

Health and Safety at Work in Residential Care Facilities



Our vision:

A national culture where all commit to safe and healthy workplaces and the safe and sustainable management of chemicals

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1. Introduction

This guidance is intended for owners and managers of residential care facilities such as elderly, people with disabilities and respite and convalescent care facilities, and their employees. It will also be useful for other similar types of facility. It is designed to help an employer to manage safety, health and welfare at work and to help employers and employees to understand and to meet their duties under occupational safety, health and welfare legislation.

1.1 The Role of the Health and Safety Authority (HSA)

The HSA is the national statutory body with responsibility for enforcing occupational safety, health and welfare legislation, promoting and encouraging accident prevention and providing information and advice in this regard. The Authority is also the national Competent Authority for REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals) and other chemical legislation. It's priority is to reduce workplace accidents by providing guidance and support to employers and employees. Where the preventive approach fails, the Authority takes legal action to protect workers and the environment, and to enforce health and safety standards.

The Authority deals with every size of workplace in every economic sector, including health and social care.

For information on inspections by the HSA and what to expect, visit the website at www.hsa.ie and view the section on inspections.

Although the HSA has a role in monitoring the effectiveness of the employer's management of the risk associated with fire, the responsibility for enforcement of statutory provisions in relation to fire rests with the relevant Local Authority. This guide does not include fire safety.

Other agencies are involved in the regulation of health and social care services. These include the Health Information and Quality Authority and the Mental Health Commission, which focus on the safety and quality of the services provided in health and social care.

2. Managing Health And Safety

2.1 Health and Safety Legislation

The main pieces of legislation governing occupational safety, health and welfare in Ireland are:

- The Safety, Health and Welfare at Work Act 2005, which sets out the main provisions for securing and improving the safety, health and welfare of people at work. The law applies to all places of work regardless of how many people are employed;
- The Safety, Health and Welfare at Work (General Application) Regulations 2007, which include more detailed legal requirements dealing with specific issues of health and safety at work such as noise, electricity, pregnancy at work, manual handling of loads etc.



2.2 Duties of Employers and Employees

The 2005 Act places duties on employers and employees; these include:

- **Employers** (the term includes self-employed persons) are required to manage safety, health and welfare in the workplace and to ensure, so far as is reasonably practicable, the safety, health and welfare of employees and others at the workplace;

- **Employees** are required to ensure that they take reasonable care to protect their own safety, health and welfare and that of any other person who may be affected by their acts or omissions. They must also co-operate with the employer to ensure safety, health and welfare at work.

The 2005 Act emphasises the need for employers to manage health and safety at work in order to prevent workplace injuries and ill health. This involves an initial review of the arrangements in place to secure health and safety, the identification of standards to be achieved and the method of achieving them, and the monitoring and reviewing of performance.

The foundation of the management of health and safety is the written safety statement. It will reflect the system in place for managing health and safety at work. The safety statement must be based on the identification of hazards and the assessment of risk.

2.3 Safety Statement

The safety statement must specify how the safety, health and welfare of employees will be secured and managed and must include:

- The health and safety policy confirming the commitment of the employer and management to securing a safe and healthy place of work;
- The duties of employers and employees with regard to health and safety;
- The responsibilities of key personnel (include names and where applicable job title/position) with regard to safety, health and welfare: for example, the responsibilities of the senior manager/director of nursing and so on. It is important to ensure that there are clear lines of responsibility and good awareness of responsibilities allocated;
- The arrangements for employee consultation and for communicating health and safety information. The names of the safety representative(s) and members of the safety committee should be included where appointed;
- Emergency plans such as evacuation procedures and arrangements for contacting emergency services;
- A written risk assessment: this is the key part of the safety statement where the work related hazards have been identified and the associated risks have been assessed. The control measures to eliminate or reduce the risk must be identified and documented – see the section on Risk Assessment below;
- Any other arrangements for securing safety, health and welfare at work and the resources provided, such as arrangements for occupational health expertise, immunization arrangements for employees and health surveillance, and arrangements for working with contractors and/or others who share the building.

The safety statement should be signed by the responsible person (e.g. the employer or senior manager) and dated. The safety statement must be kept up to date (reviewed at least annually but more often if required: for example, if there are changes at the workplace which might affect employee health and safety) and brought to the attention of all employees at the commencement of employment and at least annually or following amendments. The safety statement must be brought to the attention of others at the workplace who may be exposed to specific risks to which the safety statement applies.

2.4 Risk Assessment

Risk assessment is essentially a three step process:

- (i) Identify the hazard.
- (ii) Assess the risk.
- (iii) Put control measures in place.

Some risk assessments may be simple and arise directly from observation, for example obstructions in the corridor creating a tripping hazard. Some hazards may be more complex, for example the risks associated with certain people handling activities.

An employer can prepare a safety statement and risk assessments if he or she (or those allocated the duty) know what is involved and have knowledge and experience of the work activities and potential hazards. Employees and/or their safety representatives must be

consulted about the risk assessments and the preparation of the safety statement. The employer is responsible for seeing that the work is adequately done. Where there is insufficient in-house competence on safety, health and welfare matters, the services of a competent person must be obtained.

If an external advisor is appointed to develop a safety statement, it is important to ensure that the person appointed has a good understanding of the work activities and has sufficient training, experience and knowledge to undertake the work. In general it should be ensured that any safety statement and risk assessment prepared is specific to the workplace and the work activities in that workplace.

(i) Identify the hazard

Identify the hazards associated with the workplace and the work activities. A hazard is anything that may cause harm (e.g., exposures to hazardous chemicals or biological agents or unsafe systems of work). Concentrate on the significant hazards, those that can cause serious harm or affect many people. Employers will be familiar with the hazards associated with the type of work they are involved in but the following measures will also be helpful in ensuring that the main hazards have been included:

- Walk around the workplace and look at what could reasonably be expected to cause harm;
- Have a look back at work related accident and ill-health records – these often help to identify the less obvious hazards;
- Consider inspection reports, results of audits and other records of reviews of work activities which may inform the process;
- Ask employees or their representatives what they think. They may have noticed things that are not immediately obvious to you;
- Remember to think about long-term hazards to health (e.g., harmful effects of repeated exposure to chemicals which may cause skin irritations and/or sensitisation);
- Check manufacturers' instructions or data sheets relating to equipment and chemicals as they can be very helpful in spelling out the hazards and identifying safe work practices;
- If you are a member of a professional organisation or a similar body, contact them – many produce very helpful guidance;
- Consider best practice guidelines produced by responsible organisations;
- Consult the HSA website for further information on specific topics.

Hazards in healthcare may be considered under the headings of physical, chemical, biological and psychosocial hazards. Some examples are given below.

- **Physical hazards** include:
 - Manual handling activities involving heavy, awkward or hard to reach loads where there is a risk of injury;
 - Vehicle movement, whether in the workplace or on the road, which can cause serious injury or death to people who come in contact with them;
 - Slipping and tripping hazards such as wet or poorly maintained floors.
- **Chemical hazards:** such as hazardous cleaning, disinfecting or sterilising agents;
- **Biological hazards:** these include any virus and/or bacteria that can cause infection, allergies or toxic effects: for example, harmful exposure to blood and body fluids, or exposure to airborne pathogens such as tuberculosis and Legionnaires' disease;
- **Psychosocial hazards:** such as bullying at work and dealing with aggressive behaviour, which can affect psychological health and result in work related stress.

(ii) Assess the risk

Decide who might be harmed and how, consider the various categories of staff who may be exposed, the residents and those who may not be in the workplace all the time such as visitors, contractors, cleaning staff, students and members of the public or people who share the workplace. Consider those who may be more vulnerable such as pregnant women, people with different abilities or disabilities, new or inexperienced workers, workers who have recently changed roles or jobs or started work in a new workplace, workers whose first language is not English, night workers and shift workers.

Risk is the likelihood, great or small, that someone will be harmed by the hazard, together with the severity of the harm suffered. In assessing risk you should assess:

- Who might be harmed and how;
- How likely it is that a hazard will cause harm;
- How serious that harm is likely to be;
- How often the risk occurs and how many people are exposed;
- What control measures are already in place.

Consider what further controls may be necessary to prevent harm. You can also decide if any corrective actions are especially urgent and prioritise them.

(iii) Put control measures in place

Employers may already have some safety measures in place; the risk assessment will tell whether these are adequate. Employers are required to do all that is reasonably practicable to minimise the risk of workplace injury and ill health. When determining and implementing controls to minimise risk take account of the Principles of Prevention. The Principles of Prevention are a hierarchy of controls that set out how to manage hazards; they are contained in the 2005 Act and are summarised here in Appendix 1. The first step in the hierarchy is to eliminate the hazard so that people are protected. If this is not possible then the risk must be assessed and the remaining principles must be worked through until the work has been made as safe as is reasonably practicable.

Record the Findings

The safety statement and risk assessments must be recorded. The safety statement and risk assessments may refer to specific procedures which are detailed in other documents such as operating instructions for equipment, infection control guidelines and people handling risk assessments and care plans. The employer can decide whether to combine these documents or whether it is more helpful to keep them separately, which may be the case if the information needs to be readily accessible near the work activity. If kept separately, they should be cross-referenced in the safety statement or risk assessment. The employer must make sure employees are made aware of the risks and precautions and know how to access the relevant health and safety information.

Review Risk Assessments and Update

Risk assessments must be kept up to date. Risk assessments and control measures must be reviewed whenever there is:

- Evidence that the risk assessment is no longer valid; or
- An injury or illness is caused by a particular hazard; or
- A significant change proposed in the workplace, either to the premises, plant, work practices or procedures.

Following the review the risk assessment must be amended as appropriate.

2.5 Reviewing and Measuring Performance

Once a control measure has been implemented, its effectiveness should be monitored. Health and safety performance should be measured against identified standards, and monitored and evaluated. Compliance with legal requirements must be ensured.

