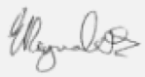
ST. MICHAEL'S HOUSE Services For People With Disabilities

Safety Statement

Document Title		St Michaels House Corporate Safety Statement
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Document Control

Rev No.	Amendments	Date	Approved By
01	Initial Safety Statement – no recorded amendments from 2004 to 2018	July 2004	Julie Murnaghan
01.8	Updated to reflect current practice	Jan 2018	Anna Shakespeare
02	Update cover sheet	Jan 2019	Peter Devlin
03	Safety policy update new CEO, Safety Statement softcopy, added Quality and Safety Department, Safety Committee Meeting schedule changed	March 2020	Peter Devlin
04	Additional precautions assigned for COVID19 pandemic	September 2020	Elaine Teague
05	Annual review – update cover sheet	January 2021	Liz Reynolds
06	Annual review – update Organisation Chart remove Lone Work Policy & Driving for Work Policy update personnel titles – change frequency of service area Safety committee meetings.	January 2022	Liz Reynolds
07	Updated to reflect activities of the Open Training College	April 2022	Liz Reynolds
08	Updated to reflect HSE Corporate Safety Statement 2022 and Directors of SMH, Included Director of Estates responsibilities. Reviewed section 5.12	Jan 2023	Liz Reynolds
09	Updated to include revised HSE Risk Assessment Tool (2023). Removed reference to COVID 19 to reflect change to general IPC. Removed reference to Director of Operations.	February 2024	Liz Reynolds
10	1. Governance & Structure • Document Structure: Now over 20 well-defined sections with a modern, accessible layout. • Roles & Responsibilities: Broadened to include new positions such as Director of Nursing, IT Manager, and Service User Forum.	Jan 2026	

- Governance: Stronger accountability mechanisms, including oversight by OTC (which now has its own Safety Statement).
- Safety Committees: Strengthened through Safety Champions, consultation pathways, and promotion of a Just Culture.

2. Language & Values

- Tone & Language: More inclusive, plain English aligned with FREDA values (Fairness, Respect, Equality, Dignity, Autonomy).
- Accessibility: Designed to be user-friendly and reflective of person-centred care principles.

3. Risk & Incident Management

- Risk Assessment: Updated to align with HSE Risk Assessment Tool (2023), includes SMART goals and hierarchy of controls.
- Incident Reporting: Now includes protocols for HIQA, RSA, Tusla, and the State Claims Agency.

4. Health, Safety & Wellbeing Enhancements

- Employee Wellbeing: Greater emphasis on mental health, stress awareness, and return-to-work supports.
- Vulnerable Groups: Enhanced focus on night workers, trauma-informed care, and emergency evacuation planning (PEEPs & GEEPs).
- First Aid: Improved with adapted protocols for service users, AED locations, and PHECC alignment.
- Training: Introduces a comprehensive matrix with blended learning and refresher timelines.

5. Technical and Compliance Updates

- COVID-19: References removed; guidance integrated into broader Infection Prevention & Control (IPC) protocols.
- SMS Framework: Built around the Plan–Do–Check–Act–Review cycle for continuous improvement.

	• Contractor Management: Includes detailed Permit to Work, vetting, and asbestos procedures. • PPM (Planned Maintenance): Expanded with annual schedules and statutory engineering inspections. 6. Topic-Specific Safety Sections • Chemical Safety: Updated per REACH 2024 and HSA guidance using the 5W Formula. • Working at Height: Includes rescue plans, permits, and fall protection. • Electrical Safety: Introduces lockout/tagout, confined space procedures, and inspections. • Waste Management: Covers segregation, contractor duties, and hazardous waste handling.
11	Fully integrated with the HSE 2023 Risk Management Process

1.0 Definitions

Table 1 Definitions

Term	Definition	Rationale
SMH	St Michaels House	The organisation responsible for service provision and overall health & safety management.
Employee	All fulltime and parttime employees directly contracted by SMH or agents of a third-party agency acting on behalf of SMH (e.g., agency staff).	To clarify who is considered an employee for safety responsibilities and coverage.
Contractor	A competent person or group providing services to SMH routinely or ad-hoc. Contractors working onsite is required to be authorised and recorded via a permit to work system as per SMH Safety Management System.	To define external workers and ensure only authorised, competent contractors operate onsite under controlled conditions.
Service Users	Any person who has accessed, or is eligible to access, SMH services.	To identify the people who receive support and services, ensuring their safety is a priority within the Safety Statement.

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2.0 INTRODUCTION

At St. Michael's House, policy is that every day is an opportunity to create a safer, more inclusive, and empowering environment for the people we support and for the staff who work alongside them. We are funded and governed by the Health Service Executive (HSE) under Section 38, TUSLA and the Department of Education. Through this funding, we provide services across approximately 170 locations in the greater Dublin area. We proudly support over 2,300 children and adults through services that include:

- Residential homes and independent living
- Day services and clinical supports
- Schools and respite care
- Vocational training, head office functions
- Community work placements and technical workshops

Our commitment to safety is not just about compliance or service delivery, it's about the community we are part of, and the people we work with and for. That's why our approach to safety is shaped by the values we live every day:

- Respect: We always remember it's *lives, rights, choices*.
- Kindness: We act with kindness and expect the same in return.
- Honesty: We tell the full story, speak openly, listen carefully, and keep our promises.
- Excellence: We rise to challenges with determination and persistence.
- Creativity: We don't settle for "what is." We explore, adapt, and share new ideas and solutions.

These values form the foundation of our just culture, influencing how we protect and empower every person who uses or delivers our services.

Our Safety Statement not only outlines how we meet health, safety, and wellbeing responsibilities from a compliance perspective—it is also a working plan. This plan supports our strategy to uphold dignity, fairness, respect, equality, autonomy, and the rights of all people.
We comply with core legislation, including:

- The Safety, Health and Welfare at Work Act 2005 and associated Regulations (2007-2024)
- The Occupiers' Liability Act 1995
- The Health Act 2007 and Regulations (2013-2023)
- The Equality Acts (1998-2015)
- The Disability Act 2005
- Building Regulations

We also align our practices with the guidance of HIQA, the HSE, and international standards, because we believe in learning, improving, and leading by example.

