment](#) to assist in prioritizing subsequent additional controls required
- Identify what additional controls if any, are required to eliminate the risk or reduce it to as low as is reasonably practicable
- Identify and assign a responsible person who has responsibility for ensuring these additional controls are implemented and agree a time frame for implementation
- Review the risk assessment and make appropriate changes when necessary
- Communicate and notify risks that cannot be controlled locally to senior management for entry on to the appropriate Service Risk Register²

The process for occupational safety and health risk assessment is conducted in line with Ref: *HSE Guideline Document re: Completion of Occupational Safety and Health Risk Assessments* available on <https://healthservice.hse.ie/staff/health-and-safety/risk-assessment/>

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

3.2 Review and Monitoring

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

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

3.3 Communication and Notification of Risk

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

4.0 Organisational Arrangements

The following section details a non-exhaustive list of the health and safety arrangements in place in the HSE to fulfill our statutory duties and to reduce the risk of injury or ill health to employees and all others affected by our activities.

Additional hazard control arrangements can be found in local safe systems of work.

² See: www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/

4.1 Safe Systems of Work

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

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

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

4.2 Incident Management

The HSE aims to:

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

It is the policy of the HSE that all incidents shall be identified, reported, and reviewed in accordance with the Safety, Health and Welfare at Work Act 2005 and as specified in the [HSE Incident Management Framework 2020](#).

In addition, incidents involving potential exposure to COVID-19 must be reported and managed in accordance with the [HSE Quick Guide for Healthcare Worker \(HCW\) Management](#).

It is the responsibility of employees to complete the appropriate National Incident Report Form (NIRF) as soon as is practicable after the event occurs and within one working day. It is the responsibility of Services to clearly identify the route of submission of the NIRF for input onto the [National Incident Management System](#) (NIMS).

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

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

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

5 working days of the death. Further information on reporting to the HSA can be found at:

https://www.hsa.ie/eng/topics/covid-19_coronavirus_information_and_resources/covid-19_guidance_and_advice/guidance_and_advice/covid_19_%E2%80%93_faq_s_and_advice_for_employers_and_employees/

Under the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020, the following must be notified to the HSA:

1. Any work-related sharps injury that could cause severe human infection/human illness. The approved form of [Notification of a Dangerous Occurrence](#) must be used.
2. A confirmed case of COVID-19 in an employee (e.g. informed by a medical practitioner, public health or other health professional) as a result of the employee carrying out work with the Coronavirus (SARS-CoV-2)
3. In the case of a death of an employee from COVID-19, where it has been established that the death was because of the employee's work with the Coronavirus (SARS-CoV-2)

With reference to points 2 and 3 above, a medical practitioner may also notify the HSA on behalf of the employer.

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

4.3 Internal Emergency Plans

Section 11 of the Safety, Health and Welfare at Work Act 2005 requires the HSE 'to have in place adequate plans and procedures to be followed and measures to be taken in the case of an emergency or a serious and imminent danger within the workplace' e.g. fire, disruption to water/electricity supplies, flooding, outbreak of illness, adverse weather, etc.

It is essential that plans are in place for all foreseeable internal emergencies/incidents that may occur. Plans will reduce the potentially increased risks to employees, service users, visitors and all who come into contact with our Services and/or who may be affected by our activities, arising from loss of service, premises and equipment, etc. All plans should be periodically tested and include contingency arrangements. Internal emergency/incident plans are included in all Site Service Safety Statements (SSSS).

For the purposes of implementing these plans, procedures and measures are required under the legislation. The senior manager will designate an adequate number of employees who are responsible for the implementation of such plans, procedures and measures.

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

The above provision does not apply to Major Emergency Plans or the 999/112 NAS system.

4.4 Fire Safety Management

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

The assignment of responsibilities of the Fire and Safety Officer are clearly set out in the Capital and Estates Directorate Safety Statement.

