

North
Eastern
Health
Board

Bord
Slainte
An Oir
Thuaiscirt

**CORPORATE
SAFETY
STATEMENT**

PREPARED BY:

GOVERNANCE & STRATEGIC PLANNING

NORTH EASTERN HEALTH BOARD

2004

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NORTH EASTERN HEALTH BOARD

CORPORATE SAFETY STATEMENT

**PREPARED IN ACCORDANCE WITH THE PROVISIONS OF
THE SAFETY, HEALTH AND WELFARE AT WORK ACT, 1989.**

1.1 POLICY - DECLARATION OF INTENT

The North Eastern Health Board has as its core value the delivery of a high quality health care service in a work environment, which is conducive to securing the safety, health and welfare of its employees.

It is the policy of the North Eastern Health Board to ensure as far as is reasonably practicable, the safety, health and welfare of all employees through the provision and maintenance of a safe place of work, safe plant and machinery and safe systems of work.

The North Eastern Health Board also aims to ensure the safety and health of persons who come in contact with work activities of this organisation.

To achieve this objective, the North Eastern Health Board has set up a Safety, Health and Welfare Management Programme hereafter referred to as the Safety Management Programme. The Programme is described in this Statement. Safety is everyone's business and the success of the Programme depends on employee co-operation.

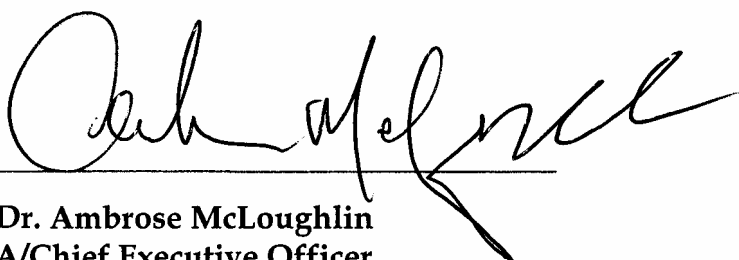
Responsibility for safety, health and welfare issues and decision-making regarding same is undertaken at the point of service delivery (as close as possible to). In each location/ designated work area/work department there is a designated person known as the responsible person who is responsible for the execution of the Safety Management Programme within his/her area.

This Statement sets out the Board's corporate policy with regard to the safety, health and welfare of its employees. Details of safety arrangements applying to specific departments/work areas are contained in Location and Department Safety Statements, which are located in each department/work area.

Copies of the Board's Corporate Statement are available to employees on request to their local Administrator/Manager.

Extracts from the Safety Statement, e.g. procedure in case of fire, are located in prominent positions throughout the premises and buildings of the Health Board.

Signed:

A handwritten signature in black ink, appearing to read 'Ambrose McLoughlin', written over a horizontal line. The signature is cursive and extends to the right of the line.

Dr. Ambrose McLoughlin
A/Chief Executive Officer

GENERAL STATEMENT OF POLICY

In recognition of the Board's responsibilities under the Safety, Health & Welfare at Work Act, 1989 and other legislation relevant to our operations, the Board is committed to providing and monitoring safe and healthy working conditions by the following measures:

- Promote standards of safety, health and welfare that comply with the provisions and requirements of the Safety, Health and Welfare at Work Act, 1989, other statutory provisions and codes of practice.
- Provide and maintain a safe, healthy working environment, safe systems of work and to protect staff and others such as service users, visitors and contractors in so far as they come into contact with foreseeable hazards.
- Provide all members of staff with the information, training and supervision they require in order to work safely and to develop safety awareness among all members of staff.
- Provide personal protective equipment and safety devices, as considered appropriate.
- Identify all individuals responsible for health and safety arrangements.
- Encourage full and effective joint consultation on all health and safety matters.
- Provide financial and staff resources required to carry out these objectives.
- Maintain this Safety Statement and its contents under review, in light of future developments and experience.

This Safety Statement will be brought to the attention of all staff working within the North Eastern Health Board.