This has helped us grow into a dynamic, safety focused organisation with a just culture that is based on:

- Listening to and involving everyone in safety decisions
- Making safety information clear and easy to understand
- Reporting and investigating incidents openly and fairly
- Continuously improving how we manage safety

These values are embedded in our Safety Management System (SMS), which helps us:
Identify and reduce risks using the Plan, Do, Check, Act, and Review approach:

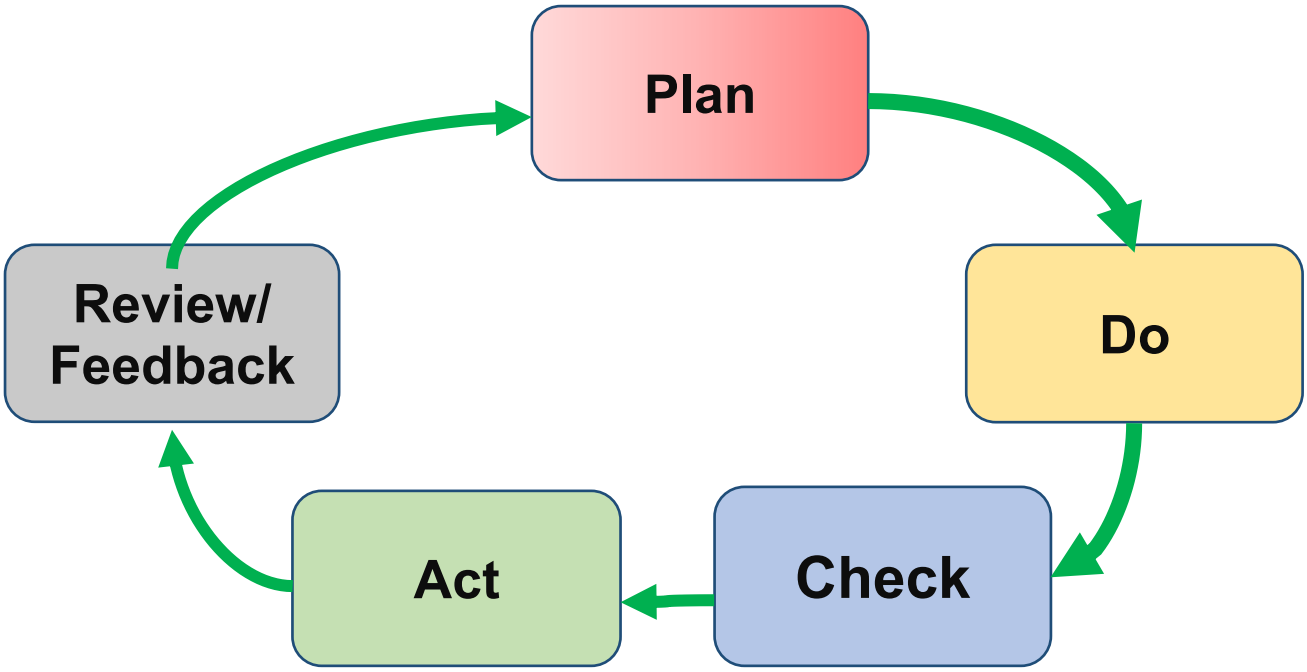
- Plan: Set goals for inclusion, independence, and safety; identify risk types, legal duties, and existing supports.
- Do: Through leadership, assess risks, provide resources, and documenting plans.
- Check: Review effectiveness, ensure FREDA values are upheld, pre-empt, and prevent incidents and learn from past incidents.
- Act: Monitor and adjust actions based on outcomes and feedback.
- Review: Update risk registers, close or monitor risks, and feed learning into future planning.
    - Learn from experiences and feedback
    - Include everyone in safety conversations
    - Support people to make informed choices and live fulfilling lives safely

We believe the safest organisations are those that listen, grow, and adapt. Through open communication, training, thoughtful planning, and real partnerships with those we support, we continue to build environments where everyone can thrive.

In closing, our SMS is required to be accountable, transparent, aligned with organisational goals, and reviewed continuously to meet the evolving needs of service users, staff, and legal requirements. Safety is not static; it evolves with our organisation’s mission.
Ultimately, this Safety Statement is part of that journey—and we’re proud to share it with you.

3.0 SAFETY MANAGEMENT SYSTEM

Figure 1.



3.1 Safety Management System (SMS)

The SMS at SMH is an integral part of our broader Integrated Risk Management Framework, as outlined in the organisation's Risk Management Policy. Both systems employ a shared lifecycle approach: Plan-Do-Check-Act-Review (Figure 1), to ensure that safety risks are identified, assessed, and controlled alongside clinical, operational, environmental, and strategic risks.

This framework supports us in delivering safe, rights-based, and inclusive services, while ensuring legal compliance and continuous improvement. It is a live, dynamic system that adapts to our environment and the evolving needs of everyone who interacts with SMH.

Significant risks identified through the SMS feed into our local and corporate risk registers, ensuring full transparency and alignment with quality governance structures. This integrated approach enables evidence-based decision-making and strengthens accountability across all services and departments.

The following Plan-Do-Check-Act-Review cycle focuses specifically on the SMS and has been adapted from the Risk Management Policy.

3.2 Plan: Laying the Foundation

Planning is the critical first step. This phase ensures we establish systems, objectives, and resources that are inclusive, values-driven, and legally compliant. Activities include:

- Setting quality and safety objectives aligned with FREDA values
- Scheduling preventive maintenance and inspections
- Designing competency-based training
- Conducting resource gap analyses
- Aligning strategies with national/international standards
- Defining processes, responsibilities, and safe delivery criteria

3.3 Do: Implementing Safeguards

This phase puts plans into practice by:

- Supervising staff and work areas
- Regularly reviewing the SMS for effectiveness
- Reflecting service user experience in local safety planning
- Managing contractor compliance and procurement safety
- Following documented safe systems of work (e.g., RAMS)
- Maintaining preventative maintenance and equipment calibration
- Keeping accurate records and documentation

3.4 Check: Evaluating Performance

During this phase, we monitor, audit, and measure our safety performance:

- Conducting internal audits and safety inspections
- Reviewing and updating risk assessments
- Monitoring safety KPIs and incident data
- Facilitating feedback from staff and service users
- Conducting formal SMS performance reviews

3.5 Act: Responding and Improving

This step involves addressing findings from the Check phase:

- Taking corrective and preventive actions
- Demonstrating visible safety leadership
- Promoting a proactive and just safety culture

3.6 Review: Closing the Loop

The final step ensures we learn and evolve:

- Updating risk registers and safety plans
- Reviewing SMS annually or when major changes occur
- Communicating outcomes via team and governance meetings
- Sharing learning and integrating improvements

4.0 ORGANIZATIONAL COMPETENCIES FOR RISK MANAGEMENT

4.1 Safety Statement - Scope

4.1.1 What is the Safety Statement?

SMH Safety Statement explains how we protect the health, safety, and wellbeing of everyone involved in our services. This includes staff, service users, visitors, contractors, and anyone affected by our work or premises—whether buildings are in use or not.