- A comprehensive Fire Safety Training Programme is tendered for by the Capital and Estates Fire Safety function but this must be implemented at a local level and the line manager is responsible for ensuring all staff have received the required training and for maintaining such records.
- Fire drills must be undertaken as per the local policy and these must be coordinated by the line manager
- Line Manager must ensure that a Fire register is in place for their area of responsibility, national templates and advice and guidance is available through Capital and Estates
- The senior manager must ensure that a local fire policy is in place for the service.
- The Senior Manager for the site must ensure that a Fire Risk Assessment has been undertaken for the site, the local Capital and Estates Fire Officer will assist in ensuring that these assessments are undertaken in the required format. Personal Emergency Evacuation Plans (PEEPS) should be developed as required, templates and assistance can be sought from the Capital and Estates Fire Safety Officer.
- Senior manager must ensure that statutory inspections on life safety systems such as Fire alarm and emergency lighting are undertaken and informing the Capital and Estates department where remedial works are required

4.5 Maintenance of Buildings, Plant and Equipment

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

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

Maintenance of plant and equipment should be in full compliance with the [State Claims Agency- Inspection and Testing of Equipment and Machinery - Regulatory Requirements Part 2 Scheduling, V3, 2016](#)

4.6 Medical Devices/Equipment Management

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

To ensure effective governance the [HSE Medical Device Equipment Management Policy and the Medical Device Equipment Management Standards and Self-Assessment Guidance for Service Areas](#) sets out the requirements in relation to the management of medical device equipment within the Services and within agencies funded by the HSE. This ensures that medical device equipment is managed in a way which complies with the requirements of the new Medical Devices Regulation (MDR) (EU) 2017/745 and In-Vitro Diagnostics Regulation (IVDR) (EU) 2017/746. Individual responsibility for medical device equipment management is clearly defined with clear lines of accountability leading up to each Hospital Group, CEO and Community Healthcare Organisation, Chief Officer. Governance is delivered through the establishment of a National Medical Device Equipment Management Committee (NMDEMC) together with hospital group and local Hospital/Community Healthcare Office committees. This facilitates implementation, monitoring compliance and provides assurance

in relation to the Policy and Standards.

The HSE is responsible to ensure that a process is operational to assure management of Medical Device Safety notices as distributed by the competent authority in Ireland, i.e. The Health Products Regulatory Authority (HPRA). In addition, Health & Safety Alerts are issued periodically by the National Health & Safety Function providing important and often urgent information relating to occupational safety, health and welfare risks. A National ICT management process is in place for the distribution and acknowledgement receipt of Medical Device and Health and Safety Alerts as issued to designated persons within each hospital / CHO facility for consideration of action within their area of responsibility.

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

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

The management of contractors is recognised by the HSE as an integral component of the safety management system and will ensure that appropriate selection of contractors is in line with current safety, health and welfare legislative requirements. The HSE is committed to ensuring that all contractors working in HSE premises and locations are appropriately supervised and are made fully aware of the need to ensure the safety, health and wellbeing of anyone likely to be affected by their activities.

Refer to *HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others*, at <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/health-and-safety-in-contract-work.html>

4.8 Shared Places of Work

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

4.9 Instruction, Training and Supervision

The HSE is committed to providing employees with the necessary skills and knowledge to carry out their roles in a safe manner, developing a skilled and competent workforce and promoting a culture of learning in the workplace.

Under the Safety, Health and Welfare at Work Act, 2005 (Sections 8 and 10) the employer is required to provide instruction, training and supervision to their employees in relation to safety, health and welfare at work.

In line with legislation, Occupational Safety and Health (OSH) Training must be provided to all employees:

- On commencement of employment
- In the event of the transfer of an employee or change of task assigned to an employee
- On the introduction of new work equipment, new systems of work, or changes in existing work equipment or systems of work

- On the introduction of new technology
- To maintain employee competency

OSH Training is considered statutory training when it is:

- Explicitly required by law, or
- Required on the instruction of a statutory body (e.g. Health and Safety Authority) on the basis of specific legislation e.g. [Safety, Health and Welfare at Work Act \(2005\)](#), or
- Required through the process of risk assessment or training needs assessment. That is where, through either of these processes, the Organisation (e.g. management at national or local level) deems training to be necessary to ensure, so far as is reasonably practicable, the safety, health and welfare at work of employees and others

Please note that statutory training is mandatory for all identified employees.