2. SAFETY MANAGEMENT PROGRAMME

To ensure compliance with the 1989 Act the North Eastern Health Board has devised a Safety Management Programme with the following elements: -

- Clearly identifiable persons at area/hospital level with overall responsibility and clear accountability for health, safety and welfare of employees in their area of management.
- Local management and safety representative involvement in the development of policies and procedures on a partnership basis.
- Training and information for all who have a role in managing health & safety.
- Genuine consultation through partnership, in advance and in good time, which allows staff input into matters that significantly affect the health & safety of staff.
- Site-specific statements, which are compatible with the overall organisational statement on health and safety.
- An inspection/audit, risk assessment and monitoring programme to pro-actively anticipate health and safety, issues and to facilitate the resolution of health and safety issues.
- The responsible person will prepare quarterly safety, health and welfare reports and forwards same to the Safety, Health & Welfare Department for collation, analysis and reporting.
- Performance gaps are identified by the responsible person to the Safety, Health & Welfare Department.

- The responsible person will promote adequate employee co-operation in order to achieve the success of the Programme.
- The Board's Safety Co-ordinator, following consultation with the Corporate Risk Team (incorporating the Health & Safety Co-ordinating Committee), will regularly review & revise the Programme as necessary.
- The allocation of resources to administer the Programme as determined by the responsible person.

The Board's Safety Management Programme is implemented through a series of Safety Statements i.e.

Corporate Safety Statement

Location Safety Statement - for each location

Department Safety Statement - for each Department within a location

The Corporate Safety Statement describes the corporate section of the Safety Management Programme and will be reviewed by the Corporate Risk Team (incorporating the Health & Safety Co-ordinating Committee).

The Location Safety Statement describes the local management section of the Safety Management Programme and will be prepared and reviewed by the responsible person i.e. Administrator/S.E.O./Area Manager.

The Department Safety Statement describes the workplace section (ward, laboratory, kitchen, health centre) and work practice section of the Safety Management Programme and will be prepared and reviewed by the responsible person, i.e., Department Head, Unit Manager.

3. **ORGANISATION and RESPONSIBILITIES**

It is the duty of The Chief Executive Officer and the Management Team to ensure, so far as is reasonably practicable the safety, health and welfare of staff and all others who may be affected by the delivery of the North Eastern Health Board's undertaking.

The day-to-day responsibility for ensuring that activities and operations comply with legal requirements rests with management and others directly in charge of particular aspects of the Board's work.

Mr. P. Robinson in his capacity as CEO has overall and final responsibility for the safety, health & welfare of employees and is therefore ultimately responsible for the administration of the safety management programme.

Mr. Robinson's responsibilities include the following: -

- Ensure compliance with safety legislation.
- Ensure that there is an effective safety programme.
- Ensure that the programme is periodically reviewed.
- Include safety considerations as an integral part of the management programme.
- Ensure on-going consultations with employees or their representative bodies.
- Delegation of specific responsibilities to appropriate personnel.
- Ensure there is one corporate incident database.
- Financial resources are available by inclusion within the annual service plan.

MANAGEMENT TEAM

The Chief Executive Officer has delegated to the Management Team, the responsibility to ensure the Board's Safety Management Programme is implemented, monitored and reviewed and ensure the safety, health and welfare of employees in their respective services.

Dr. A. McLoughlin, Deputy C.E.O. Corporate Governance and Strategic Planning

Mr. Tadhg O'Brien, Asst. C.E.O. Acute Hospital Services

Mr. G. Day, Asst. C.E.O. Primary, Community & Continuing Care and Regional Services

Mr. S. OhAodha, Head of Finance

Mr. J. Curran, Director of Capital Projects & Technical Services Officer

Dr. F. Howell, Director of Public Health & Planning

Mr. E. O'Brien, Director of Human Resources

Mr. F. Thompson, Director of Information Systems

Responsibilities:

- Ensure for their area of responsibility local managers and service managers implement the Safety Management Programme for their area of responsibility and ensure it is disseminated, understood and reviewed.
- Make input to policy review as the need arises and keep fully informed regarding statutory and other relevant developments.
- Ensure the responsible persons, or their authorised deputies, participate in risk assessments.
- Ensure that local managers and service managers provide a comprehensive safety training programme for staff under their control and ensure so far as reasonably practicable that staff attend such training courses.
- Ensure that when necessary, corrective action is taken without delay by responsible persons or their authorised deputies.
- Ensure that incident reports and progress reports are reviewed.