The document:

- Sets out policies and procedures for managing safety across all SMH services and locations.
- Outlines who is responsible for safety from senior management to frontline staff and others.
- Describes how we use risk assessments and risk control to identify and reduce hazards.
- Highlights the importance of consultation, communication, and staff involvement in all safety processes.
- Is regularly reviewed and updated to reflect changes in legislation, work practices, and organisational risks.

This Safety Statement is part of the wider SMS and should be read alongside other key documents, such as:

- The Business Continuity Plan
- Emergency Response Plan
- Isolation Procedure
- Public Health Plans
- Risk Management Policy
- Incident Management Policy - for staff please see Section 7.4

4.1.2 Our Approach to Safety

Our Safety Statement is supported by a SMS. This system is designed to reflect the complexity of our organisation—including our wide range of services, disciplines, staff roles, and the people we support.

Each area of work brings its own risks. These risks are assessed and managed through the SMS to make sure everyone stays safe.
Key areas covered by the SMS are included in table 2:

Table 2: SMS Key Areas - Table Overview

Area	Rationale	Relevant Regulation / Guidance
Estate Management	Ensures buildings and infrastructure are safe, compliant, and well-maintained.	Safety, Health, and Welfare at Work Act 2005; Building Regulations; Fire Services Act 1981 - 2003.
Service User Engagement	Promotes dignity, respect, and inclusion in safety planning.	HIQA National Standards; UNCRPD; Disability Act 2005.
Chemical Handling	Prevents exposure to hazardous substances and protects health.	Chemical Agents Regulations 2001 (as amended); REACH; SDS compliance.
Manual Handling	Reduces risk of musculoskeletal injury among staff, service users, contractors, 3rd parties.	Manual Handling of Loads Regulations 1993 (as amended).
Transport	Ensures safe movement of people and goods, especially vulnerable users.	Road Traffic Act; Safety, Health, and Welfare at Work Act 2005; RSA Guidelines.
Logistics	Focuses on the safe delivery, storage, and distribution of items.	Safety, Health, and Welfare at Work (General Application) Regulations 2007.
Food Handling	Ensures food safety, hygiene, and prevents contamination.	Food Safety Authority of Ireland (FSAI) Regulations; HACCP; SI 369/2006.
Offices	Addresses ergonomics, display screen equipment, and general office hazards.	DSE Regulations 2007 (Part 2, Chapter 5); Safety, Health, and Welfare at Work Act 2005.
Plant Rooms	Involves control of electrical, mechanical and boiler systems.	General Application Regulations 2007; Electricity at Work Regulations.
Services	Covers maintenance of utilities and technical services that impact safety.	Maintenance provisions under General Application Regulations 2007; HSA Guidance.
Care Plans	Personalised safety planning for service users, particularly at risk.	HIQA Regulations; Disability Act 2005; Health Act 2007.
Clinical Settings	Ensures infection prevention, sharps management, and clinical waste safety.	Health Act 2007; Infection Prevention and Control (HIQA); HSE NHO Guidelines.
Education	Ensures safe environments in schools or educational settings linked to SMH.	Department of Education Safety Frameworks; Safety, Health, and Welfare at Work Act 2005.
Emergency Preparedness & Response	Covers fire safety, evacuation, medical emergencies, and adverse weather.	Fire Services Act 1981; Safety, Health, and Welfare at Work (General Application) Regulations 2007 (Part 7).
Infection Prevention & Control (IP&C)	Biological and in clinical/disability settings.	HIQA Standards; HPSC Guidelines; Health Act 2007.
Risk Assessment &	Core to SMS – proactive and reactive controls.	Risk Management Guidance (HSE, HIQA); S.I. 299/2007.

Incident Management		
Training & Competency Management	Ensures all staff are equipped to manage risks.	Safety, Health, and Welfare at Work Act 2005; HIQA Guidelines.
Contractor Management	Covers oversight of contractors working on SMH premises.	Safety, Health, and Welfare at Work (Construction) Regulations 2013.
Waste Management	Clinical, hazardous, general waste disposal is required to be compliant.	Waste Management Acts; HSE Waste Segregation Guidelines.
Vehicle Use / Traffic Management	Site traffic plans and pedestrian segregation for staff, contractors, users.	RSA; General Safety Legislation.
Security & Access Control	Protects vulnerable service users and property.	HIQA Regulations; Child and Adult Safeguarding Policies.
Safeguarding (Children & Vulnerable Adults)	Especially important in residential or community settings.	Children First Act 2015; Safeguarding Vulnerable Adults Policy (HSE).
Lone Working	For staff working in community or isolated areas.	HSA Guidance on Lone Working.
Environmental Safety / Sustainability	Covers energy, emissions, and sustainable practices where relevant.	Environmental Protection Agency (EPA).

4.1.3 What the SMS is required to Cover

To meet legal and regulatory requirements, the SMS is required to address these critical areas:

- Management and Supervision - Strong oversight at every level.
- Competence and Training - Making sure staff are trained and capable.
- Organisational Culture and Growth - Promoting a positive, open, and learning focused workplace.
- Resources and Planning - Providing the right tools, supports, and information, and planning workloads effectively.
- Working Conditions - Ensuring safe, comfortable environments with proper lighting, temperature, noise control, and ergonomic setups.
- External Influences - Keeping up with legal standards, public expectations, contractor responsibilities, and best practices in our field.

By putting this system in place, SMH commits to leading by example—constantly improving safety standards, staying in line with laws and regulations, and creating safe, respectful, and supportive environments for everyone involved.

4.2 Table 3: Services & Buildings under the Scope of Safety Statement

Service Area 1						
Glenamoy	Coolfin	Seatown L/C	Nutgrove Hub	Leisure Centre	Bon Accord	Green Street Hub
Glencorry	Woodview	Seantrabh L/C	Turas	Solas	Ophaly Lodge	Green St Hub
Glencree	Shanowen	Grove Rd L/C	Willowpark Crescent	Rossmore	Walkinstown L/C	Work Options
Glenanaar	Shanvarna	Ballymun LC	Clew Bay	Marley Court	Boriomhe	Timbermills
Glenealy	Sallowood	Cromwellsfort Rd	Clancy	Glendoher	Elmwood	The Willows
Glenmalure	Eithne L/C	Whitehall Lodge	Parkview Navan Service	Kennington	Longlands	Wadd River
Glenveagh	Ballygall L/C	The Pines	Belcamp Nua	Willowglade		Riverside Day Service
Abhainn Baldoyle	59 Dublin Road Swords	Landscape Ave	ASD Southside	Starbrook	Rathbeale Rd	Le Cheile
Outreach Service	Oaklands L/C	Landscape PK	Moyle Rd	Leinster Rd	Hazelwood	Belcamp
Abhainn North County ASDS	Abhainn Swords	Cara	83 Ballymun Rd	Templeogue	Abhainn Balbriggan	63 St Canices Rd
Glens Night Duty	Abhainn Finglas	Goatstown Services	30 St Canices Rd	Cromwellsfort L/C	Cabra Rd	8 St Canice's Apartment
Riverside Residential	Ferndale	Avondale				
Service Area 2						
Kilbarrack Road Residential	Collins Avenue	La Verna	The Laurels	Binn Eadair	Beauvale	Kilfenora
Donabate Residential	Baldoyle Residential	Fairview	The Maples	Ratheanna	Fox’s Lane	Sa Bhaile
Warrenhouse Road Residential	10a Middle third	Royal Oak	10 Middle Third	Ardmore	Artane	Seanna Cill