A systematic approach to identify training needs is implemented in the HSE. This involves a comprehensive analysis of the specific training needs of all employees based on a number of factors, including (non-exhaustive):

- Legislative requirements
- The specific work activities undertaken by employees
- The workplace risk assessment to include the work environment, work activities and work equipment
- Consultation with employees, representatives and other stakeholders
- Local and National Policies, Procedures, Protocols and Guidelines
- Relevant findings and recommendations of workplace audits, inspections and incident investigations

Managers must prioritise the findings of the training needs assessment and develop a schedule of OSH training, ensuring that employees receive all identified training.

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

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

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

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

For more information on OSH training and the training needs assessment process, please refer to *HSE Policy on Occupational Safety and Health Training*, at <https://healthservice.hse.ie/staff/training-development/health-and-safety/health-and-safety-training.html>

Refer to <https://healthservice.hse.ie/staff/training-development/health-and-safety/health-and-safety-training.html> for information on OSH training.

5.0 Consultation and Communication

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

5.1 Safety Committees

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

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

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

- Any representations made to the employer, to include representation from the Safety Representative(s) on any matters relating to safety, health and welfare
- The implementation of Quality Improvement Plans (QIPs) arising from audits
- Information relating to incidents, dangerous occurrences and instances of occupational ill- health at the place of work
- Progress reports on the implementation of risk assessments and the Site Service Safety Statement
- Implementation of the health and safety training programme and review health and safety training reports
- The promotion of activities on safety and health at work and wellbeing programmes
- Compliance and recommend actions that will improve the effectiveness of the local safety management system
- The integration of safety, health and welfare into each respective service
- Local Key Performance Indicators (KPIs) in line with HSE objectives to measure compliance with legislation
- The effectiveness of consultation arrangements regularly

- Please note where integrated committees exist they should ensure that staff safety, health and welfare issues are afforded appropriate time at each meeting and that all relevant issues receive appropriate action

Refer to HSE *Guidance on the Establishment of Local Health and Safety Committee* at <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/safety-consultation-and-safety-representation.html>

5.2 Safety Representatives

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

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

Safety Representatives may:

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

Refer to *HSE Guidance on the Election / Selection of Safety Representative(s)* at <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/safety-consultation-and-safety-representation.html>

5.3 Lead Worker Representative

The [Government's Transitional Protocol – Good Practice Guidance for Continuing to Prevent the Spread of COVID-19](#) requires employers, in consultation with their employees and their representatives, to continue to facilitate the ongoing appointment and engagement of the Lead Worker Representative(s) (LWRs).

The LWR is charged with ensuring that COVID-19 measures are strictly adhered to in their place of work.

The key roles of the LWR are as follows:

- Undertake the required training
- Work collaboratively with the employer to ensure, so far as is reasonably practicable, the safety, health and welfare of employees in relation to COVID-19
- Promote good hygiene practices such as washing hands regularly and maintaining good respiratory etiquette along with maintaining social distancing in accordance with public health advice
- To assist in monitoring adherence, carry out inspections at a frequency and type agreed with the COVID-19 Response Manager
- Assist in keeping fellow employees up to date with the latest COVID-19 advice and promote good hygiene practices, good respiratory etiquette and social distancing in accordance with public health advice
- Escalate areas of non-conformity to the COVID -19 Response Manager
- Consult with fellow employees, raise their concerns and provide timely feedback
- Share relevant information with the Safety Representative(s)

Reference: https://assets.hse.ie/media/documents/SN00204_Summary_of_key_support_roles_in_implementation_of_Transitional_Protocol.pdf

6.0 Resources

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

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

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

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

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

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

7.0 Safety Statement Distribution

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

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

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

8.0 Implementation of Corporate Safety Statement

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

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

When making the Corporate Safety Statement available for local application each Directorate/ Division/ Corporate Service is required to detail the safety management structure in the form of an organisational chart, which identifies the line management structure for safety management starting with the most senior manager. (Refer to Appendix 6B).