- Ensure local managers and service managers pursue on-going consultation with employees.
- Allocate responsibility for key areas to a person, or persons, in each location as appropriate.
- Ensure that local managers and service managers prepare Safety Statements for all locations.
- Ensure employee safety, health & welfare matters are included on the agenda of their management team.

3.3 DEPUTY C.E.O. GOVERNANCE & STRATEGIC PLANNING

In addition, the Deputy C.E.O. Governance & Strategic Planning has the following responsibilities:

- Keep fully informed regarding statutory and other developments in safety, health and welfare pertaining to staff.
- Chair the Corporate Risk Team (incorporating the Health & Safety Co-ordinating Committee).
- Work closely with the Regional Health & Safety Co-ordinator and Corporate Risk Manager and other appropriate officers in all aspects of their work.
- Ensure that the Corporate Safety Statement is reviewed and updated as necessary.

DIRECTOR OF CAPITAL PROJECTS & TECHNICAL SERVICES OFFICER

In addition the Director of Capital Projects & Technical Services Officer has the following responsibilities:

- Ensure that each member of the Management Team is advised on technical aspects of safety matters, which are within their areas of responsibility.
- Ensure that the staff under his control is provided with adequate training in safe work practices and procedures.
- Supervise the Fire Prevention Officer and other appropriate officers in all aspects of their work.
- Ensure that a fire safety programme is devised, documented and implemented.
- Ensure that a person or persons with responsibility for fire duties is appointed in each location and that these persons are provided with the information, training and technical back-up required to fulfil their duties.
- Keep fully informed of statutory and other relevant developments in safety requirements related to the work activities of Technical Services Department and Capital Projects Office.
- Ensure that contractors/consultants as appropriate comply with the Board's requirements set down on page 18 of this Document.
- Consult and work with the Safety, Health and Welfare Department as appropriate.
- Ensure that all construction projects are carried out in compliance with the Safety, Health & Welfare (Construction) Regulations 2001 (S.I. No. 481 of 2001) and other related legislation and Codes of Practice.

Ms. Cornelia Stuart

Role of the Corporate Risk Manager

- Set up and develop an integrated health care risk management programme in the Board.
- Support the D/CEO and Head of Finance in the management of the interface between the Board, insurers and medical indemnity societies in respect of claims for damages and compensation.
- Maintain the incident reporting system.
- Ensure that statutory obligations in regard to health and safety are complied with.
- Deliver training and education on healthcare risk management issues to staff.
- Participate in quality initiatives in the Board.
- Oversee the implementation and evaluation of specific risk management projects in association with service providers, audit staff and other staff of the Board as appropriate.

CONSULTANT OCCUPATIONAL HEALTH PHYSICIAN

Dr. Peter Noone

Role of the Consultant Occupational Physician

- contribute to the effective strategic management of all staff health, safety and welfare issues;
- assist management in providing a safer, healthier environment for staff, patients and visitors by recognising, assessing and suggesting ways for managing risks;
- 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.
- 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;
- assist in identifying where sickness absence is a concern and make suggestions for eliminating identified causes, consequently assisting in its management and reduction;
- be aware of the 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;
- 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;
- advise on health risks in the workplace and support employer and employees in reaching the most appropriate OH strategy or solution to their problem.

3.7 REGIONAL HEALTH & SAFETY CO-ORDINATOR

Ms. Margo Leddy

Role of the Regional Health & Safety Co-ordinator

- Co-ordinate the health and safety management programme and establish structures to ensure that it is disseminated, understood and implemented and that managers are familiar with their roles.
- Ensure management and staff are provided with appropriate advice on workplace related health and safety related issues.
- Advise on legislative and technical developments relating to the health and safety of staff.
- Participate as a member of the Board's Corporate Risk Team (incorporating the Health & Safety Co-ordinating Committee), to provide relevant information concerning health and safety activities occurring within the Board and inform the committee of any proposal for policy development or legislative changes in the area of health and safety.
- Periodically review the Safety Management Programme and advise the D/CEO Governance & Strategic Planning on revisions or additions to the Programme.
- Review reports on accident trends and target high-risk areas for priority attention.
- Ensure mechanisms are in place for monitoring the implementation of the Board's consultation process.
- Liaise with statutory bodies, including the HSA, in relation to matters of health and safety at work on behalf of the NEHB.