Grattan Lodge	STTC	Garvagh	Ardbeg	Newbrook Avenue	Cill Caisce	Sarto Rise
Del Val	Baldoyle Friends Group Day Service	1A Bettystown	Rosetree	Breaffy House	Abbeyfield	Grangemore Rise
Adare Hub	Baldoyle Sea Shells Day Service	1 Bettystown Avenue	Raheny ADC	Cill Bharrog 2	The Beeches	Grange More Flat Residential
Raheny HUB	Baldoyle Sea Breeze Day Service	Castle	Iosaign LC	Kilmore Road LC	Northbrook	Clonliffe Avenue
Artane Hub	Chanel 1 & 2	Lorcan Avenue	Enterprise	Kilbarrack Rd LC	Omni Centre	Santry Hall
Coolock HUB	Grangemore LC	Adare Green LC	Warrenhouse Road LC	Raheny Rd LC		
Children Services						
Donabate Respite 1	Ballygall	Ailsbury Lawn Respite		Coolock CDNT	Bettystown	Support Services South
Donabate Respite 2	Grosvenor School	Community Supports & Horizons Project		Coastal CDNT	Ailesbury	Raheny SNS
Community Support	Ballymun SNS	Ballymun Childrens Disability Network Team (CDNT)		Kilbarack CDNT	Foxfield SNS	Link Support Services
Support Services North	Skerries SNS	Beechlawn Holiday House Home Teaching		Circle Time	Baldoyle SNS	PreSchool Support Services

5.0 SAFETY POLICY STATEMENT

At St. Michael's House, we believe that maintaining high standards of health, safety, and welfare is essential to supporting both our service delivery and our organisational performance. This commitment underpins our efforts to meet the needs of the individuals we support, and to foster a safe, respectful, and inclusive working environment for all.

We are committed to:

- Preventing injury and ill health,
- Promoting dignity and respect,
- And ensuring that the safety and wellbeing of everyone involved in our services—including staff, service users, contractors, students, and volunteers—is a top priority.

This policy is a core part of our Safety Management System, and is designed to comply with all applicable safety legislation, including but not limited to:

- ✓ Safety, Health & Welfare at Work Act 2005 (as amended)
- ✓ Safety, Health & Welfare at Work (General Application) Regulations 2007-2024
- ✓ Safety, Health & Welfare at Work (Reporting of Incidents & Dangerous Occurrences) Regulations 2016
- ✓ Fire Services Acts 1981-2003 (as amended)
- ✓ Health Act 2007 and associated regulations
- ✓ HIQA Regulations and Standards 2013-2019
- ✓ Safety, Health & Welfare at Work (Construction) Regulations 2013-2021
- ✓ Civil Service "Dignity at Work" Policy 2015-2021
- ✓ Children First Act 2015 and associated National Guidance
- ✓ Data Protection Act 2018 and General Data Protection Regulation (GDPR)
- ✓ Equal Status Acts 2000-2018
- ✓ Mental Health Act 2001
- ✓ Building Control Acts 1990-2014 & Disability Access Certificates
- ✓ Universal Design and Accessibility Guidelines (CEUD/NDA)

SMH is also committed to compliance with any other relevant statutory requirements, codes of practice, or guidance documents that support the safety, rights, and wellbeing of those who use and deliver our services."
We recognise that compliance with legal requirements represents only the minimum standard. SMH is committed to going beyond compliance—striving to exceed expectations wherever possible, including the safety and quality standards expected by the people who use our services.
As Chief Executive Officer, I have been appointed as the management representative responsible for the implementation of this Safety Policy and the continuous development of supporting systems across all SMH locations.

To support this commitment, we will:

- ✓ Review this policy annually, or sooner if needed, to ensure its ongoing relevance and effectiveness.
- ✓ Set annual objectives to improve safety performance and implement programmes to support their achievement.
- ✓ Engage employees at all levels in consultation and decision making on safety matters, recognising that shared responsibility and open communication are key to a strong safety culture.

We rely on the active cooperation of all employees, contractors, volunteers, students, and service users to achieve the aims of this policy. Safety is everyone's responsibility.

Where there is wilful disregard for this policy or SMH Safety procedures, appropriate disciplinary action will be taken.

Liz Reynolds, Chief Executive Officer, St Michaels House

Signed: _____

6.0 ORGANISATIONAL STRUCTURE FOR MANAGING SAFETY

6.1 Managing Safety

At SMH, we recognise that the successful management of safety depends on the active participation of all persons in SMH, not one person or department, it is integrated part of every aspect of service delivery.

The Safety Statement sets out our approach to managing safety. It provides a clear, written direction for the organisation and outlines our SMS.

Accountability for safety starts with the Chief Executive Officer, as detailed in Section 8, and continues throughout all levels of the organisation. An effective risk management system is essential to achieving our strategic goals and is a central part of our Quality and Safety Framework.

SMH has adopted the Health & Safety Authority's model for a SMS and has adapted this framework to meet our organisation's specific needs. The organisational and reporting structure that supports the implementation of safety duties is outlined in the SMH Organisation Chart (see Appendix 12).

Additionally, the Open Training College (OTC) operates as a department within SMH. Therefore, OTC holds full safety responsibilities for both its staff and students.

6.2 Legislative Compliance

SMH is committed to meeting the requirements of all relevant safety legislation, as well as applicable to all impacted persons.

The Executive Management Team (EMT) and the Board of Directors are responsible for ensuring that:

- ✓ A procedure is in place to identify and review relevant legislation, and
- ✓ Legal and regulatory updates are communicated to the appropriate staff and services.

7.0 ROLES AND RESPONSIBILITIES FOR MANAGING SAFETY

This section outlines safety responsibilities across SMH. Responsibilities are grouped into thematic categories for clarity and consistency.

Each role follows a standard structure:

- Introduction
- Specific Responsibilities
- Role in Safety Strategy

7.1 All Employees

Introduction: All employees have a legal duty to safeguard their own health and safety, and that of others.