9.0 Revision of the Corporate Safety Statement

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

10.0 Measuring performance

Performance measurement is an important part of the safety management system. Intelligence gathered through the performance measurement process informs and sustains the operation and development of the HSE's safety and risk management systems.

10.1 Corporate Occupational Safety and Health (OSH) Key Performance Indicators

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

- Information on vulnerabilities in the management system and, likewise, areas where remedial action is required

- A basis for continual improvement
- Feedback and motivation by identifying systems, processes and good practice that promote a positive safety culture

At corporate level a series of leading and lagging KPIs are in development. Over time the suite of indicators will be refined and expanded as appropriate. Data on performance against these standards will be reviewed by the Health and Safety Management Advisory Committee and the Risk Committee.

Systems to permit the regular collection of reliable, standardised data to measure these KPIs and a structured feedback mechanism will be implemented and will evolve over time.

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

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

10.2 Safety Auditing

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

The purpose of this is to assess systems compliance, provide independent assurance and identify areas for improvement (in line with the HSE Audit Tool). Implementation of audit findings is the responsibility of local management.

Refer to current audit tools available on <https://healthservice.hse.ie/staff/benefits-services/health-and-safety/health-and-safety-auditing.html>.

11.0 Health and Safety Authority

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

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

- **Improvement Direction/ Notice**

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

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

- **Prohibition Notice**

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

- **Report of Inspection**

The issuing of a Report of Inspection Letter to the duty-holder or person in charge during the inspection which sets out minor breaches of the relevant laws and setting out areas where improvements can be made. The person in charge must counter sign this letter, so as to accept the items on the letter will be remedied.

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

Safety, Health and Welfare at Work Legislation

Safety, Health and Welfare at Work Act 2005

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

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

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

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

http://www.hsa.ie/eng/Legislation/List_of_Legislation/

Fire

Fire Services Act 1981 as amended 2003

Building Regulations 2006, Technical Guidance Document B:

- Fire Safety:
 - [SI 115 of 2006 - \(Part B\) - Building Regulations \(Amendment\) Regulations 2006](#)
- Fire Safety 2017 Volume 2 Dwelling Houses:
 - [S.I. 57 of 2017 Building Regulations \(Part B Amendment\) Regulations 2017](#)

Link to Part B Documents: <https://www.gov.ie/en/publication/263ee-technical-guidance-document-b-fire-safety/>

Appendix 2 - Supporting Publications

[Health Information and Quality Authority \(HIQA\) \(2012\) National Standards for Better Safer Healthcare](#)

[HSE \(2020\) Incident Management Framework](#)

[State Claims Agency \(2016\) Inspection and Testing of Equipment and Machinery - Regulatory Requirements, V3](#)

[HSE Policy on Statutory Occupational Safety & Health Training](#)

[HSE \(2017\) Integrated Risk Management Policy](#)

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

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

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

[HSA \(2006\) Workplace Safety and Health Management](#)

[HSA \(2010\) Health and Safety Management in Healthcare Information Sheet](#)

[HSA \(2017\) Safety Representatives Resource Book](#)

[HSA \(2016\) A Guide to Risk Assessments and Safety Statements](#)

[HSE \(2016\) Guideline Document on the Safety Consultation & the Selection/Election of Safety Representatives Revised 2020](#)

[HSE \(2016\) Guideline Document on the Establishment of Local Health and Safety Committees Revised 2020](#)

[Department of Business, Enterprise & Innovation and the Department of Health \(Jan 2022\) Government's Transitional Protocol – Good Practice Guidance for Continuing to Prevent the Spread of COVID-19](#)