RESPONSIBLE PERSONS

The General Manager, or equivalent, is responsible for the execution of the safety programme within his/her service area.

Duties of the responsible person include:

- Ensure the North Eastern Health Board's Safety Management Programme is implemented in his/her service area;
- Ensure the responsibilities of the Department Heads and other responsible persons are co-ordinated;
- Ensure risk assessments are carried out on all areas and on all activities;
- Ensure corrective action identified in the risk assessments is prioritised and actioned.
- Ensure the distribution of Safe Work Practice Sheets to appropriate Department Heads;
- Establish and chair a joint consultative committee;
- Deal directly with the Safety Representative and act upon representations where reasonably practicable;
- Review all incident reports and ensure they are investigated as appropriate;
- Estimate resource requirements (spent and projected) for the execution of the Safety Management Programme;
- Review the Location Safety Statement , at least, annually and revise accordingly;
- Ensure training needs are identified and appropriate training is provided for staff;
- Ensure health & safety matters are included on the agenda of the local management team;
- Ensure adequate Emergency / Evacuation Plans are prepared and revised.
- Ensure fire drills and other emergency evacuation drills are carried out annually under the direction of the Fire Officer.

Note: The precise duties for each responsible person are detailed in the appropriate Location Safety Statement.

Section 9 of the Safety Health and Welfare at Work Act, 1989 places a number of obligations on employees whilst at work:

- To take care reasonable care of own health and safety and that of any other person who may be affected by his or her acts;
- To co-operate with his/her employer to such an extent as will enable his/her employer to comply with the statutory provisions;
- To use protective clothing or safety devices provided for protection;
- To report without delay any defects which might endanger safety or health and not to intentionally or recklessly interfere with any safety measure provided;
- Additionally the North Eastern Health Board requires each employee to immediately report to the Head of Department, any incident and co-operate with investigation of same.

The North Eastern Health Board has expended considerable time and resources in the preparation of a Safety Management Programme designed to protect the safety, health & welfare of its employees. The programme will not succeed unless each employee co-operates fully by observing the employee responsibilities and by adhering to safe work practice methods.

Each employee is expected to read and understand and work in accordance with

- the Board's Corporate Safety Statement,
- Location Safety Statement
- Department Safety Statement
- Safe Work Practice Sheets and all other relevant safety instructions/information.

Employees are obliged to co-operate with their employer to ensure compliance with health and safety legislation. Failure to comply with the terms of the Safety Statement may result in disciplinary action.

3.10 **MANUFACTURERS AND SUPPLIERS**

The Health, Safety and Welfare at Work Act 1989, requires that all plant, machinery, equipment, appliances and materials are so designed and constructed as to be safe and without risk to health. Manufacturers and Suppliers must provide adequate operating/handling instructions and information about any conditions necessary to ensure that their products will be safe and without risk to health when properly used. Managers and supervisors should ensure that this information is made available to the relevant employees.

3.11 **CONTRACTORS**

Contractors are obliged to co-operate with the NEHB in order to comply with local and statutory safety standards and procedures.

All Contractors will be required to submit a Safety Statement and other relevant documentation relating to their health and safety policy, e.g., training records, copies of relevant risk assessments regarding the work to be carried out, etc. Only health and safety competent Contractors will be awarded contracts. In this respect, all agency staff and Contractors appointed to carry out any works will be assessed for their suitability.

In addition, Contractors will be required to ensure that their employees and Sub-Contractors also comply with all relevant and applicable health and safety legislation and must perform their work in accordance with legal requirements. Sub-Contractors will also be required to submit their own Safety Statement for review by the relevant management.

Contractors will be provided at pre-contract stage with a copy of this Statement and other relevant health and safety information, as will visitors who may be affected by our work activities e.g. inspectors, suppliers etc.