Measuring performance may involve key performance indicators such as:

- Examining trends in accidents and incidents: what are the most common causes reported, are the numbers increasing or decreasing?
- Progress on compliance with training requirements: for example, what percentage of employees requiring manual handling training have up-to-date training?
- Progress with implementation of additional control measures identified through the risk assessment process: how many control measures have been identified? How many have been implemented in the timeframe identified?

2.6 Duties of Employers to People Who are not in Their Employment

Employers have responsibility for the health and safety of people who do not work for them but may be affected by their workplace or work activities. This may include residents, visitors and volunteers.

Examples of how people may be affected by the undertaking are: unsafe premises causing injury or harm to a resident or other person such as a trip on an uneven floor surface, faulty equipment and so on.

2.7 Co-operation and Co-ordination with Contractors and Others



When employing a contractor (e.g., a building contractor or cleaning contractor) employers must make enquiries about the contractor's procedures, including health and safety, and ensure that the contractor has an up-to-date safety statement. The contractor must be made aware of any relevant health and safety issues which may affect his or her health and safety (or anyone employed by him or her) while working on the premises.

Where two employers share a workplace there must be co-operation and co-ordination to ensure compliance with health and safety legislation. Relevant extracts of the safety statement relating to hazards and risks must be exchanged so that employers and employees are aware of any risks which may affect them.

2.8 Consultation

Employers must consult their employees on safety, health and welfare at work and provide them with information on these matters, including the results of risk assessments. Consultation on health and safety matters between employers and employees helps to ensure co-operation in the prevention of accidents and ill-health.

As part of the consultation process, employees have the right to select safety representative(s). The employer must recognise the rights and entitlements of a safety representative.

Consultation arrangements may include a safety committee.

2.9 Instruction, Training and Supervision

The employer must ensure that managers and employees have instruction, training and supervision suitable to ensure the job is done safely. Induction should include the key elements of the safety statement, fire and emergency procedures, and health and safety related policies and procedures. It should include safe systems of work specific to the employees' tasks.

Job analysis and risk assessment should identify where specific training is required, such as skills required for dealing with aggressive people or manual handling training, and safe pass training may be required for those involved in maintenance activities. When training needs have been identified there should be a planned approach to meeting those needs. Employees' understanding of the training received should be assessed and training programmes should be evaluated. Refresher training may be needed to ensure that employees maintain their skills. Training records should be kept.

Work activities must be supervised so that corrective action can be initiated where unsafe practices are detected.

2.10 Reporting and Investigating Accidents and Incidents

It should be the policy in the workplace that all employees and any others working on the premises report without unreasonable delay any work related accident including near miss events to the person in charge/responsible.

There are a number of reasons for having reporting procedures in place:

- They ensure that any person suffering injury, ill health or harm can be attended to;
- They allow the cause(s) of an incident to be identified, any related workplace/activity to be made safe and any recurrence to be prevented ;
- They allow the facts of an incident to be established and recorded in the event of any legal proceedings and determine if any further reporting is required.

It is a legal requirement that certain work related accidents (including those involving employees and/or others at the workplace) and specified dangerous occurrences be reported to the HSA.

In the case of accidental injury to an employee, where an employee is prevented from performing their normal work for more than three consecutive days (not including the date of the accident) because of an injury sustained in the course of employment, the incident must be reported to the HSA. This can be done online on the HSA website or by completing an IR1 form. Dangerous occurrences are reported on an IR3 form.

Work related fatalities must be reported to the HSA immediately, by phone in the first instance and then on an IR1 form.

A record of all work related accidents and dangerous occurrences should be maintained.
Copies of any IR1 and IR3 forms should be retained for record purposes and held for 10 years.

See the HSA website at www.hsa.ie for further information on reporting work related accidents and dangerous occurrences.

See Appendix 2 for a checklist for reviewing the safety management system in place.

3. Workplace Hazards and Controls

Listed below are key work related hazards which can occur in residential care facilities and some of the control measures to avoid or reduce the risk. This will assist the employer and employees in the preparation of risk assessments and identification of controls for their workplace and work activities. There is more information on each topic on the HSA website at www.hsa.ie.

3.1 Manual Handling



The Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 4 of Part 2, also known as the Manual Handling of Loads Regulations, outline the requirements that must be fulfilled for manual handling. The term manual handling includes lifting, putting down, pushing, pulling, carrying or moving a load, which due to characteristics of the load or unfavourable ergonomic conditions, involves a risk of injury to workers, (particularly to the back).

The Regulations relating to manual handling of loads require an employer to avoid manual handling of loads where there is a risk of injury and if this is not possible to assess the risk and reduce the risk of injury to create a safe working environment.

The term manual handling is used here to mean both the manual handling of inanimate loads, such as laundry cages and catering trolleys, and people handling involving residents with restricted mobility.

Employers must ensure that there are procedures in place to manage the risk from manual handling at work, taking account of the following:

- The avoidance of manual handling where possible, by changing the work design or by the use of technology;
- The minimisation of manual handling tasks to the greatest extent possible: for example, introducing manual handling aids such as trolleys, patient hoists and sliding sheets;
- The identification of roles and responsibilities with regard to ensuring safe manual handling at work;
- The risk management process and need to undertake manual handling risk assessments and the means of communicating this information;
- The need for a balanced approach that considers the wishes and needs of the resident and the provision of quality care, while providing a safe working environment;
- The arrangements in place to ensure employees have the information and training required;
- The arrangements in place for the procurement and maintenance of suitable equipment and furniture;
- The resources and competence required to ensure safe manual handling;
- The arrangements in place for reporting and follow up on work related incidents and near misses;
- The arrangements in place for absence management and rehabilitation of employees;
- The process of review of the controls implemented to ensure they are effective.

Risk assessment

Identify the activities which involve manual handling and the risk of injury. Consult with employees when doing so. Collect technical details on the activity. Take account of:

- The Task;
- The Individual (i.e. person carrying out the manual handling activity);
- The Load; and
- The Environment

Analyse any accident report data and take account of the findings when carrying out the risk assessment.

The task

Collect information on how the task is carried out and identify the key stages of the task: describe how the task is carried out for example, the number of lifts required.

Individual

Take the individual's capabilities into account. Does the task require unusual strength, height or other characteristics or put those who are or were recently pregnant at risk? Does the employee have the knowledge and training required to carry out the task safely?

Load

Loads can consist of:

- Inanimate objects such as boxes, bags, laundry bundles or equipment; or
- Residents.

When dealing with inanimate objects, consider the load weight, size and dimensions, and modify where possible to reduce the risk.

Environment

The environment can affect manual handling activities, for example:

- Space constraints or the physical dimensions of the work area;
- Uneven, slippery or obstructed floors;
- Inadequate lighting – too dim or causing glare;
- Non-adjustable beds and trolleys; or
- The presence of residents' attachments such as drips or catheters which can restrict movement or access.

People handling

Residents should initially be assessed to see if they are capable of independent movement. Where manual handling is required to assist the resident a more detailed risk assessment is required.

People Handling Risk Assessment

In carrying out the detailed people handling risk assessment consider:

- How much help does the resident need? Is the resident's inability to move independently short term (e.g., post-surgery), medium term (e.g., orthopaedic injury) or is it a permanent physical disability?
- What is the weight and height of the resident?
- Does the resident have any condition which may affect the people handling activity such as poor eyesight, skin conditions, seizures, pain, etc?
- What level of ability does the resident have to understand instruction and communicate?
- Does the resident manifest any behaviour which may affect the moving and handling activity? (E.g, is the resident anxious or unco-operative?)
- Any medication which may affect the moving and handling activity.
- History of falls: does a falls risk assessment need to be carried out?
- Does the method used encourage independence?
- What type of handling equipment was used before admission?
- What therapy plan if any is in place for the resident?

Identify what improvements are required to avoid or reduce the risk from the activity. Where the task cannot be avoided, can the work activity be organised to allow the use of mechanical aids to avoid or reduce the need for manual handling?

Controlling the Risk

Controls identified will be based on the results of the risk assessment. Controls may include the following:

- Avoiding manual handling if possible;
- Minimising manual handling: encourage residents to move themselves (where appropriate); use handling aids; reorganise or redesign the task; change the system of work (e.g., take the treatment to the resident). Seek to address the root cause of the resident's immobility (e.g., referral of resident to physiotherapist for assessment);
- Reducing the risk; use mechanical aids;
- Distributing unavoidable manual handling tasks throughout the working period;
- Ensuring employees have the information, training and supervision required to perform the task safely.

The introduction of control measures such as a handling aid or a new work layout means the introduction of a new work activity. So each new work activity will need to be assessed to ensure that any new hazards are identified and controlled.

Document the risk assessment including the controls required and ensure that the relevant and appropriate information is communicated to the employees who undertake the manual handling or people handling activity.

Lifting and handling needs should be included in residents' care plans. Care plans should include details of:

- The recommended method of movement for the relevant task such as bathing, sitting and so on;
- The equipment to be used;
- Any factors such as weakness, pain, challenging behaviour or dementia that may impact on effective manual handling techniques; and
- The minimum number of employees required to assist.

Care plans should also allow for changes in the resident's condition and mobility.

Instruction, Training and Supervision

Employees involved in manual handling must be appropriately trained in safe techniques and be advised of the correct use of manual handling aids.

There should be a system in place to manage the training requirements of employees, to ensure that their training is kept up to date.

Training should be specific to the work tasks of the healthcare worker and informed by the manual handling risk assessments. Supervision is necessary to ensure that the lessons learned are being applied in the work setting.

Records of employee training should be kept.

Consider training a number of employees as manual handling and people handling instructors so that there is expertise on site. Additional expertise may be required for difficult situations.

Instructors should have a FETAC level 6 Award for Manual Handling or People Handling Instruction.