Appendix 3 - Useful Websites

<https://healthservice.hse.ie/staff/benefits-services/health-and-safety/>

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

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

<http://www.hsa.ie>

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

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

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

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

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

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

<http://www.hpsc.ie>

Appendix 4 (a) – Definitions

Accident means an accident arising out of or in the course of employment which, in the case of a person carrying out work, results in personal injury (Safety, Health and Welfare at Work Act 2005)

Agency means a business or other organisation providing a specific service

Article means

- (a) any plant, machine, machinery, appliance, apparatus, tool or any other work equipment for use or operation (whether exclusively or not) by persons at work,
- (b) any article designed for use as a component in, part of or to control any such plant, machine, machinery, appliance, apparatus, work equipment, tool or any other work equipment, and
- (c) any other product used by persons at work; (Safety, Health and Welfare at Work Act 2005)

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

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

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

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

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

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

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

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

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

Competent Person A person is deemed to be a competent person where, having regard to the task he or she is required to perform and taking account of the size or hazards (or both of them) of the undertaking or establishment in which he or she undertakes work, the person possesses sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken (Safety, Health and Welfare at Work Act 2005)

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

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

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

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

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

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

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

Employer in relation to an employee—

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

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

includes where appropriate, the successor of the employer or an associated employer of the employer; (Safety, Health and Welfare at Work Act 2005)

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

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

Incident means an event or circumstance which could have, or did lead to unintended and/or unnecessary harm. Incidents include adverse events which result in harm; near-misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention; and staff or service user complaints which are associated with harm.

Incidents can be clinical or non-clinical and include incidents associated with harm to:

- patients, service users, staff and visitors
- the attainment of HSE objectives
- ICT systems
- data security e.g. data protection breaches in the environment

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

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

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

Reasonably Practicable “reasonably practicable”, in relation to the duties of an employer, means that an employer has exercised all due care by putting in place the necessary protective and preventive measures, having identified the hazards and assessed the risks to safety and health likely to result in accidents or injury to health at the place of work concerned and where the putting in place of any further measures is grossly disproportionate having regard to the unusual, unforeseeable and exceptional nature of any circumstance or occurrence that may result in an accident at work or injury to health at that place of work. (Safety Health and Welfare at Work Act 2005, SI 10 of 2005)

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

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

Risk Assessment The overall process of risk identification, risk analysis and risk evaluation