4. **ARRANGEMENTS - CONSULTATION & INFORMATION**

The Board recognises that all staff has 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 S.13 of the Safety, Health & Welfare at Work Act, 1989, consultative structures have therefore been established to facilitate participation by management, staff delegates and Safety Representatives.

4.1 CORPORATE RISK TEAM (INCORPORATING THE HEALTH & SAFETY CO-ORDINATING COMMITTEE)

The Committee comprises of a Management Team and key personnel who have a role in securing the safety, health and welfare of employees. The Committee has an advisory, consultative and monitoring role in relation to the administration of the safety management programme, the development and implementation of relevant policies and the implementation of the Safety Statement.

This Committee comprises as follows:

Dr. A. McLoughlin, D/CEO, Governance and Strategic Planning & Safety Coordinator (Chairman)

Mr. T. O'Brien, A/CEO Acute Hospital Services

Mr. G. Day, Asst. CEO Primary, Community & Continuing Care and Regional Services

Mr. S. O'hAodha, Head of Finance

Dr. F. Howell, Director of Public Health & Planning

Mr. E. O'Brien, Director of Human Resources

Mr. J. Curran, Director of Capital Projects & Technical Services Officer

Mr. F. Thompson, Director of Information Systems

Ms. C. Stuart, Corporate Risk Manager

Dr. P. Noone, Consultant Occupational Physician

Ms. M. Leddy, Regional Health & Safety Co-ordinator

In their absence a designated deputy will attend meetings.

Terms of Reference

- Consider the reports from the Regional Operational Risk Management Team and other bodies and when necessary initiate appropriate management action to reduce risk to a tolerable level.

- Communicate significant risks to the CEO, and to partners in healthcare when appropriate.
- To promote an open and honest culture throughout the organisation so as to encourage the identification and management of risk.
- To review and update the Corporate Risk and Health & Safety Plans.

The Committee meets at two month intervals under the Chairmanship of the Safety Co-ordinator and acts as a forum for the co-ordination of the diverse activities of the Board in occupational safety, health & welfare.

Each member of the Corporate Risk Team (incorporating the Health & Safety Co-ordinating Committee) will

- present matters of concern in their area for consideration. In dealing with such issues the Committee will establish if the matter is one for policy consideration.
- report back to their areas on matters decided at a meeting of the Safety Co-ordinating Committee.
- establish an appropriate mechanism within their areas for gathering the necessary information to enable them to report to the Committee on the implementation of policy in their area.
- ensure a co-ordinated approach for follow up within their respective areas.

SAFETY COMMITTEE

Each major work location has a Safety Committee. The purpose of the Committee is to provide a structured forum for consulting with employees on matters that affect their safety and health.

Committees adopt a partnership approach and therefore comprise of management representatives, staff delegates and the Safety Representative(s).

Their functions include the following:

- To ensure that Safety Statements are reviewed annually.
- 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 13 of the 1989 Act states that employees are entitled to select and appoint one of their number to represent them in matters of health, safety & welfare.

Safety Representatives are nominated/elected on a three-year cycle. The name(s) of Safety Representative(s) is entered in the appropriate Location and Department Safety Statement.

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.

The rights of a Safety Representative include:

- to be given information as is necessary to ensure the safety, health and welfare of employees;
- to be informed that an Inspector is on the premises;
- to accompany an Inspector on a tour of the premises;
- to make oral or written representations to an Inspector;
- to receive advice and information from an Inspector;
- to make representations to the employer as to the safety, health and welfare the employer must consider and where necessary, act upon these representations;
- to investigate accidents and dangerous occurrences at the place of work, provided s/he does not interfere with the performance of other statutory functions, e.g. those of an Inspector;
- to investigate potential hazards to safety or health, after notice to the employer;
- to carry out inspections of the place of work, after notice to the employer and subject to agreement on frequency.

5.

SAFETY STATEMENT STRUCTURE

Each responsible person is required to prepare a written a Safety Statement for his/her location.

The following details the safety statement structure in place within the North Eastern Health Board, which is designed to ensure compliance with legislative requirements.