Manual Handling Equipment

Employers must ensure that adequate numbers of well-maintained handling aids are available, suitable for the task and that employees are familiar with their correct use. With regard to manual handling aids employers should take account of the following:

- The suitability of equipment for the work environment, the task which it is intended to perform and its compatibility with other manual handling aids (e.g., are the slings compatible with the hoist? Does the hoist fit under the resident's bed, bath etc?).
- Cleaning and decontamination requirements when selecting handling equipment;
- The provision of instruction for workers on the safe use of equipment;
- The maintenance requirements and service life of equipment;
- That patient handling equipment must be CE marked and have an EC Declaration of Conformity;
- Manufacturer's instructions/information, including those relating to installation, safe use, maintenance and service life of equipment;
- Thorough examination of patient hoists and slings by a competent person is required at least once in every six month period and records must be kept on site;
- That patient hoists and slings must be marked with the safe working load and the safe working load must be suitable for the proposed user group.



3.2 Slips, Trips and Falls

Slips, trips and falls are one of the main causes of injury in healthcare. Health and safety law requires that there is safe entry and exit into the workplace. Floors must be in good condition and, as far as is reasonably practicable, not slippery. Places of work must be kept in a clean state and accumulations of dirt, refuse and waste frequently removed by a suitable method to maintain an appropriate level of safety and health.

Risk assessment

Slips, trips and falls should be considered in the workplace risk assessment. Where this hazard is identified, the risk should be avoided if possible. If the risk cannot be avoided then assess the risk and implement controls to minimise it and make the workplace as safe as is reasonably practicable. When conducting a risk assessment consider the following hazards and controls:

Work environment

Identify and deal with high risk areas: these may include:

- *Transition areas*: i.e. areas with a sudden change in the level of grip such as entrances where pedestrians move from wet ground to a dry floor. Consider what arrangements are in place to remove excess moisture from shoes at entrances such as the use of heavy mats, mats with weighted edges and mats which are recessed into the floor;
- *Level changes*: areas such as ramps slopes, stairs etc should be properly protected and clearly visible. Stairs should have easy to reach handrails and the steps should be of equal height and equal depth throughout the flight of stairs. The nosings should be in good condition and easily visible and the lighting should be sufficient to see the edges clearly;
- *Sources of liquid*: identify areas which may present a risk such as wash-up areas, showers and toilets. Consider what controls would be most successful: for example, preventing leaks, ensuring good floor drainage etc;
- *Cables and hoses*: cables, leads or hoses across pedestrian areas can present a tripping hazard and should be rerouted where possible; site electrical sockets to avoid trailing cables;
- *Damaged flooring/paving*: these can lead to a tripping hazard: flooring and paving should be maintained in good repair, avoiding dangerous bumps, holes and slopes;
- *Slippery surfaces*: try to get flooring right from the start: floors should be suitable for the work environment and work activities;

- *Outdoor areas:* the grounds around the premises, including the car park, can present a risk of slips, trips and falls. Pathways should be kept in good repair; consider a regular inspection and cleaning programme. Ensure that lighting is adequate in pedestrian areas and car parks. Provide handrails for steep slopes and steps. Have arrangements in place to deal with ice and snow in pedestrian areas;
- *Work vehicles:* work vehicles such as minibuses, should have non-slip flooring. Ensure floor and step coverings are in good repair, are regularly inspected and are kept in a clean condition. Slip resistant steps and grab handles for the driver and passengers at entrance and exit points can help reduce the risk of falls.

Housekeeping

Ensure:

- There are good housekeeping practices and that pedestrian and access routes are free of obstructions;
- Employees who carry out cleaning duties have received instruction and where necessary demonstration of the correct cleaning procedures;
- Floors are cleaned at times when there is least traffic and where possible provide a dry path through an area being cleaned.
- There are procedures in place to deal with spills without delay
- Employees are aware of the correct procedures for cleaning spills including spills of hazardous liquid/material such as blood and body fluids and hazardous chemicals. Providing easily accessible spill kits can be useful.

Warning signs

While warning signs are important for alerting people that a surface may be wet, over reliance on warning signs can be a problem. Warning signs do not physically keep people away from wet floors; for programmed/routine floor cleaning use a system that keeps pedestrians away from wet floors, such as cordoning off the area. Warning signs must be removed when they no longer apply.

Footwear

Consider a sensible footwear policy which can inform workers of the type of footwear that is most appropriate for the work environment and work activities. Wearing shoes which stay on the feet, with low or flat heels, and avoiding smooth soles, may help to prevent slips and trips.

Slip resistant footwear may be required as a form of personal protective equipment (PPE) where the risk of slipping cannot be avoided or sufficiently limited by other means: for example, in a busy kitchen where the floor may become wet or greasy. In these circumstances, the safety footwear must be provided free of charge to the employee. The Identification of those who require slip resistant footwear will be based on risk assessment. Slip resistant footwear should be tested in the workplace where it will be used.

Human factors

Human factors may aggravate the situation. Individuals who are tired, frail, disabled, distracted, inattentive or careless, may all be more prone to slips, trips and falls.

The use of strategically placed handrails can offer security to residents and others and help reduce the risk of falling; this in turn can reduce the degree of handling required by employees.

Encouragement and supervision of employees is fundamental to ensuring that policies and procedures are adhered to; employers should encourage a 'see it sort it mentality'.

Instruction, training and supervision

Employees should be instructed, trained and supervised in relation to the controls in place to manage the risk from slips, trips and falls such as:

- Effective and safe cleaning procedures;
- The importance of dealing with spillages or leaks;
- Adhering to clean as you go practices;
- The reporting of hazards and incidents;
- The use of suitable footwear.

3.3 Work Related Violence and Aggression

For the purposes of this guide work related aggression and violence is considered to be any incident where staff are verbally abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, well-being or health.

Violence and aggression in residential care facilities can differ from that experienced in other work settings. Challenging behaviour from residents, including aggressive behaviour, may be a component of the service, it may be a manifestation of the service user's condition, it may be due to the resident being acutely ill, having impaired judgement or misinterpreting their environment. As a result staff may unavoidably need to cope safely with resident related aggressive behaviour as part of their daily work.

In addition there may be a risk of violence and aggressive behaviour from others at the workplace such as work colleagues, members of the public or a relative of a resident.

Policy

There should be a policy in place that sets out how the care setting manages violent and aggressive behaviour; this may be part of a policy on managing challenging behaviour. The service provider will need to balance the rights and needs of the service user with the rights and safety of the employee.

A policy and related procedures will give guidance to employees on how to respond appropriately. All employees should have the knowledge and skills appropriate to their role to enable them to manage and respond to violent and aggressive behaviour.

Risk Assessment

Where work related violence and aggression has been identified as a hazard the associated risk must be assessed and managed to ensure that controls in place are effective and to identify any further controls that may be required.

When identifying the potential for violence and aggression consider the triggers, situations and work activities which make aggressive behaviour more likely. With regard to residents who have aggressive behaviour, the assessment of risk may include clinical assessment of a resident's behaviour and identification of appropriate interventions to help reduce the risk.

Controlling the risk

Controls are usually aimed at:

- Work environment;
- Work organisation and job design;
- Therapeutic interventions;
- Staff training and information.

Work environment

Depending on the findings of the risk assessment, consideration of the following measures may be needed:

- The design and layout of rooms to take account of employee safety and the safety of others present in the event of an incident;

- Fixtures and fittings appropriate to the work environment;
- Use of calming or non-stimulating colour schemes;
- Telephone numbers for emergency services and key healthcare personnel in the event of an adverse incident occurring;
- The use of personal alarms to summon assistance;
- Building security such as the use of a security alarm.

Work organisation and job design

The staffing numbers and skill mix should take account of the demands placed on staff by aggressive behaviour, with a view to ensuring staff personal safety as well as that of residents and others on the premises.

Lone working arrangements must be risk assessed and, where necessary, the controls must be identified and implemented to avoid or minimise the risk. Examples of controls include providing a means of communication or an alarm to alert colleagues if assistance is required.

Therapeutic interventions

Clinical assessment of the resident may be required to determine the most appropriate interventions to avoid or reduce the risk of challenging behaviours including aggressive behaviour. The management of behaviour will form part of the care plan to be implemented by the carers. The carers will need to have the skills necessary to implement the care plan.

Instruction, training and supervision

Where training is provided for employees, including skills in managing aggressive behaviour from residents, the training programme selected must be appropriate to the needs of the employees and repeated/practised as necessary. Employees should be trained in dynamic risk assessment (how to assess risk as circumstances change).

Employees will also need to be advised of:

- The correct use of security measures in place: for example, how to use personal alarms correctly;
- Any dress code in place such as restrictions on wearing jewellery like large rings, necklaces and neckties which may cause difficulties;
- The system for reporting accidents and incidents.

Supervision of work activities is necessary to ensure that safe work practices are adhered to.

Staff support

It is important to create a supportive environment for staff where the culture is one in which employees' safety, health and welfare is highly valued. Following an adverse incident different types of support may be required, depending on the nature of the event and the needs of the employees concerned.

Supportive measures may include enquiring about employee well-being and validating the experience or providing access to counselling services.



3.4 Biological Agents

Biological agents including bacteria, virus, fungi (including moulds) and parasites, can cause infections, allergies, poisoning or toxic effects. In healthcare the main risk is infection. The Safety, Health and Welfare at Work (Biological Agents) Regulations 1994 as amended in 1998 sets down the minimum requirements for the protection of workers from the health risks associated with biological agents in the workplace.

Risk assessment

The employer must carry out a risk assessment to assess any risk to the health and safety of an employee from exposure to a biological agent (actual or potential) at work. A local assessment of the work should be carried out relating to a particular work area or to particular services provided: for example, a ward or a laundry, or work activities undertaken by healthcare staff involving a risk of exposure to biological agents.

In healthcare, employees will come into contact with a number of sources of infection either through direct contact with residents or with contaminated materials, including waste, laundry, contaminated surfaces and so on. Identifying the specific infectious agent (if known), the source (e.g., blood, healthcare risk waste etc) and routes of transmission will facilitate the selection of appropriate controls.

Consider the following in assessing the risk:

- The work activities where a risk may arise such as disposal of waste, direct patient contact etc;
- The categories of employees that may be affected: care staff and those who may not have direct patient contact but could be at risk of exposure such as maintenance and cleaning staff and visitors. Consider those who may be at greater risk like new and expectant mothers;
- The routes of transmission, i.e. inhalation, absorption (via skin or cut, splashes to the mouth or eyes), ingestion or inoculation (contaminate sharp, bites).