All employees of SMH are expected to:

- A breach of safety law that may endanger anyone
- A hazard or defect in your workplace or equipment
- Attend required safety training and participated in related assessments.
- Avoid any behaviour (e.g., violence, bullying, horseplay) that could cause harm to you or others.
- Compliance Auditing and Follow-up: Our responsibility for following up on audit findings and ensuring corrective actions are fully implemented
- Comply with all safety laws, including the Safety, Health, and Welfare at Work Act 2005, supporting regulations, and relevant codes of practice.
- Continuous Improvement and Innovation: Foster a culture of continuous improvement by encouraging proactive identification of emerging risks and adopting innovative safety practices or technologies.
- Cooperate with SMH or other authorised persons to help the organisation meet its legal duties.
- Do not falsely claim to have training you haven't received, especially when accepting a role or assignment.
- Do not smoke in any enclosed workplace. All SMH campuses are nonsmoking zones, as required by:
- Emergency Preparedness: Beyond Fire Be aware of other risks like pandemics, severe weather, or security threats.
- Encourage alignment with environmental policies to reduce waste and energy use.
- Engagement and Communication: Highlight the importance of open communication channels between staff, service users, and management about safety issues.
- Ensure compliance with the HSE Corporate Safety Statement 2025.
- Escalate unresolved safety concerns through the appropriate management channels if you believe a risk is not being properly addressed.
- Fire and emergency plans.
- Follow all fire safety responsibilities as outlined in the Fire Safety Management Policy.
- Follow all local and organisational safety systems, including:

- If required by law or policy, participate in appropriate and proportionate medical testing supervised by a qualified medical practitioner.
- If you are under medical supervision or taking prescribed medication, inform your line manager if side effects could affect your ability to work safely.
- Keep your work area clean and tidy, as much as possible, in the interest of safety.
- Local risk assessments
- Never work under the influence of alcohol or drugs that may endanger your safety or that of others.
- Only carry out work you are trained and competent to do. If you are not trained or confident, you must inform your line manager and not proceed with the task.
- Participate in local safety improvement plans and safety committees.
- Proactively report hazards, concerns, or unsafe behaviours even if no incident has occurred, so preventative action can be taken.
- Promote safe working practices and stop or report unsafe behaviours or conditions.
- Promote Staff Wellbeing and Mental Health: Support employee mental health and wellbeing, encouraging early reporting of stress or psychological risks, and facilitating access to support services.
- Report all incidents, Incidents, or near misses as soon as possible to your line manager, and cooperate fully with any investigation.
- Report immediately to your line manager (or appropriate person) if you become aware of:
- Respect and support inclusive and accessible practices, particularly for colleagues and service users, additional communication needs, or cultural differences.
- Safe systems of work and guidance documents
- SMH Policies and Procedures
- SMH Safety Statement
- Support psychological wellbeing of all by raising concerns early, reporting stress or harassment, and engaging with wellbeing supports provided.
- Sustainability and Environmental Considerations:
- Take reasonable care to protect your own safety, health, and welfare, and that of others affected by your work.
- The Public Health (Tobacco) Act 2002 (as amended).
- Unsafe work being carried out
- Use digital systems responsibly and correctly, including safety reporting tools and electronic records, in line with SMH data protection policies and GDPR.

Role in Safety Strategy: Act as frontline contributors to safety culture through daily safe practices and incident reporting.

7.2 All Management and Supervision Categories

- Know and understand the SMH Safety Statement and the specific safety requirements for their service area.
- Ensure all work activities comply with safety legislation and SMH policies.
- Communicate relevant safety policies, procedures, and parts of the Safety Statement to staff.
- Promote and model safe working practices and a positive safety culture.
- Plan and organise work systems to be safe and without risk to health, revising as necessary.
- Maintain accurate safety related records for inspection.

- Support integration of safety performance indicators into team and service performance management.
- Staff Management and Supervision
- Ensure all staff are adequately trained, supervised, and competent in performing tasks safely.
- Conduct and implement a safety training needs assessment.
- Ensure PPE is used correctly and consistently, and address non-compliance.
- Provide clear, accessible instruction and training.
- Monitor staff conduct to prevent unsafe behaviour, including bullying or harassment.
- Ensure staff understand and can respond to emergencies.
- Incident Management and Reporting
- Ensure all incidents and near misses are reported, recorded, and investigated promptly.
- Ensure that follow-up actions from investigations are completed.
- Report prescribed incidents and dangerous occurrences to the Health & Safety Manager and HSA within statutory timeframes.
- Maintain a system for reviewing and updating incident management processes.
- Hazard and Risk Management
- Conduct regular inspections and hazard identification.
- Ensure risk assessments are in place, up to date, and communicated.
- Monitor and review effectiveness of local SMS
- Manage safe use and maintenance of equipment and plant.
- Emergency Preparedness
- Ensure that emergency plans and procedures are in place and tested.
- Implement responsibilities outlined in the Fire Safety Management Policy.
- Maintain safe access and egress in all workplaces.
- Environmental and Infection Control
- Ensure workplaces are clean, organised, and free from hazards (good housekeeping).
- Ensure compliance with Infection Prevention and Control (IPC) and Public Health guidelines.
- Working with Others
- Consult staff regularly on safety issues and escalate concerns where appropriate.
- Ensure contractors and agency staff receive safety inductions and follow SMH policies.
- Ensure safety is included in contractor/agency staff work specifications.
- Participate in safety committees and the Executive Quality and Safety Committee where relevant.
- Seek advice from the Quality, Safety & Risk Department when needed.

Role in Safety Strategy: Supervise staff to ensure local compliance, training, and emergency preparedness. Drive implementation of safety policies at operational level

7.3 Contractors

Under Section 21 of the Safety, Health and Welfare at Work Act 2005, all employers who share a workplace are required to:

- Cooperate with each other to ensure compliance with safety legislation,
- Coordinate protective and preventative measures,
- Keep one another informed about any risks that may arise from their work activities.
- Contractors is required to also comply with provisions under Section 18 of the Fire Services Acts 1981 & 2003, particularly regarding fire prevention.
- Coordinate and communicate with SMH staff before, during, and after any works.

- Respect the privacy, dignity, and space of service users, ensuring their environment is not disrupted unnecessarily.
- Have valid and adequate insurance covering their work activities and personnel.
- Maintain and provide all relevant safety documentation and plans, including risk assessments, method statements, and permit to work systems specific to their work.
- Adhere strictly to permit to work systems to ensure high-risk activities are controlled and safely managed.
- Report any hazards, incidents, or near misses promptly to their SMH contact person.
- Cooperate in joint safety efforts to protect all service users, staff, visitors, and other contractors.
- Complete a site-specific induction before starting work, which includes familiarisation with SMH safety procedures, emergency plans, and site rules.
- Be Garda vetted as per SMH safeguarding and employment policies prior to commencing work on any SMH premises.