The **Corporate Safety Statement** describes the corporate section of the safety management programme and will be reviewed by the Health & Safety Co-ordinator in consultation with the Safety Co-ordinating Committee.

The **Location Safety Statement** describes local management's commitment to health and safety and how it will be managed. It will be prepared and reviewed by the General Manager or equivalent.

The **Department Safety Statement** describes the workplace section (ward, laboratory, kitchen, and health centre) of the safety management programme and will be prepared and reviewed by the Department/Unit Head.

RISK ASSESSMENTS

The Safety, Health & Welfare at Work Act, 1989 and the Safety, Health & Welfare at Work (General Application) Regulations, 1993, aim to prevent accidents and ill health at work. The workplace health and safety system required by these laws must be risk based in order that the required safety measures are proportional to the real risks involved.

In order to achieve compliance with the legislation, all hazards* to which staff are exposed while they are at work, or hazards resulting from work activities, which may have a foreseeable impact on people, other than employees, have been formally identified and the associated risks assessed.

The findings of these risk assessments are recorded in the department/unit safety statements.

The risk assessment shows the location, type of hazard involved, an evaluation of the associated risks (see appendix 1), the management controls determined as being necessary to remove or reduce the risk to a reasonable and practicable level and the person(s) responsible to take action.

It is imperative that an action plan of corrective measures is drawn up by management and attached to the Department Safety Statement.

Risk assessments are revised at least annually and also when significant changes occur within the service which may affect the health and safety of staff, e.g., when new staff or equipment is introduced or changes occur in the physical working environment or in work practices.

Local safety committees have an active role in monitoring the implementation of the control measures outlined.

*A hazard is a situation that might result in harmful consequence.

Hazards fall into four categories:

- ***Physical Hazards***

These include slips, trips, falls, fire, noise, ionising radiation, shift/night work, musculo-skeletal injuries etc.

- ***Chemical Hazards***

These include chemicals, solvents, disinfectants, compressed gases, dermatitis causing agents, cytotoxic drug exposures, anaesthetic gases, sterilants, etc.

- ***Biological Hazards***

These include, e.g. potential infection arising from laboratories, mortuaries, needle stick injuries, infected waste, dealing with infectious patients, healthcare risk waste, etc.

- ***Psychosocial Hazards***

These include psychosocial stress, violence, bullying, alcohol abuse, substance misuse, etc.

A review of safety management system will be carried out in each Service quarterly to assist managers to assess the degree of compliance with health and safety requirements. The results of the review will be documented and a report identifying non-compliance and key suggestions for areas requiring improvement will be forwarded to the relevant Management Team. Subsequent reviews will use the previous report findings and suggestions, to monitor and further target continued improvement.

6.3 **SAFETY STANDARDS/GUIDELINES**

All managers and staff are required to achieve a high level of health and safety performance by compliance with the Board's established Health and Safety policies and guidelines. The following workplace policies are available:

- Health & Safety Guidelines for employees
- Glove Use Guidelines for Practice
- Healthcare Waste Guidelines for Handling & Storage
- Moving & Handling Policy
- Incident Reporting Policy
- Pregnant Employee Guidelines
- Violence and aggression in the Workplace – Management Guidelines

SAFE WORK PRACTICE SHEETS

Many injuries and losses occur through poor work practices. With this in mind, the NEHB has prepared a number of Safe Work Practice Sheets for working activities within the Board. These sheets detail the safe procedures and practices to be observed so that the risk of injury/ill health and loss is reduced as far as reasonably practicable. With appropriate professional and vocational input further sheets will be developed.

Local Managers will instruct and supervise employees in work practices as set down in Safe Work Practice Sheets. In addition, employees are required to read and understand them and work in accordance with their recommendations.

6.4 **TRAINING**

The Board is committed to providing adequate and sufficient health and safety training courses delivered by competent instructors to meet statutory and local requirements and to encourage all grades of staff to achieve a high standard of health and safety at work.

It is the duty of all managers to ensure that staff at all levels receives appropriate training as is necessary to ensure, “so far as is reasonably practicable”, the health and safety at work of their employees.

It is also their duty to maintain a register of those attending training and identify those who have not attended.