Using relevant information, consideration should be given to how likely it is that each hazard might cause harm and the severity of the harm should it occur, taking account of existing control measures in place. Decide if further controls are required.

Control the risk



The control measures required by health and safety legislation may already largely be in place as part of an infection control policy. Infection control policies should be in keeping with national guidelines on infection control and should take account of standard precautions and transmission based precautions where necessary.

Where possible the use of harmful biological agents must be avoided or exposure prevented. Where this is not possible, measures must be put in place to reduce exposure to a level as low as necessary to adequately protect the health and safety of the employee. Controls may include:

- Limiting the number of employees or visitors to an area where there is a risk of exposure;
- The use of hygiene measures which prevent or reduce transfer of the agent: for example, hand washing and maintaining the work environment in a clean and hygienic condition;
- Having plans in place to deal with accidents involving biological agents such as needle stick injuries and cleaning of blood spills;
- Use of personal protective equipment such as gloves and aprons;
- Documented healthcare risk waste policy with clearly defined procedures for safe collection, storage and disposal of waste;
- Safe handling of infectious specimens, sharps, waste, contaminated linen and other material.

The risk assessment must be recorded and staff should be made aware of the hazards and risks and associated control measures.

Instruction, training and supervision

Employees who are at risk must receive instruction and training to include the following:

- Potential risks to health;
- Precautions taken to reduce exposure (such as standard precautions);
- Hygiene requirements;
- The wearing and use of personal protective equipment;
- What to do in the case of an emergency such as an accidental inoculation injury.

Supervision of work activities is necessary to ensure that safe work practices are adhered to.

Vaccination

It is the duty of the employer to ensure that effective vaccines are made available when necessary. Therefore, if the risk assessment reveals that there is a risk to the health and safety of employees from their exposure to a biological agent for which effective vaccines exist, the employer must offer them vaccination, free of charge.

Employees should be informed of the benefits and drawbacks of both vaccination and non-vaccination.

Records of vaccination and follow up as necessary should be retained (these should be retained on a confidential basis).

Vaccines relevant to the type of work being carried out by healthcare workers include BCG, Hepatitis B, Influenza, Varicella and MMR. The *Immunisation Guidelines for Ireland*, published by the Royal College of Physicians, gives guidance on appropriate vaccination for healthcare workers.

Vaccination should be offered in a timely manner to new workers so that the employee can be protected before exposure.

Health surveillance

The employer must make provisions for relevant health surveillance where the risk assessment reveals a risk to employee health and safety. Where health surveillance is appropriate it must be made available prior to exposure to the biological agents and at regular intervals thereafter. Where health surveillance is appropriate it must be made available under the responsibility of a responsible medical practitioner.

Health surveillance includes checking for symptoms of early onset of illness caused by exposure, such as TB questionnaire for employees exposed to TB.

Sharps injuries

Healthcare employees may be at risk of exposure to blood-borne virus such as hepatitis B, hepatitis C and HIV while at work. This could be via mucous membranes, through broken skin or through an inoculation injury where the skin is punctured or scratched by a contaminated needle or sharp device; this final route is known as a 'needle stick' or 'sharps injury'.

In addition to the control measures mentioned above, where there is a risk of sharp injuries occurring, and basing your judgement on risk assessment, consider the following controls.



- Elimination and engineering controls:- where possible eliminate the unnecessary use of sharps by implementing changes in practice and based on risk assessment provide medical devices incorporating safety engineered protection mechanisms. Prior to the introduction of a needle-stick injury-prevention device, the healthcare practitioners should conduct a rigorous evaluation of devices to determine their effectiveness and suitability for use;
- Safe use and disposal of sharps: have safe procedures for the use and disposal of sharp medical instruments and contaminated waste in place. Used sharps should be carefully discarded into designated sharps containers at the point of use and sharps containers should be securely stored out of reach of residents, visitors and children. The aperture on a sharps container should be closed when it is being carried or if it is left unsupervised and the container should be locked when three-quarters full or when the fill line marked on the container is reached;

Vaccination: this has been referred to above. Currently a vaccine is available for Hepatitis B but not for Hepatitis C or HIV.

Have procedures in place for the management of an inoculation injury. Employees must be aware of the first aid treatment in the event of a potentially harmful exposure to blood or body fluids. The circumstances of the incident need to be assessed without delay to determine the most appropriate course of action.

Legionnaires' disease

Legionnaires' disease is a severe and potentially fatal form of pneumonia. It is contracted by inhaling tiny airborne droplets and particles containing viable Legionella bacteria. Any water based system which has the right environmental conditions has the



potential to be a source for Legionella bacteria growth. Aerosols can be generated from any water outlet, for example when a bath or basin is filled. Those who are at higher risk of Legionnaires' disease include older people (over 40), males, smokers, people with excessive alcohol intake, people whose immune system is compromised and people with chronic underlying disease .

Where a risk of Legionnaire's disease is identified in a care facility a responsible person should be appointed to manage and ensure that control measures are implemented. Those involved in the management and control of Legionella must be competent to do so. Employees involved in the implementation of control measures must have the information, instruction and training to undertake their tasks safely.

By keeping water temperatures in the water system outside of the 20–50°C range, the bacteria are less likely to grow. Cold water systems should be kept at a temperature below 20°C. Hot water should be stored at 60°C and distributed so that it reaches a temperature of 50°C within one minute at the water outlets. Water temperatures should be regularly checked.

Where stagnation occurs or water use is low, there is a potential for Legionella growth. Showers are important in this regard because of their capacity to generate aerosols and their potential to be under-utilised. Management needs to take the necessary action to prevent such a risk arising. This may include removing unnecessary showers, wash-hand basins and pipe work as far back as the mains and using flushing procedures for showers and other water outlets that are not in regular use.

Water cisterns and water storage tanks should be covered, kept clean and free of debris.

Where a risk of scalding exists a means of controlling the temperature at the point of use should be considered, such as the use of thermostatic mixing valves (TMVs). TMVs must be properly fitted and maintained so that they work effectively and do not cause additional risks (such as failing to control the temperature or harbouring Legionella bacteria). A documented maintenance schedule which takes into account local conditions (such as hard water) and the risk of valve failure should be followed and recorded. As with

any safety device, routine checks will be essential to ensure continued satisfactory operation. Such devices, however, should not be a substitute for caution and staff should use a thermometer, for example, to check the temperature of water in baths and showers prior to use by a vulnerable resident.

For more detail on control measures see *Controlling Legionnaire's Disease in Health Care Settings: Information Sheet* at www.hsa.ie and the *National Guidelines for the Control of Legionellosis in Ireland, 2009* published by the Health Protection Surveillance Centre.

Waste management and transport of dangerous goods

Healthcare waste is the solid or liquid waste arising from healthcare. It is divided into two fractions:

1. Healthcare risk waste, which is potentially infectious and hazardous and
2. Healthcare non-risk waste, which is domestic in nature.

It is necessary to segregate these two waste fractions at source so that they can be safely disposed of.

Healthcare risk waste must be stored in appropriate UN approved containers (bags or bins depending on the nature of the waste). These containers are designed to prevent leakage and are permanently marked with a hazard and specific content label.

There are requirements in place for the transportation of healthcare risk waste (infectious substances) through the ADR, an EU agreement on the transport of dangerous goods by road given effect in Ireland by the EC (Carriage of Dangerous Goods by Road and use of Transportable Pressure Equipments) Regulations 2011 (as may be amended from time to time).



This legislation provides for the safe movement of dangerous goods such as infectious clinical waste, infectious samples, a wide range of chemicals, gases and so on. Legal duties are placed on various participants in the transport chain, including consignors, carriers, drivers and persons who pack and label material for transport, which thus will include residential care facilities.

This legislation may affect residential care facilities to a greater or lesser extent depending on the type and quantity of dangerous substances received by and sent from the site. For those with significant quantities of hazardous waste and other dangerous substances there may be a legal requirement to appoint a dangerous goods safety adviser (DGSA). Even for sites that do not require the formal appointment of a DGSA, they are likely to require input from a DGSA when conducting a site assessment in respect of this area of legislation.

In addition to the above, waste material generated by the site will come within the area of the Waste Management (Shipments of Wastes) Regulations 2007 available from the Department of Environment at www.environ.ie

HSA guidance on the appointment of a DGSA entitled *Carriage of Dangerous Goods by Road Regulations/ADR, Guidance on the appointment of a Dangerous Goods Safety Advisor* is available from the HSA website.

Some of the duties likely to be within the responsibility of the care facility are:

- Assessment and classification of hazardous materials on site;
- Correct packaging, labelling and when consigning goods as waste or otherwise, drawing up transport documentation;
- Safe storage of dangerous goods;
- Identification and training of staff involved in handling dangerous goods and in particular those with specific roles and responsibilities for dangerous goods transport;
- The engagement of a competent waste contractor or carrier.

3.5 Chemicals at Work

Chemicals can exist as solids, liquids or gas. Any chemical which has the potential to cause harm is called a 'hazardous' or 'dangerous chemical'. Exposures to chemicals can cause many different types of harm, ranging from mild irritations to cancer. Examples of chemicals in healthcare which can be hazardous include cleaning agents, disinfectants and sterilising agents, oxygen, latex, mercury, cytotoxic drugs and formaldehyde. Other chemicals on site may include those used for gardening or maintenance activities such as pesticides, weed killers etc.