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

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

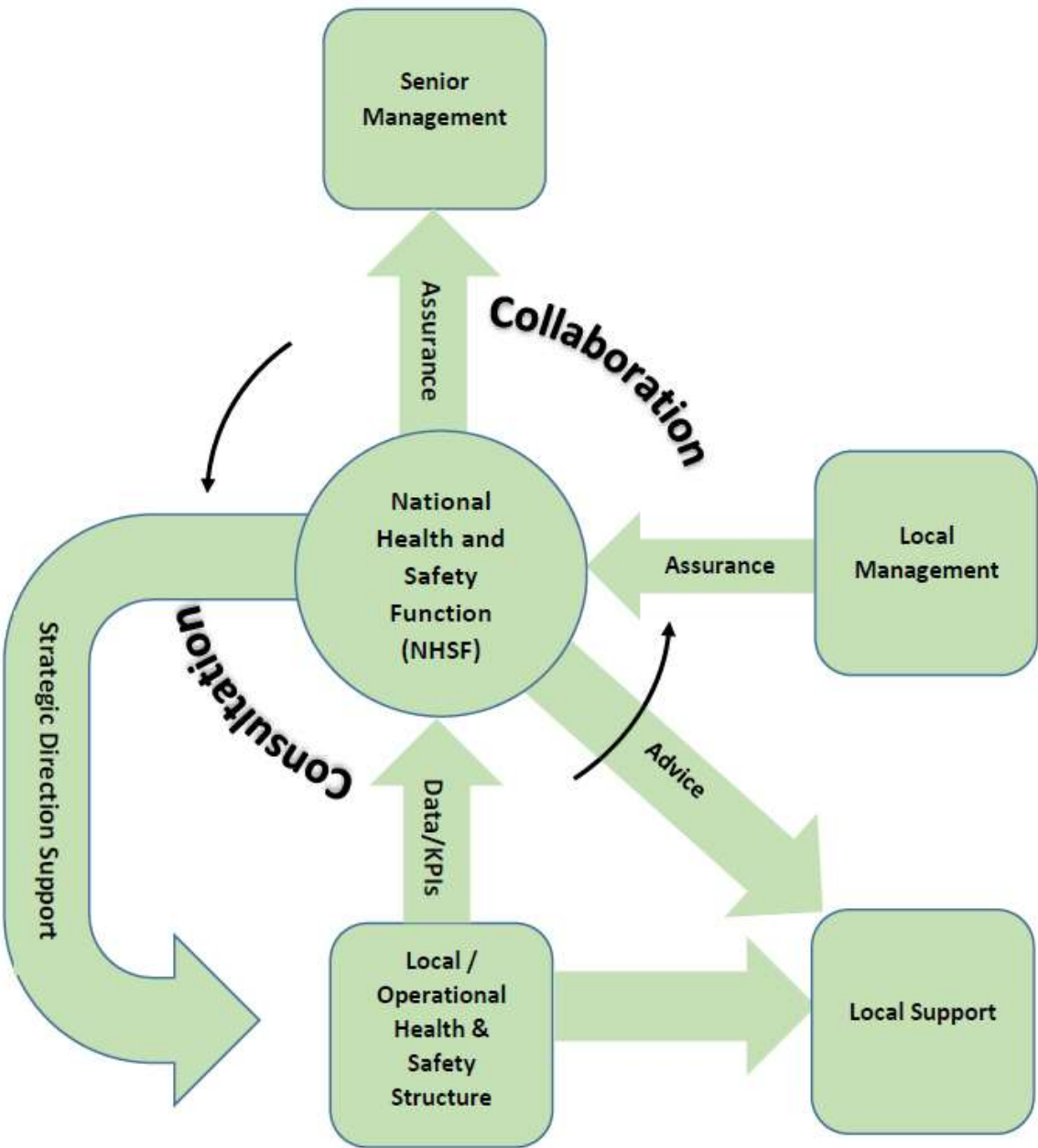
Risk Register a database of assessed risks that face any organisation at any one time. Always changing to reflect the dynamic nature of risk and the organisations management of them, its purpose is to help managers prioritize available resources to minimise the risk and target improvements to best effect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