Role in Safety Strategy: Ensure contractor activities align with SMH standards. Coordinate and communicate risk controls to prevent disruption and ensure legal compliance.

Table 4: Unique Responsibilities by Role		
Role	Unique Responsibilities	Role in Safety Strategy
Chief Executive Officer (CEO)	✓ Hold ultimate accountability for organisational safety ✓ Ensure SMS is resourced and strategically integrated ✓ Report safety in annual report ✓ Appoint competent staff to safety roles ✓ Lead on IPC outbreak policy ✓ Participate in emergency planning	✓ Provides executive leadership and accountability for health, safety, and welfare across the organisation. Sets a tone of safety-first culture and ensures safety is embedded in strategic planning and resourcing.
Director of Quality, Safety & Risk	✓ Oversee development and review of Safety Statement ✓ Oversee development and review of SMS ✓ Lead the QSR team ✓ Ensure safety performance is reported to the Board ✓ Coordinate CAPA (Corrective Actions & Preventive Actions) systems ✓ Promote positive risk taking	✓ Leads the integrated governance framework. Oversees quality and safety performance, compliance, and risk management systems. Drives continuous improvement and incident learning at organisational level.
Director of Estates, Chief Assistant Technical Services Officer, Senior Assistant Technical Services Officer, Technical Services Officer	✓ Ensure building safety compliance and implement safe contractor practices across all works. ✓ Maintain up-to-date safety documentation, including fire prevention plans, method statements, and the Estates-specific Safety Statement. ✓ Lead and engage in design reviews that incorporate safety best practices, human-centred design, ergonomic principles, and inclusive environments. ✓ Assist in ensuring all technical work complies with relevant safety legislation, best practice guidance, and SMH's internal standards. ✓ Coordinate and supervise technical teams to ensure tasks are performed safely and effectively, considering work conditions, equipment design, and human capabilities.	✓ Ensures that built environments, capital projects, and infrastructure are safe, accessible, and compliant. Oversees contractor safety, fire safety systems, and building-related emergency planning.

– Chief Assistant (CATSO), Technical Services Manager	✓ Monitor the maintenance and servicing of equipment, machinery, and plant to ensure safety, usability, and environmental considerations are addressed. ✓ Promote a culture of safety by ensuring team members are trained, competent, and supported in understanding how their environment and tools influence safety and performance. ✓ Support incident investigations related to estates or technical services, with a focus on identifying root causes linked to design, equipment, or environmental factors. ✓ Manage contractor engagement by ensuring compliance with SMH safety policies, including adherence to ergonomic and user-focused design standards. ✓ Maintain and regularly test all emergency and fire safety systems related to technical services and participate in emergency preparedness planning and incident reviews. ✓ Participate in safety meetings and contribute to the continuous improvement of the Safety Management System (SMS), with a focus on practical, people-centred solutions. ✓ Comply with the Safety, Health and Welfare at Work (Construction) Regulations 2013 and the General Application Regulations 2007–2021. ✓ Conduct estates-specific risk assessments and develop Safe Systems of Work for technical tasks. ✓ Arrange tailored safety inductions for estates staff and oversee contractor orientation. ✓ Ensure equipment and systems are safe, properly maintained, and that Planned Preventative Maintenance (PPM) schedules are adhered to, with prompt follow-up on defects. ✓ Monitor Safe Operating Procedures for technical tasks and report deviations or risks. ✓ Notify the CEO immediately regarding the presence or discovery of high-risk materials (e.g., flammable, explosive, or toxic substances). ✓ Integrate international best practices in estates-related safety and human factors into all planning and operational activity.	

	✓ Engage with the SMH Health & Safety Manager or a consultant with Health & Safety in their professional title and IOSH accreditation for all relevant projects. All third-party consultant reports must be provided to the Health & Safety Manager for review and oversight.	
Director of Finance	✓ Align financial planning with SMS objectives ✓ Ensure safety-related procurement and ethical standards ✓ Avoid delays in safety actions due to budget constraints	✓ Allocates and oversees budgets for safety infrastructure, training, equipment, and staff wellbeing. Ensures financial planning supports safety priorities and incident mitigation.
Director of HR & OD	✓ Lead wellbeing and occupational health integration ✓ Ensure HR processes support safe performance ✓ Address bullying/harassment with fair HR procedures ✓ Embed safety responsibilities in job descriptions and performance management	✓ Leads on safe staffing, culture, staff wellbeing, and psychological safety. Ensures recruitment, induction, training, and performance management systems align with safety and legal requirements.
Director of Access & Integration (including Adult Clinical Services) Access & Integration Manager	✓ Report regularly on safety performance to senior management and relevant governance bodies, at least annually. ✓ Ensure adequate training and resources related to health, safety, and risk management are available and accessible to all staff within their responsibility. ✓ Ensure all services comply with Infection Prevention and Control (IPC), public health guidelines, and relevant safeguarding policies. ✓ Facilitate and encourage collaboration across multidisciplinary teams to support effective risk assessments, safety planning, and continuous improvement. ✓ Engage service users, families, and staff in safety discussions and initiatives to promote inclusion and empowerment. ✓ Ensure emergency procedures are clearly communicated, regularly practiced, and embedded within all service areas. ✓ Oversee the integration of safety management into service planning and delivery to ensure safe access, inclusion, and clinical care	✓ Ensuring integrated, person-centred clinical and social care practices are risk-assessed, inclusive, and aligned with safety legislation and quality standards

Director of Nursing	✓ Provide leadership across all nursing services ✓ Ensure compliance with NMBI, IPC, HIQA ✓ Promote person-centred and safe clinical practice ✓ Support end-of-life and ageing care risk assessments ✓ Ensure Nursing on Call operates effectively	✓ Ensures nursing practice aligns with clinical risk protocols, infection prevention and control (IPC), and safeguarding. Supports nurse education and a culture of safe, person-centred care.
Director of Psychiatry	✓ Lead safe psychiatric service practices ✓ Oversee risk assessments specific to mental health ✓ Ensure crisis plans and emergency responses are in place	✓ Oversees risk-informed mental health care provision. Supports training in risk assessment and response to challenging behaviour. Contributes to safer service environments for both service users and staff.
Director of Children & Young People	✓ Embed child-specific safeguarding and IPC ✓ Ensure children and families are supported through tailored risk assessments ✓ Lead services in compliance with Children First and MHC Codes	✓ Ensures that services for children and young people comply with HIQA and Child Safeguarding standards. Embeds safety and wellbeing into child-focused planning and oversight.
Director of SETDD & OTC	✓ Ensure safety in learning/training environments ✓ Integrate safety into curriculum and student supports ✓ Maintain safety of training facilities	✓ Embeds safety into education and training delivery. Supports ergonomic and assistive technology approaches for inclusion. Promotes health and safety competence across professional development programmes.
Fire Officer	✓ Fire Risk Assessments: Carries out and reviews fire-specific risk assessments for all buildings. ✓ Design & Compliance Advice: Advises on fire safety in building design and refurbishment to ensure regulatory compliance. ✓ Fire Safety Systems Oversight: Ensures fire alarms, emergency lighting, extinguishers, and other systems are installed, maintained, and tested correctly. ✓ Evacuation Planning & Drills: Develops Personal Emergency Evacuation Plans (PEEPs) and oversees regular fire drills. ✓ Staff Training: Delivers fire safety training, including fire warden duties and extinguisher use.	✓ Provides expert fire safety input into organisational risk management, capital planning, and compliance to support safe, inclusive service delivery.