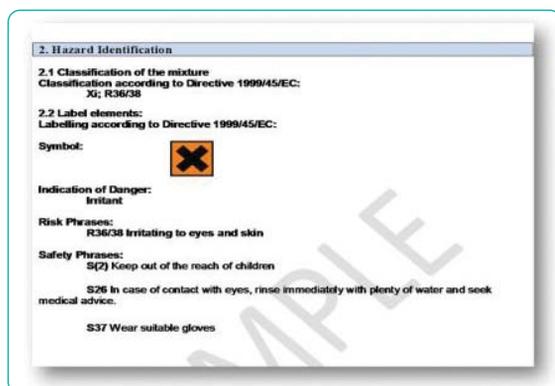
In addition to their effects on human health, some chemicals also present physical hazards such as the potential to ignite or support combustion of other substances and the potential to explode. Chemicals can adversely affect the environment if used, stored or disposed of incorrectly. Some of the key duties for employers and employees are set out in the Safety, Health and Welfare at Work (Chemical Agents) Regulations 2001.

Employers must assess the risk from chemicals and carcinogens with a view to controlling the associated hazards. Use the information in a Safety Data Sheet (SDS) and on the hazard labels on the chemical containers to inform your risk assessment.

Hazard labels

All chemicals classed as hazardous must be supplied with a label. The hazard label will give information on the hazards of the chemical. The labels use symbols or pictograms to indicate the hazards associated with the chemical (e.g. indicating that the substance is explosive, flammable, oxidising, irritant, dangerous to the environment and so on (current legislation requires that the existing symbols be replaced by pictograms phased in over a period of time commencing in 2009 and fully operational by 2015).

Safety data sheets



Suppliers and manufacturers of hazardous chemicals must provide an up-to-date Safety Data Sheet free of charge. An SDS is not a risk assessment, it provides valuable information on chemical products which helps users undertake a risk assessment. It describes the hazards each chemical presents, as well as providing information on handling, storage, disposal, control measures and emergency measures in the case of an accident.

Ensure you have the SDS for hazardous chemicals in the workplace. They should be stored so that they can be easily accessed if required. They may be revised from time to time and you should ensure that your supplier provides you with any updated safety data sheets.

Risk assessment

When conducting a risk assessment:

- **Identify the hazard:**
 - List each of the chemicals in the workplace (e.g., cleaning agents, disinfectants, sterilisers, medical gases, mercury in thermometers;
 - Collect information about each substance, i.e. the harm it can do and how this can happen. The safety data sheets and labels are an important source of information.
- **Assess the risk:**
 - Assess exposure to the identified hazardous chemicals; consider the type of exposure that might occur and the frequency of occurrence;

- Check to see if occupational exposure limits (OELs) apply (i.e. the maximum concentration of the chemical that most people can be exposed to without risk; the concentration must be kept as far below this level as is practicable). OELs are listed in the safety data sheets;
- Take note of those chemicals which can be more harmful if mixed with other substances (e.g., bleach may react with substances such as toilet cleaner to release a harmful chlorine gas);
- Consider:
 - ◆ Who uses the chemical at work? Is it everyone or limited to a number of authorised employees? Are vulnerable employees exposed: for example, asthmatics and those with pre-existing conditions such as dermatitis?
 - ◆ How long is each user exposed to the chemical – a few minutes or a full shift?
 - ◆ How often is the chemical used – infrequently or continuously?
 - ◆ How is the chemical used – is it sprayed or poured? Is the chemical used in a closed or open process?
 - ◆ How will the user be exposed? For example, by breathing it in or skin contact?
 - ◆ How much of the chemical will be used?
 - ◆ Can others in the workplace be exposed, such as residents or visitors?
 - ◆ Can unauthorised users access the chemicals?
- **Control the risk:** Decide on and implement suitable control measures taking account of the Principles of Prevention. The general Principles of Prevention are adapted for chemicals as follows:
 - Eliminate the hazardous chemical: consider if you need to use the chemical at all in the workplace;
 - Substitute the more hazardous chemical with a less hazardous chemical or a less hazardous form of the chemical (e.g. replace a cleaning agent which is a skin sensitizer with a cleaning agent which does not have hazardous properties or is less hazardous);
 - Install engineering controls (e.g., ensure good room ventilation or use local exhaust ventilation if required);
 - Put administrative controls in place (e.g. ensure employees are familiar with the correct use of chemicals and concentrations required; consider work rosters and the amount of time employees are exposed to hazardous chemicals);
 - Use personal protective equipment (e.g. gloves, respiratory protection).

The risk assessment must be recorded and staff should be made aware of the hazards and risks and associated control measures. It may be helpful to provide a written instruction to convey important health and safety information to employees; this could be posted at the point of use of the chemical or another conspicuous area (e.g., in the laundry room). It should be simple in layout and use simple language. An instruction should include, as a minimum, the following information:

- Name (substance identification);
- Hazard Identification;
- Safety measures and safe handling procedures;
- Accident release measures;
- First aid procedures;
- Appropriate methods of disposal.

Instruction, training and supervision

Employees using chemicals must receive instruction and training in the hazards, risks and precautions to be taken with the chemicals they use. Training should cover how to use, handle, move and store the chemicals in a safe manner; how to clean up any spills (such as a spill of mercury); how to report any chemical related incident; and what to do in an emergency.

Supervision of work activities is necessary to ensure that safe work practices are adhered to.

Health surveillance

Where exposure to a hazardous chemical can cause an identifiable disease or illness (e.g., skin or respiratory sensitizers) and there is a likelihood of illness occurring then health surveillance may be required and where it is required it must be made available under the responsibility of an occupational healthcare professional.

Drugs and Medication

Drugs and medication can be dangerous if misused. Some also require care when handling as they can cause health hazards for staff (e.g., cytotoxic drugs). Other drugs require specific storage conditions. All drugs need to be properly labelled and should be kept in a secure location and only be accessible to authorised personnel.

Asbestos



Breathing in air containing asbestos fibres can lead to asbestos-related diseases. These are mainly diseases of the chest and lungs, and include cancer, and there is no cure for these illnesses. There is usually a long delay between first exposure to asbestos fibres and the diagnosis of a disease (between 15 and 60 years).

Most asbestos containing materials (ACMs) were installed between the 1960s and the mid 1980s with asbestos cement in use until 2000. Even though the use of asbestos and ACMs has been banned for many years there is still a potential for exposure to asbestos in a variety of workplaces because of the large quantities of asbestos and ACMs which were used in buildings in the past.

The risk associated with exposure to asbestos relates to the possibility that the fibres within the ACM can become released into the air and are then inhaled. Therefore, unless the ACM is in poor condition or has been disturbed or damaged, the risk of exposure is minimal.

ACMs can be inadvertently disturbed during maintenance, repair or refurbishment works on a building. For example, drilling, cutting or other disturbance of existing ACMs can release asbestos fibres into the air, which can be breathed into the lungs.

Owners, managers and maintenance staff in residential care facilities need to know the following information about asbestos in the building:

- The location of asbestos;
- The form of asbestos (lagging, ceiling tiles, partition board, etc);
- The condition of the asbestos and preferably;
- The type of asbestos (blue, brown or white).

This information must be recorded and easily accessible.

If asbestos is in good condition, not likely to be damaged and not likely to be worked on, it may be safe to leave it in place and introduce a system for managing the asbestos. This system should include periodically checking the asbestos to ensure it remains in good condition and has not been damaged and to ensure that the asbestos containing material is clearly labelled as an ACM.

If asbestos is in poor condition or it is likely to be damaged or disturbed it should be repaired, sealed, enclosed or removed. Advice from a specialist contractor will be required on the appropriate action to be taken. The Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006 and amendment regulations 2010 apply to work where there is or may be asbestos fibres present.

These regulations apply in particular to any person or employer working with or removing asbestos.

In order to verify that a material contains asbestos, the material has to be assessed and microscopically examined by a competent person. Never handle, disturb or remove asbestos insulation yourself. The law allows only trained personnel to do this in conformity with strict regulations and controls.

Environmental tobacco smoke

The Public Health (Tobacco) Acts prohibit smoking in enclosed workplaces with a number of exemptions. These exemptions include nursing homes and psychiatric hospitals (described in the Act as a mental institution within the meaning of the Mental Treatment Acts 1945 to 1996 or an approved centre under the Mental Health Act 2001).

The Safety Health and Welfare at Work Act 2005 places a duty on an employer to ensure as far as is reasonably practicable that employees and others at the workplace are not exposed to the harmful effects of second hand smoke. The exemption of a place or premises from the ban on smoking introduced by the Public Health (Tobacco) Acts does not remove this duty from an employer.

As far as is reasonably practicable the workplace should be smoke free. It should be the policy of the residential care facility that all staff and others at the workplace will be protected from the harmful effects of second hand smoke.

Bearing in mind that a workplace may also be someone's home, consideration should be given to the residents' rights and the safety of the employees. Useful information on practical measures to achieve this balance and how to work towards a smoke free environment is given in the *Best Practice Guidelines for Tobacco Management in the Mental Health Setting*, Irish Health Promoting Hospitals, 2008. Information is also available from the Health Services Executive.

Radon

Radon is a natural gas that escapes from the ground and it tends to accumulate in buildings and houses. Long-term exposure to high levels of radon increases the risk of lung cancer. All indoor workplaces in high radon areas, located at ground floor or basement level are required to have radon measurements carried out. There are radon reference levels and where ever the reference levels are exceeded the employer must protect the health of workers by reducing the radon level at the workplace. The Radiological Protection Institute of Ireland (RPII) recommend a reference level of 200 Bq/m³ (becquerels per cubic metre) for long-stay institutions such as nursing homes.

A high radon area is one where the RPII has predicted that 10% or more of buildings are likely to have radon levels above the reference level. Maps which show these areas have been published by the RPII and can be viewed on their website www.rpii.ie.

Employers who are in areas not designated as high radon areas are urged to take a proactive approach and consider having radon measurements made.

Radon gas measurements in workplaces must be made by an approved radon measurement service (accredited by the Irish National Accreditation Board) and be carried out in accordance with criteria specified by the RPII.

The RPII provides a list of accredited radon measurement services.

Further information on radon in the workplace can be obtained from the RPII website at www.rpii.ie

3.6 Workplace – General

The Safety, Health and Welfare at Work (General Application) Regulations 2007 set out the requirements for the physical environment at the place of work. Some of the key requirements are set out below.