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

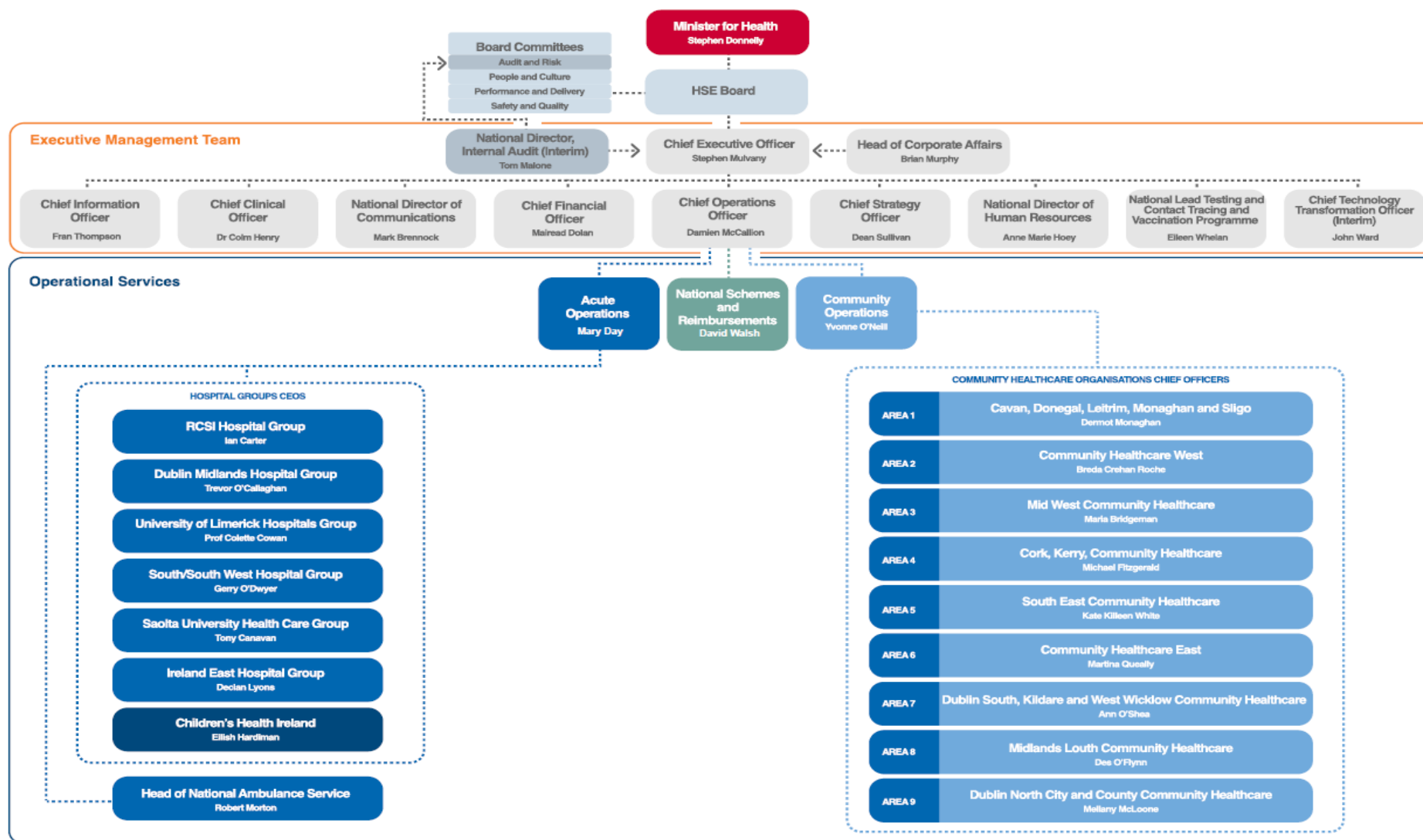
Substance includes any natural or artificial substance, preparation or agent in solid or liquid form or in the form of a gas or vapor or as a micro-organism (Safety, Health and Welfare at Work Act, 2005)

Appendix 4 (b) Abbreviations

CEO	Chief Executive Officer
CISM	Critical Incident Stress Management
CO	Chief Officer
CSS	Corporate Safety Statement
DG	Director General
EAP	Employee Assistance Programme
HPRA	Health Products Regulatory Authority
HSA	Health and Safety Authority
HSE	Health Service Executive
HSMAC	Health and Safety Management Advisory Committee
IVDR	In-vitro Diagnostics Regulation
KPI	Key Performance Indicator
LM	Line Manager
LSM	Local Senior Manager
LWR	Lead Worker Representative
MDR	Medical Device Regulation
NAS	National Ambulance Service
NHSF	National Health and Safety Function
NIMS	National Incident Management System
NIRP	National Independent Review Panel
NIRF	National Incident Report Form
OSH	Occupational Safety and Health
QIP	Quality Improvement Plan
QPS	Quality and Patient Safety
SSSS	Site or Service Safety Statement



Appendix 6A – Organisational Chart³



³ This Organisational Chart is accurate as at November 2022. This chart may be subject to change. Please see <https://www.hse.ie/eng/about/who/>

Appendix 6B – Organisational Chart for each Division / HG / CHO Area / Corporate Service / National Ambulance Service (NAS)

When making the Corporate Safety Statement available for local application, please detail your safety management structure in the form of an organisational chart, which identifies the line management structure for safety management starting with the most senior manager e.g. Hospital Group Chief Executive Officer, Community Health Organisation Chief Officer, Head of National Ambulance Service.