	✓ Liaison with Fire Authorities: Acts as main contact for Fire Services and ensures follow-up on inspections and recommendations. ✓ Fire Incident Investigation: Investigates fire-related incidents and ensures corrective actions are taken. ✓ Governance & Reporting: Contributes fire safety input to risk registers, emergency planning, and safety governance.	
Quality & Risk Manager	✓ Coordinate QSR audits, inspections, and KPIs- Support services for HIQA inspections- Promote service user participation in risk and quality processes	✓ Maintains risk registers, safety performance data, incident learning systems, and audit cycles. Supports services to identify, monitor, and reduce key safety risks.
Health & Safety Manager	✓ Lead development and auditing of SMS ✓ Provide expert advice, ✓ monitor trends ✓ Liaise with regulators ✓ Oversee serious incident reviews and compliance reporting ✓ Supports Risk Assessments development. ✓ Design & Compliance Advice: Advises on safety in building design and refurbishment to ensure regulatory compliance. ✓ Staff Training: Delivers safety training. ✓ Governance & Reporting: Contributes safety input to risk registers, emergency planning, and safety governance. ✓	✓ Leads day-to-day safety operations, compliance, and staff engagement. Coordinates audits, policy updates, training, and supports all areas to meet statutory obligations under the 2005 Act.
Training and Development Manager/ OTC Corporate Services Manager	✓ Include safety training in all strategic planning for the Training and Development Department. ✓ Lead the safety agenda within the department. ✓ Ensure all staff receive safety training in line with legislative requirements, working with the QSR Department. ✓ Propose changes or new Safety training programs to the safety Committee in line with legislation and advice. ✓ Evaluate and review Safety training effectiveness with the QSR Department. ✓ Provide regular Safety training updates to the Executive Quality and Safety Committee.	✓ Supports the safety strategy by ensuring staff have the knowledge, skills, and training required to work safely and meet statutory and best-practice health and safety standards.

	✓ Support recruitment of training expertise or freelance trainers for safety courses. ✓ Ensure mandatory training is available for all staff. ✓ Ensure training content includes the latest legal requirements and emerging safety risks relevant to the organisation.	
Company Secretory	✓ Be fully familiar with the Companies Acts and other relevant legislation that govern the organisation's legal and governance requirements. ✓ Ensure that the organisation complies with all legal, regulatory, and governance obligations under the Companies Acts, including proper documentation and reporting. ✓ Advise the Board on governance best practices, including integrating safety considerations into organisational decision-making. ✓ Ensure the Board receives accurate, clear, and timely information on Safety performance and risks to support informed oversight. ✓ Help coordinate any required statutory filings or returns related to Safety and overall corporate compliance. ✓ Promote a culture of accountability and transparency in all governance matters, including safety	✓ Provide oversight and leadership. Ensure safety is embedded at all levels and integrated into strategic decisions
Transport Operations	✓ Maintain vehicle and driver safety ✓ Enforce daily vehicle checks and policy compliance ✓ Liaise with authority's post-incident ✓ Lead IPC for transport and manage fatigue	✓ Oversees vehicle safety, driver compliance, and fatigue management. Supports transport-related incident response and infection control on vehicles. Ensures coordination with services and external stakeholders.
IT Manager / Department	✓ Maintain safe digital infrastructure ✓ Secure assistive technologies ✓ Promote inclusion and system accessibility ✓ Support BCP (business continuity planning)	✓ Ensures digital safety tools (e.g., incident reporting, training systems) are accessible and secure. Supports cyber safety, business continuity, and system resilience planning.
Clinical Heads of Department	✓ Ensure equipment is safe, fit for purpose, and maintained per legislation and policy. ✓ Ensure staff are competent for assigned tasks. ✓ Lead by example in maintaining high safety standards. ✓ Ensure staff know emergency procedures.	✓ Support the safety strategy by embedding clinical governance, infection prevention, and risk-informed practices into multidisciplinary care and staff supervision

	✓ Coordinate local IPC protocols.	
Service User Forum	✓ Represent views of service users on safety ✓ Promote safety rights awareness and engagement ✓ Participate in planning and risk discussions	✓ Contributes the voice of service users to organisational safety planning. Raises awareness of risks from a lived experience perspective and promotes shared decision-making in risk assessments and environmental safety.
Complaints & Incident Manager	✓ Oversee the management of all formal and informal complaints, ✓ Ensure quality assurance of incident reporting and promote a consistent approach across all services. ✓ Lead on the analysis of trends in complaints and incidents to identify areas for improvement. ✓ Acts as a key link between service user experience and safety improvement.	✓ The Complaints and Incidents Manager plays a key role in linking service user experience to safety improvements by ensuring learning from incidents and complaints informs service changes. They support the SMS through feedback, risk response, and trend analysis. Their work promotes a just culture and strengthens governance with evidence-based insights.

8.0 SITE SPECIFIC SAFETY MANAGEMENT SYSTEM

8.1 Introduction

Our Organisation provides day, residential, respite, and other services across the greater Dublin area as well as the Open Training College (OTC), a training and third level education entity.

Every location in SMH, including the OTC, keeps a workplace safety folder. This folder contains all important information about hazards, risks, and safety arrangements that are unique to that site.

Each site is required to have its own Site-specific Safety Statement that supplements the Corporate Safety Statement. This local Safety statement should clearly show:

- The roles and responsibilities of people at that site
- Safe ways of working
- Relevant policies, safety plans, risk assessments, and any other function that is specific to that site
- details of the Safety Champion—the person responsible for promoting safety at that site.

All staff should be able to access the SMH Safety Statement online. The local manager at each site is responsible for making sure their Site-specific Safety Statement is current and reflects actual practices. If there are any changes needed, the local manager is required to inform the Health & Safety Manager promptly.