The Regulations aim to ensure a safe and healthy work environment. Workplaces must have sufficient fresh air in enclosed spaces, have sufficient natural light as far as possible and/or artificial lighting and be maintained at a suitable temperature, taking account of the nature of the work being carried on.

Workplaces must be maintained in a clean condition.

Windows, doors, walls and partitions

Translucent (i.e. semi-transparent) and transparent material in walls, in particular all glass partitions, in rooms, should be appropriately marked so that people know they are there. They should be made of a suitable safety material or be adequately protected against breakage(e.g. by using a barrier or similar obstruction to prevent a person coming in contact with them by accident). Transparent doors should be adequately marked at a conspicuous level; they should be made of suitable safety material or adequately protected against breakage.

It should be possible for employees to open, close, adjust or secure windows, skylights and ventilators in a safe manner; where necessary, suitable equipment should be made available to employees for opening/closing windows from floor level or from a secure platform, without having to use chairs or tables etc. It must be possible to clean windows and skylights in a safe manner.

Windows, when open, should be such that they do not project into passageways at a height where they are liable to be struck by passers-by; nor should they be located where persons could accidentally fall through them.

Where there is a risk to people in the workplace of falls from windows the risk should be assessed and appropriate controls implemented. If window openings are restricted, fire safety must be taken account of and advice from a Fire Prevention Officer may be required.

Floors

Floors should have no dangerous bumps, holes or slopes and as far as is reasonably practicable should not be slippery. Other issues regarding flooring are dealt with above in the section on slips and trips.

Hot surfaces

The temperature of pipes and radiators which can be accessed should be controlled to ensure they do not cause a burn or scald; alternatively access to the hot surface should be prevented.

Welfare facilities

The Safety, Health and Welfare at Work (General Application) Regulations 2007 require that the employer provides welfare facilities for employees and that where necessary, the workplace must be organised to take account of employees with disabilities.

Staff rest rooms

Residential care centres should have a separate rest room or rest area for the use of employees. The rest room should be large enough and have sufficient chairs and tables for the number of employees likely to use them at any one time. There should be a suitable place for staff to eat. Suitable facilities must be provided for pregnant employees and nursing mothers to lie down and rest.

Sanitary and washing facilities

Suitable sanitary and washing facilities are required for employees at work. In addition, hand washing facilities should be prominently sited throughout the residential care setting, in accordance with current infection control guidelines.

Where the nature of the work requires it, the employer should provide the following for employees:

- Shower facilities separate for men and women (either separate showers or separate use);
- Changing rooms which are sufficiently large and are separate for men and women (either separate areas or separate use).

Work equipment

The Safety, Health and Welfare at Work (General Application) Regulations 2007 set out the requirements for work equipment. Work equipment is defined as any machinery, appliance, apparatus, tool or installation for use at work. It is not possible to list all equipment that may be present but it includes items for use at work such as cookers, water boilers, patient handling aids, medical appliances, trolleys etc.

The following are some general points relating to equipment safety which should be observed.

- Maintain equipment in a good state of repair and proper working order, to avoid presenting a risk of injury to staff or others;
- Ensure equipment is used only for operations and under the conditions for which it is appropriate;
- Ensure the compatibility of items of equipment which are used together (e.g. patient slings and hoists);
- Develop a planned preventive maintenance programme to ensure equipment is kept in good repair;
- Take account of the manufacturer's instructions/information including those relating to installation, safe use, maintenance and service life of work equipment;
- Identify equipment which must be tested or examined by law at predetermined intervals and make arrangements for these services (e.g. patient hoists and slings and passenger lifts must have a thorough examination at least once in every six month period by a competent person or more frequently if recommended by a competent person);
- Ensure workers who carry out repairs, modifications, maintenance or servicing are competent.
- Keep records of maintenance checks, examinations, testing and servicing;
- Advise employees to check all items of equipment before use (i.e. a simple visual check) and only use equipment that is safe. Where equipment is unsafe it should be taken out of service and sent for repair or replaced as required;
- Ensure that items purchased are CE marked where applicable;
- Obtain the instructions/user manual and ensure employees have access to it where necessary for their work;
- Make employees aware of any health and safety risks associated with work equipment.
- Provide information, instructions and training to staff where required for the safe operation of equipment;
- Ensure that where guards or other protection devices are required to ensure the safe operation of equipment, they are in place before use;
- Place warning notices and safe operating procedures adjacent to machines to remind operators and others of the dangers they pose and safe work practices. Many machine suppliers provide suitable notices;
- Have due regard to the Medical Devices Regulations where equipment is classed as a medical device (see the Irish Medicine Board's website at www.imb.ie for further information on medical devices).

Display screen equipment

Employees who spend a significant amount of time at a computer workstation may be exposed to risks that could give rise to difficulties such as temporary eye fatigue, soreness in the limbs or mental stress. By law, employers are obliged to examine health and safety at computer workstations, with particular reference to eyesight, physical difficulties and mental stress.

The Safety, Health and Welfare (General Application) Regulations 2007 set out the requirements with regard to display screen

equipment. These Regulations are applicable in the following circumstances:

- If the employee has no choice but to work at a computer workstation;
- If the employee normally uses the computer workstation for continuous periods of more than one hour;
- If the computer workstation is generally used by the employee on a daily basis.



Employers must ensure that:

- A computer workstation risk assessment is carried out for employees to whom the Regulations apply;
- Information is provided to employees on the safe use of the workstation, including how to set up their workstation correctly;
- The work activities are planned in such a way that there are periodic breaks or changes of routine, away from the display screen equipment;
- Eye and eyesight tests are provided free of charge for employees and employees are informed of this entitlement. Where special corrective appliances (spectacles) are required for the display screen equipment use, they must be provided by the employer at no cost to the employee.

The risk assessment must be carried out by a person who has the training, experience and knowledge to undertake the risk assessment. This may be the employer, someone else in the workplace or an external expert. It is not sufficient to allow employees to use a software package or other means to assess their own workstations. The risk assessment should be recorded and any corrective actions identified put in place.

See the checklist in the HSA publication *Safety Toolkit and Short Guide to the General Applications Regulations 2007 Small Business Edition* at www.hsa.ie. The checklist can be used to help you carry out the assessment with the employee.

Electricity

The Safety, Health and Welfare (General Application) Regulations 2007 set out many of the requirements with regard to the safe use of electrical equipment and installations, and work on or near electrical equipment.

The main hazards associated with electricity are:

- Contact with live parts causing shock, burns or even a fatality;
- Burns as a result of a short circuit;
- Faults which could cause fires.

Identify the hazard associated with electricity in the workplace. List the electrical equipment which may give rise to risk and identify where (the work environment) and how it is used (system of work).

The risk of injury from electricity is linked to where and how it is used: for example, in wet surroundings, unsuitable equipment can become live and make the surrounding live. Extension leads may be positioned where they may be immersed in liquids or where liquid can drop on them. Unsuitable electrical equipment used in a dusty environment can result in fire.

Some items of equipment involve greater risk than others. For example, extension leads are particularly liable to damage to their plugs, sockets, electrical connections and the cable itself. Other flexible leads, particularly those connected to equipment which is moved a lot, can suffer damage.

Take account of the capability, skill and experience of the employee using the equipment.

Listed below are some of the things that can be done to reduce the risk from electrical equipment:

Ensure that the electrical installation is safe

Install new electrical systems to a suitable standard. Ensure any new electrical installation or extension to the existing installation is tested and certified by a competent person, this would usually be an electrician with a registered electrical contractor. The Electro Technical Council of Ireland (ETCI) has a detailed set of rules which outlines the standard that must be met for new or extended installations.

Maintain existing installations properly.

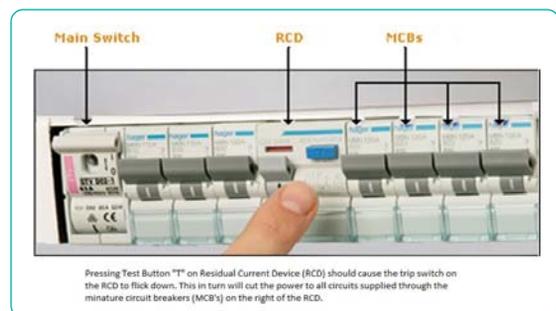
Provide enough socket outlets: overloading socket outlets by using adaptors can cause fires.

Provide safe and suitable equipment

- Choose equipment that is suitable for its working environment;
- Ensure equipment is safe when supplied and then maintain it in a safe condition;
- Provide an accessible and clearly identified switch near each fixed machine to cut off power in an emergency;
- Use socket outlets which are close to portable equipment so that equipment can be easily disconnected in an emergency;
- Ensure that ends of flexible cables have the outer sheath of the cable firmly clamped to stop the wires (particularly the earth) being pulled out of the terminals;
- Replace damaged sections of cable completely;
- Protect light bulbs and other equipment which could be easily damaged in use;
- Ensure that all circuits are clearly labelled at the distribution board or fuse box. This will allow circuits to be safely disconnected;
- Ensure that electrical equipment used in flammable/explosive atmospheres is designed to stop it from causing ignition. You may need specialist advice.

Residual Current Devices

Residual Current Devices (RCD's) generally disconnect circuits where a current is leaking from a circuit. This leaking current has potentially fatal consequences for a person coming in contact with the circuit. Circuits requiring Residual Current Device protection include those powering socket outlets feeding portable appliances. It is recommended that supplies feeding water services such as immersion heaters and electrical showers are protected. Check that the RCD is working correctly by pressing the test button marked 'T' or 'Test' (the ETCI recommend that RCDs be checked at least twice a year). If it is working the power socket circuits will immediately switch off. If the RCD fails to trip it should be replaced immediately by a registered electrical contractor.



Carry out preventive maintenance

All electrical equipment and installations should be maintained to prevent danger. This should include an appropriate system of visual inspection and where necessary, testing. The majority of electrical faults can be seen by visual inspection. These should be reported and unsafe equipment taken out of use. This will need to be backed up by testing as necessary.