“On the job” instruction, information and supervision are also provided by line managers. It should be noted that the Safe Work Practice Sheets are an important part of this process.

The following courses are available and are advertised in the Training Prospectus:

- General Risk Assessment
- Accident/Incident Investigation
- VDU Workstation Assessors
- Chemical Safety Awareness
- Minimal Lifting Refresher Training for Instructors
- Safety Representative Training
- Pregnant Employee Workshop
- Maintenance Personnel
- Crisis Prevention Intervention
- Occupational Health and Safety Foundation Course

ACCIDENT RECORDS

All incidents, resulting in injury, loss or anxiety to employees while they are at work, or to any person other than an employee, if the cause relates to an activity connected with the Board's undertaking must be reported. All managers are responsible for reporting all such incidents in accordance with the Board's Incident Reporting Policy.

All accidents and dangerous occurrences will be reported to the Health & Safety Authority in accordance with the requirements of Part X: Notification of Accidents and Dangerous Occurrences of the Safety, Health and Welfare at Work (General Application) Regulations 1993.

STATUTORY RECORDS

The North Eastern Health Board is required by law to maintain records of certain periodic inspection and testing. These are retained by administration and are available for examination upon request.

EMERGENCIES

All departments/work areas have a floor plan and evacuation plan appended to the Location Safety Statement and also displayed in a prominent position(s) within the location. Departments/work areas may have a specific set of procedures to be followed in case of emergency. All staff will familiarise themselves with this information and adhere to the stated procedures. Safe means of exit are clearly identified by signs. Exit routes must be kept clear at all times and all fire fighting equipment must only be used for the purpose intended.

FIRE CONTROL

A fire prevention and control programme has been administered by the Technical Services Officer for a number of years. Premises are visited regularly by the Fire Prevention Officer who carries out inspections and fire evacuation drills and makes recommendations for improvements to, where necessary, the buildings, services, contents and work practices used.

The responsible person will as part of their audits carry out inspection of the fire risks. The organisation of fire drills, evacuation procedures and routine check for ignition sources is the function of the responsible persons.

The Technical Services Officer and his staff supply the expertise and technical advice to ensure appropriate measures are in place.

PERSONAL PROTECTIVE EQUIPMENT

Where it is not practicable to eliminate certain risks, the Board following a risk assessment provides personal protective equipment to reduce the risk to an acceptable level. The equipment includes:

- Eye Protection
- Hearing Protection
- Facial Protection
- Hand/ Arm Protection (Gloves/Gauntlets)
- Respiratory Protection Equipment (RPE)
- Head Protection (Hard Hats, etc.)
- Foot Protection
- Fall Arrest Equipment
- High Visibility Clothing

Each Head of Department, e.g. Catering Officer, Clinical Nurse Manager II, Maintenance Foreman, is responsible for ensuring that the employees under their

control avail of protective equipment as provided. Employees are obliged to wear personal protective equipment during the applicable activity. Failure to do so can result in disciplinary action and prosecution under Section 9 of the Safety, Health and Welfare at Work Act, 1989.

6.10

MAINTENANCE

All plant, equipment, monitoring systems and alarms are inspected as per the manufacturer's guidelines or as required by statutory regulations. Such inspections are carried out by appropriately qualified personnel and maintenance records kept.

RESOURCES

While considerable resources are expended by the North Eastern Health Board in securing the safety, health and welfare of employees in terms of personnel, time, materials, equipment and service, resources allocated will be within the constraints of the overall resources available to the Board.

Most of the efforts of the maintenance section in terms of both time and materials are directed to improving equipment and facilities with consequent improvements in their safety. Financial resources are paid to outside contractors to maintain and service fire protection equipment, servicing medical equipment, replacing dangerous floor coverings and many other areas.

Financial and direct resources (time, materials, equipment) are spent in the provision of training in a variety of areas related to health, safety and welfare such as manual handling training, first aid, health promotion, fire and emergency drills, etc. A number of staff throughout the Board has been trained as Manual Handling Trainers, Instructors in the Management of Violence and Aggression and First Aid Trainers. They are actively pursuing programmes to train all appropriate staff.

The Board has purchased texts, literature, publications and videos on health and safety related matters. Considerable time is spent disseminating policies, guidelines and memos to targeted staff and through direct contact.

The following monitoring and review arrangements have been established for the North Eastern Health Board.

The **Board's Corporate Safety Statement** will be kept under review by the Safety Co-ordinating Committee and appropriate recommendations made to the Chief Executive Officer. Local Managers, Service Managers, Employees and their Safety Representatives are actively encouraged to come forward with representations which will be considered and if approved incorporated in the review.

The Board's Safety Statement may require revisions between the annual reviews, arising out of changes of personnel, changes in arrangements, resources etc. or at the request of the Health and Safety Authority and such revisions will be made by the Regional Health & Safety Co-ordinator. Changes will be notified to staff through their local manager.

The **Location Safety Statements and Department Safety Statements** will be reviewed annually by the responsible persons in consultation with the Safety Committee the Health & Safety Department where necessary. The Location and Department Safety Statements may require revisions between the annual reviews, arising from changes in personnel, changes in arrangements, resources, etc. or at the request of the Health and Safety Authority and such revisions will be made by the responsible person.

A review of relevant safety procedures will be carried out by the responsible person following all accidents, incidents or near accidents.

Appendix 1

RISK RATING

Key definitions

- a) a *hazard* is a situation that might result in harmful consequences (e.g. physical, chemical, biological, psychosocial);
- b) risk is the combination of the *likelihood* and the *consequences (severity)* of a specified hazardous event (accident or incident).

A risk therefore has two elements;

- i. the likelihood that a hazard may occur;
- ii. the consequences (severity) of the hazardous event.

Likelihood

Rare: May only occur in exceptional circumstances.

Unlikely: Could occur at some time.

Possible: Might occur at some time.

Likely: Will probably occur in most circumstances.

Almost certain: Is expected to occur in most circumstances.

Rating the Impact/Severity

Category <i>Impact</i>	Quality & Prof. Guidelines	Finance & Info.	Fear, disempowerment & conflict of interest	Safety (staff, patients/clients & NEHB population)	Reputation/Community Expectation (& Equity)	Legal Requirements (and Equality)
Low	Minor non-compliance	< €5K Minor loss of info.		Minor cuts/ bruises	Within unit Local press < 1 day coverage	Minor out-of-court settlement. Minor legislative breach, no consequences
Minor	Single failure to meet internal standards or follow protocol	€5K - €25K Claim below excess	Verbal representation from minority groups. Concerns expressed by staff in 1 area/Dept.	Cuts/ bruises < 3 days absence < 3 days extended hospital stay Emotional distress	Regulator concern Local press < 7 day of coverage	Civil action Improvement Direction.
Moderate	Repeated failures to meet internal standards or follow protocols	€25K - €1M Loss of or unauthorised access to confidential information	Sustained campaign by minority group(s). Consistent indication of fear/concern across 1 or more sites	Single system injury e.g. fracture. > 3 days absence. 3-8 days extended hospital stay HSA reportable Semi-permanent physical/emotional trauma	Regional/ National media < 3 day coverage Department notification/ executive action	Class action – no defence Criminal prosecution Improvement Notice
Severe	Failure to meet national norms*/stds. Repeated failure to meet professional std.	€1M - €5M Loss or corruption of key clinical information	Judicial review finds conflict of interest. Collapse of management relations across Hosp. Group. Increased sickness absence/resignations	>9 days extended hospital stay Fatality Permanent physical/emotional disability/trauma	National media > 3 day of coverage Questions in the Dáil. Independent external enquiry	Criminal prosecution - no defence. Executive officer fined or imprisoned. Prohibition Notice.
Catastrophic	Gross failure to meet professional standards	> €5M	Widespread culture of bullying.	Multiple Fatalities Multiple permanent physical/emotional injuries/trauma	Full Public Enquiry	Prohibition Notice

* Based on national comparisons

In accordance with AS/NZS 4360:1999 Risk Management Standard

		Severity				
Likelihood	Almost Certain	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Low	Minor	Moderate	Severe	Catastrophic

Risk Rating

Low	Medium	High
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