Fixed installations must be inspected and tested periodically by a competent person.

Portable appliance testing

Certain pieces of electrical equipment which by their nature are subject to wear and tear leading to danger may need to be inspected and tested periodically. This must be done by a person equipped and competent to do so although the person may not necessarily be an electrician. Nevertheless the person should have training in how to inspect and test portable electrical appliances. Additional information on the testing of portable electrical appliances can be obtained from the ETCI and in particular from their document ET215:2008 *Guide to the Maintenance, Inspection and Testing of Portable Equipment (Electrical Appliances and Tools) in the Workplace*, 2008.

Work safely

Make sure that people who are working with electricity are competent to do the job. Even the simple tasks such as wiring a plug can lead to danger: ensure that people know what they are doing before they start.

Ensure that all employees are aware that:

- Suspect or faulty equipment must be reported and unsafe equipment taken out of use, labelled 'DO NOT USE' and kept secure until examined by a competent person;
- Where possible, equipment should be switched off before plugging in or unplugging;
- Equipment should be switched off and/or unplugged before cleaning or making adjustments.

More complicated tasks, such as equipment repairs or alterations to an electrical installation, should only be taken on by people who are competent to do the work safely.

3.7 Work Related Vehicle Safety

Work related vehicle safety is the management of the hazards and risks associated with work activities involving vehicles. The information below focuses on workplace transport safety and driving for work.

Workplace transport safety

The workplace must be evaluated with respect to the movement of vehicles and pedestrians, and adequate control measures put in place to eliminate or reduce any risk of injury as a result of vehicle contact with persons.

When assessing the workplace consider the work activities, the traffic type (e.g. visitor and staff vehicles, delivery and emergency vehicles etc) and the volume and the circulation of vehicular and pedestrian traffic. Take account of the following when assessing risk and putting control measures in place:

- All traffic entering the workplace should be directed and controlled (by persons or workplace signs);
- The need for reversing should be eliminated where possible. Consider one way systems and drive through loading and unloading areas and turning points;
- The road surface on the traffic route and footpaths at your premises should be kept in good repair and free of obstructions;
- Vehicular traffic routes should be kept away from entrances or doorways used by pedestrians;
- Pedestrians should be segregated from vehicles. Provide obvious separate footpaths or walkways for pedestrians;
- Safe areas for drivers should be provided whilst passengers are boarding or alighting;
- Information such as restricted/no parking areas, pedestrian crossings and speed limits should be marked or sign posted;
- Appropriate lighting on traffic routes, yard areas and parking areas should be provided.
- Vehicle speed limits should be considered;
- Adequate numbers of safe, well lit and suitably designed parking spaces should be provided. Parking should be easy to find, clearly marked and ideally as close as possible to where people need to go once they leave their vehicle.

Visiting drivers

Visiting drivers should be told the layout of the workplace, the route they need to take and relevant safe work practices (e.g., for parking and unloading). Consider printing site rules and directions so that visiting drivers know what to expect before arriving on site.

Deliveries

A significant number of transport accidents in the workplace take place during deliveries. As far as possible, parking, loading and unloading should be off the road or pavement and well away from people.

The following factors and the possibility of implementing the following controls should be considered as well:

- Consider any risks to people who drive or walk near the vehicle during deliveries;
- During delivery where possible present the side of the vehicle with easiest access to the workplace;
- Where possible lay the site out so that reversing is unnecessary;
- Consider giving responsibility for authorising deliveries to an employee who will be present during the process;
- Make sure everyone knows what to do if they are not happy with the safety arrangements and have contact details for the other parties in case of problems.

Driving for work

Driving for work includes any person who drives on a road as part of their work (not including driving to and from work) either in:

- A company vehicle; or
- Their own vehicle, receiving an allowance from their employer for miles driven.

Although drivers are mainly responsible for how they drive, an employer has a key role to play in managing and influencing drivers, the use of their vehicles and their journey to increase safety when driving for work. Driving for work is a responsibility shared between the employer and the employee.



The employer must consider how driving for work is managed, taking into account the three key elements: driver, vehicle and journey. Identify and assess the risks involved ensure there is a safe system of work in place, and take account of the following controls:

- The vehicle is roadworthy and maintained in a safe and fit condition;
- The vehicle is suitable for the needs of the passengers, including passengers with disabilities;
- All passengers have a seat and a safety belt which is worn while the vehicle is moving;
- Drivers are properly authorised, trained and have the appropriate driving licence;
- Drivers and assistants know the procedure in the event of an emergency (such as collision, breakdown);
- There is a properly trained person(s) to assist when appropriate;
- Journeys are properly planned;
- Journey details are left with a nominated person.
- A mobile phone is provided where required (the phone should be switched off while driving but charged and ready to use in the event of an emergency, or if an assistant is present, the phone can be looked after by the assistant);
- All luggage and equipment is safely stored and aisles and exits are kept clear;
- Particular care is taken when a driver or passengers are exiting/entering the vehicle on or near a road or area where there is vehicle movement.

Passengers who are residents may have a wide range of needs which may include physical, mental, emotional, medical, behavioural and learning difficulties. Drivers and assistants need to be made aware in advance of the needs of passengers who are to be carried. It is important that the driver and assistant(s) understand the nature of the needs and are qualified to assist the passengers.

An adequate assessment should be made of any potential risks arising from behaviour or of any potentially disruptive passengers, and to ensure that safeguards are in place, including if necessary additional trained staff.

Further information on managing work related vehicle safety is available from the HSA at www.hsa.ie. Information on general road safety and use of specific types of vehicles on the road is available from the Road Safety Authority at www.rsa.ie.

3.8 Work Related Stress



An employer has a duty under the requirements of the 2005 Act to ensure, as far as he/she reasonably can, that workplace activities do not put employees under undue pressure leading to stress.

Stress can be the result of pressures, from work or outside work, which have not been dealt with or dealt with in harmful, unhealthy ways. 'Work-related' means caused by or made worse by work.

Where stress is identified as a hazard a risk assessment should be carried out.

An employer should be confident that there is nothing about the workplace, about how things are done there and how people are treated there, that a reasonable person could not cope with. The legal proof rests on whether or not a system is 'reasonable'. The test for 'reasonable' is usually within the remit of judges in the courts and they use the term to indicate what a person of sound mind and average insight would take to be acceptable.

An employer cannot ensure that no employee will feel stressed and employers are not obliged to ensure this. Rather the obligation is to do something to safeguard people and where people are still not safe (i.e. where they report that they are suffering stress) to address that by assessing the source of the stress, eliminating it where it is unacceptable, or reducing it or protecting from it, as appropriate.

As an employer you should make sure that:

- No employee's workload is so high that he or she will have to consistently work overtime;
- No employee is on the receiving end of harassment or degrading behaviour from colleagues or managers and that everyone in the workplace treats others with respect and courtesy even if they do not 'get along';
- No employee has to work in an environment which is unsafe and in which they would be worried about likely accidents;
- Employees are trained so they can do their jobs;
- Everyone knows what their core job is;
- There is a fair system of reward in place across the organisation;
- There is a clear policy on dignity and respect and appropriate behaviours within the workplace, including procedures for dealing with complaints relating to inappropriate behaviours and sanctions that may be imposed if a complaint is upheld.

A risk assessment process called *Work Positive* is available on the HSA website, which can be used for this purpose.

Case studies and other relevant information are also available on the HSA website.

3.9 Night work and shift work

Night workers are defined in the Organisation of Working Time Act 1997 as employees who normally work at least three hours between midnight and 7am the following day for at least 50% of their annual working time.

Shift work is usually regarded as:

- Work undertaken scheduled outside of standard daytime hours (7am – 7pm) where there may be a handover of work from one person or work group to another;
- A pattern of work where one employee replaces another on the same job within a 24 hour period.

There is a considerable body of research evidence on the negative effects of night and shift work. Negative effects include:

- Disruption of the internal body clock (circadian rhythms);
- Sleeping difficulties;
- Fatigue;
- Health effects;
- Individual factors;
- Social and family factors;
- Errors and accidents.

These effects obviously do not happen to all night and shift workers and with proper management the risks can be minimised. Fatigue is the main issue which needs to be addressed.

Duties of employers

The Safety, Health and Welfare (General Application) Regulations 2007 contain specific provisions on night work and shift work.

As night work and shift work may cause or contribute to certain hazards and effects such as biological and psychosocial effects, night work and shift work should be identified as potential hazards and be included in the risk assessment process. Consult with night and shift workers on the risk assessment and decisions made in this regard. The risk assessment should take account of fatigue and the likelihood of it occurring as a result of shift work.

The employer must, taking account of the results of the risk assessment, take the necessary steps for the protection of night or shift workers. Employees should be made aware of hazards associated with night and shift work and the preventive measures in place to prevent or mitigate the risk. Night and shift workers themselves have a big role to play in promoting and maintaining their own health and minimising any adverse effects that arise.

An employer must make available, free of charge, to any night worker employed, an assessment by a registered medical practitioner (or a person under the practitioner's supervision) of any effects of night working on his or her health. This assessment must be made available to the employee before they start work as a night worker and at regular intervals thereafter. The medical practitioner will inform the employee and the employer whether or not the employee is fit or unfit to perform night work. Where the employee is unfit for night work because of working conditions, the person who carried out the assessment may suggest changes which would result in him or her being fit for work.

If a night worker becomes unwell for reasons connected with night work, the employer, whenever possible, shall assign duties to the employee that do not involve night work and to which the employee is suited.

Note the definition of night work is different for children, young persons and pregnant employees and the Regulations make particular provisions for these groups. With regard to pregnant employees, if an employee during pregnancy and the 14 weeks immediately following childbirth, is regularly involved in night work for a period of at least 3 hours between 11pm and 6am or at least 25% of her monthly working time is performed in that period, and she has a medical certificate stating that this may damage her health, she must be found alternative daytime work. If this is not possible the employer must grant the employee leave including health and safety leave.

Control measures

To minimise the adverse health and safety effects of night work and shift work, employers should take account of the following:

- Ensure managers and night and shift workers are informed of the hazards and risks associated with this work, and the need for proper sleep and dangers of fatigue;
- Ensure all night and shift workers are considered in all appropriate risk assessments;
- Where exposure levels are based on an eight hour reference period for hazards such as potentially harmful noise or chemical exposures, adjust the exposure levels to take account of a longer shift;
- Consider worker safety going to and coming from work particularly at unsociable hours and the impact of fatigue on those driving to and from work; advise on the use of carpools, taxis, public transport, etc;
- Ensure car parks and external areas are well lit after daylight hours;
- Consider how employees will access good meals during their shift;
- Where possible, offer alternatives to night and shift workers who have difficulty adjusting to such work.

Further information on night and shift work may be accessed at www.hsa.ie

4. First Aid

Under the Safety, Health and Welfare at Work (General Application) Regulations 2007, employers must provide first aid equipment/materials, occupational first aiders and first aid rooms, where working conditions require it. The extent to which first aid provision is required depends on a number of factors including:

- The hazards arising;
- The size and location of the workplace;
- The numbers employed;
- Whether there is shift working;
- The availability of an occupational health service;
- The distance from and travelling time to external medical services;
- The ease of access to medical services;
- The dispersal of employees, employees working away from the premises, workers in isolated locations etc.



The HSA *Guidelines on First Aid at Places of Work, 2008* give comprehensive information to employers on the requirements of the Regulations in this regard.

First Aid Boxes

As a minimum, every workplace should have an occupational first aid box or kit. The table below gives a broad indication of the type of first aid materials/equipment and supplies which would be reasonable in different circumstances. First aid boxes should be under the control of a responsible person named in the safety statement (this will be the occupational first aider where one is appointed).

Recommended contents of occupational first aid box				
Materials	First Aid Travel Kit Contents	First Aid Box Contents		
		1–10 persons	11–25 persons	26–50 persons* ¹
Adhesive Plasters	20	20	20	40
Sterile Eye Pads (No. 16) (bandage attached)	2	2	2	4
Individually Wrapped Triangular Bandages	2	2	6	6
Safety Pins	6	6	6	6
Individually Wrapped Sterile Unmedicated Wound Dressings Medium (No.8) (10x8cms)	1	2	2	4
Individually Wrapped Sterile Unmedicated Wound Dressings Large (No. 9) (13x9cms)	1	2	6	8
Individually Wrapped Sterile Unmedicated Wound Dressings Extra Large (No. 3) (28x17.5cms)	1	2	3	4
Individually Wrapped Disinfectant Wipes	10	10	20	40
Paramedic Shears	1	1	1	1
Examination Gloves Pairs	3	5	10	10
Sterile water where there is no clear running water* ²	2x20mls	1x500mls	2x500mls	2x500mls
Pocket Face Mask	1	1	1	1
Water Based Burns Dressing Small (10x10cms)* ³	1	1	1	1
Water Based Burns Dressing Large* ³	1	1	1	1
Crepe Bandage (7cm)	1	1	2	3

Notes

*1: Where more than 50 persons are employed, pro rata provision should be made.

*2: Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 20ml and should be discarded once the seal is broken. Eye bath/eye cups/refillable containers should not be used for eye irrigation because of the risk of cross infection. The container should be CE marked.

*3: Where mains tap water is not readily available for cooling burnt area.

Note: Quantities indicated in Table 1 are minimum numbers and can be increased.

Although the Regulations only refer to facilities for employees, it is recommended that you extend these services to cover others at the workplace, such as service users.

Having undertaken risk assessment, if it is ascertained that an occupational first aider is required, then a first aider should be available as far as is reasonably practicable at all times. Where an occupational first aider is absent in temporary and exceptional circumstances, the employer must ensure that a designated person is available to take charge of an ill or injured person until medical assistance is obtained. Foreseeable absences such as planned annual leave are not considered to be temporary and exceptional circumstances.

A record should be kept of all cases treated by occupational first aiders.

Training

Employers should only use registered training providers to deliver occupational first aid training. Details of those on the register can be found on www.ofaaa.ie. An occupational first aid training course is run over a minimum of 3 days or 24 hours.

The arrangements for first aid must be included in the safety statement and brought to all employees' attention. The names, addresses and telephone numbers of the local emergency services must also be clearly displayed.

5. Pregnant at Work

Many women work during pregnancy and may return to work while they are breastfeeding. Because there are some hazards in the workplace which may affect either the health of the woman or her developing child, an employer has specific responsibilities which are set out in the Safety, Health and Welfare (General Application) Regulations 2007 (from here on referred to as the 'Pregnancy at Work Regulations').

The Pregnancy at Work Regulations apply from the time an employee informs her employer that she is pregnant, has recently given birth or is breastfeeding and provides an appropriate medical certificate. The relevant definitions are as follows:

- An employee who has recently given birth means an employee during the 14 weeks immediately after giving birth;
- An employee who is breastfeeding means an employee who is breastfeeding during the 26 weeks immediately after giving birth.



As the earliest stages of pregnancy are the most critical ones for the developing child it is in the employee's best interest to let the employer know as soon as possible that she is pregnant and employers should encourage early notification for this reason. Including information at induction relating to the Pregnancy at Work Regulations will help ensure that employees are aware of the importance of notifying their employer of their pregnancy and ensure a risk assessment is carried out.

Duties of Employers

Employers must identify hazards in their workplace that could pose a health or safety risk to new and expectant mothers and take appropriate action to remove or reduce the risk. They must make this information available to all relevant employees. This is particularly important for expectant mothers as it is possible for the first 4–6 weeks of pregnancy to go undetected. The HSA website contains guidance on the hazards specific to pregnancy at work.

In addition, employers must conduct a specific risk assessment after being notified by the employee that they are pregnant. Employers should ask the pregnant employee to help with the risk assessment and provide the employee with the results of the risk assessment. It is particularly important to take account of any medical advice the employee has received. If a risk assessment reveals a risk to a pregnant employee, or to the developing or breastfeeding child, and it is not practical to ensure the safety or health of the employee or her child the employer must:

- Adjust the employee's working conditions or hours of work or both; If this is not possible
- Provide suitable alternative work; If this is not possible
- Facilitate granting the employee health and safety leave under Section 18 of the Maternity Protection Act 1994.

(See also the section on Night Work and Shift Work and employees that are pregnant.)

The employer must regularly review and monitor the risk assessment to take account of possible risks that may occur at different stages of the pregnancy.

The Maternity Protection Acts 1994 and 2004 give details on entitlements to maternity leave; entitlements to clinic visits; maintenance of job security; and health and safety leave.

See also the following websites:

National Employment Rights Authority at www.employmentrights.ie;

Equality Authority at www.equality.ie;

Department of Social Protection at www.welfare.ie (Health and Safety benefit and Maternity benefit are paid from this Department).

Appendix 1

Summary of the Principles of Prevention Contained in Schedule 3 of the Safety, Health and Welfare at Work Act 2005

Avoid the risk:

If you can get rid of the hazard then people are not exposed to the risks. This principle should be applied first.

Evaluate unavoidable risks:

Undertake a risk assessment. If the hazard cannot be avoided, then it must be assessed.

Combat the risks at source:

Here you are trying to deal with the hazard at its root. For example, if the floor is slippery because water is leaking from a machine, fixing the leak is combating the risk at source (rather than putting down mats or providing safety footwear).

Adapt the workplace to the individual:

This is the principle of trying to arrange the workplace and tasks to take into account the employees and to reduce any adverse effect of work on health.

Adapt the work in line with technical progress:

Safer systems of work are constantly being developed. Keep up to date with new systems so that you can put them into use in the workplace.

Replace dangerous systems with safer alternatives:

This applies to dangerous articles, substances or systems of work; if there are safer alternatives then they should be used instead.

Develop a prevention policy:

This is where you set out how you are going to protect your employees and other people from the hazards in the workplace.

Give priority to collective protective measures:

It is better to put controls in place that protect everyone, than, for example, handing out personal protective equipment that will only protect the person wearing it.

Give training and instruction:

Once the risks have been assessed and the controls decided on in line with the principles above, it is necessary to tell employees about them and to make sure that they are competent to work safely.

Appendix 2

Non-Exhaustive Checklist

The following non-exhaustive checklist may be used as a prompt to assist you in reviewing your safety management system. It may be adapted to suit the needs of your particular service.

Safety statement

- Is there a safety statement in place addressing the areas outlined in this guide?
- Is the safety statement signed by the responsible person such as the employer or senior manager?
- Is it reviewed at least annually?
- Has it been made available to employees to read and is it included in induction and brought to their attention at least annually?
- Have the responsibilities with regard to safety, health and welfare been specified clearly and are the relevant people aware of their responsibilities?
- Is there sufficient competence available to ensure safety, health and welfare at work?

Risk assessments

- Is there a system in place for carrying out hazard identification and risk assessment and for identifying controls?
- Are risk assessments recorded and are the outstanding controls implemented in a timely manner?
- Are risk assessments reviewed and updated as required?

Measuring and reviewing performance

Is there a system for measuring and reviewing performance by setting standards and identifying key performance indicators?

Contractors and others at the workplace

Do the risk assessments take account of the safety of those at the workplace (other than employees) who may be affected by the workplace or work activities?

Is there a process in place to manage contractors in the workplace with a view to ensuring safety, health and welfare of all at work?

Where the employees of two or more employers share the workplace is there co-operation and co-ordination of health and safety measures?

Consultation

Is there a system in place to facilitate consultation with employees on safety, health and welfare matters?

Instruction, training and supervision

- Have the information and training needs of employees been identified?
- Is there a programme in place to address the information and training needs identified?
- Is there supervision of activities to monitor adherence to safe work practices?

Accidents and incidents

- Is there a system in place for reporting work related accidents and near misses internally and reporting to the relevant statutory agencies as appropriate?
- Are reported work related accidents and near misses investigated with a view to preventing recurrence?
- Are trends looked for in reported work related incidents and ill health absence with a view to taking remedial action?

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