Note: Special National Schools have their own local Safety Statements as required by the Health & Safety Authority guidance and is also required to follow the Organisation's Corporate Safety Statement where applicable.

8.2 Local Documentation

Local Safety documents should include:

- Site-specific Risk Assessments: These describe the hazards and risks unique to that location, who might be affected, and the control measures to manage those risks.
- Employee Acknowledgement Records: A list confirming all staff have read and understood the Safety Statement.
- Local Risk Register: A complete list of all risks, including occupational risks, specific to the site.
- Safe Systems of Work Documents: This includes Manual Handling Guidelines, Risk Management Policy, Positive Behaviour Guidelines and Support Plans, Medication Audit Tools, and any other local safety procedures, applicable to their site/service.
- Quality & Safety Check Reports: Completed six-monthly safety inspection reports and any action plans to address issues.
- Training Records: Up-To-Date list of staff names, the training they have completed, dates, and refresher training details.

- Chemical Register, Chemical RA and Safety Data Sheets (SDSs): A master list of all chemicals on site, including household and cleaning agents, with information on required Personal Protective Equipment (PPE).
- Equipment Register: A list of assistive and domestic equipment used, with records of maintenance, servicing, and instructions on safe use, plus access to manuals.
- Emergency File: Site-specific emergency procedures, including how to handle fire, injury, and other emergencies. This file also contains details of trained first aiders.
- Vehicle records, checks and service history.
- List of assistive technology and service compliance history.
- Other Relevant Documents: Any additional information needed to keep the workplace safe and protected.

8.3 Summary of Core Elements for Site-specific Safety Statements

- Clear description of hazards and risks specific to the site
- Roles and responsibilities clearly defined
- Safe working procedures and policies relevant to the site
- Risk assessments and registers
- Training and competency records
- Emergency procedures
- Chemical and equipment safety information
- Local safety champion identified
- Regular safety checks and continuous improvement processes

8.4 OTC Safety Statement

The OTC is an agency that is part of SMH. OTC operates under the umbrella of the Organisation. The OTC maintains its own separate Safety Statement, which reflects the risks, roles, and safety arrangements relevant to its educational environment. This Safety Statement operates alongside the SMH Corporate Safety Statement to ensure the safety of all staff, students, and visitors at OTC.

8.5 Organisation Safety Management

SMH is committed to keeping everyone safe by having a clear and well supported safety structure. We meet our duties under the Safety, Health, and Welfare at Work Act 2005, especially Sections 25 (consultation) and 26 (committees and representation).

We promote a Just Culture, where staff are encouraged to speak up about safety without fear of blame or negative consequences. We believe that most incidents arise from system issues, not individual failings. By supporting staff to report concerns, we improve safety for everyone.

8.5.1 Consultation with Employees

- We believe that everyone has a role to play in keeping our site safe. That's why we involve all impacted parties in all parts of our safety system.
- Staff can raise safety issues at team meetings, with their line manager, or directly to the QSR Department.
- Monthly staff meetings include a standing safety agenda item to discuss risk assessments, incidents, and concerns.
- All persons within SMH are involved in identifying hazards, reviewing risks, and creating safe ways of working.
- Before making any major changes to work that could affect health or safety, we consult with those impacted to hear their views.
- We are committed to:
    - Listening to concerns with respect and confidentiality
    - Treating all reports seriously and using them to improve systems
    - Ensuring no persons is treated unfairly for reporting a concern or suggesting
    - This is part of our Just Culture approach:
        - We focus on learning, not blame
        - We support people who raise concerns in good faith
        - We distinguish between human error and unsafe actions

8.5.2 Local and Strategic Safety Committees

- To support open consultation, we have a Safety Committee (Please read S14.3 for membership) in place to review both local and strategic levels.
- Safety Committees include staff and management. They meet quarterly to raise and resolve Safety issues and review audits or incidents.
- Committees help with:
    - Reviewing risk assessments and audits
    - Promoting open discussion about incidents and concerns
    - Suggesting improvements to policies and training
    - Tracking progress on Quality Improvement Plans (QIPs)

8.5.3 Supporting Roles: Safety Representatives and Safety Champions

8.5.3.1 Safety Representatives

Safety Representatives are elected or chosen by staff to speak up on safety issues. They do not carry legal responsibility for safety and are not safety officers.
They can:

- Inspect the workplace (with reasonable notice)
- Take part in incident investigations
- Join Health & Safety Authority (HSA) inspections (with agreement)
- Raise issues and suggestions with managers or the HSA

They are required to be given:

- Time for training and duties
- Access to nonpersonal safety documents (e.g., risk assessments, data sheets)
- A Safety Representative plays an important part in early identification of risks and supporting open communication. They help strengthen our Just Culture by encouraging people to speak up.

8.5.3.2 Safety Champion

- Safety Champions are team members who help keep safety part of everyday conversations. They:
  - Raise safety at team meetings
  - Support safe practice in daily work
  - Share feedback with managers and the QSR Dept.
- They also play a key role in promoting our Just Culture, helping to create a space where all staff feel safe to raise concerns.

8.6 Safety Management in Practice

- Service Managers carry out safety audits every six months. These lead to a local action plan.
- Local Managers are responsible for following through on actions from audits and inspections.
- Each service area holds an annual safety review meeting with the Health & Safety Manager and Safety Representatives.
- The Quality, Safety & Risk Director reports regularly to the Executive Quality and Safety Committee and provides an annual safety report to the Board of Directors.
- Our commitment to Just Culture means that all staff are encouraged to report incidents and near misses. We investigate reports fairly and use the learning to improve systems.
- We believe that no employee or service user should be harmed by something preventable. That’s why it is essential that all Incidents, incidents, and safety concerns are reported straight away. We will always treat these reports with care, respect, and action.
- In addition to fire and health safety, all SMH locations must assess and manage physical security risks, including the potential for unauthorised entry, lone intruder scenarios, or damage to property. Each service location includes security controls such as key management, alarm systems, access control, and staff guidance for managing unknown

persons on site. These controls complement GDPR and data protection responsibilities where data security intersects with building access.

8.7 Incident Reporting and Notifications

SMH policy is to report and support all persons involved in or affected by an incident arising from our services. To do this, all incidents, near misses, equipment failures, and safety concerns must be reported promptly, regardless of who is involved. Whether staff, service users, contractors, agency staff, students, volunteers, or members of the public and regardless of where it occurs, be it within our services, in a community setting, a public location, or on another organisation's premises. This process is conducted in line with FREDA principles (Fairness, Respect, Equality, Dignity, and Autonomy).

To support the incident process SMH uses the following guidelines:

- The HSE National Incident Management Framework (NIMF)
- The SMH Incident Management Policy (available on the intranet)
- The SMH Risk Management Policy (available on the intranet)
- HSA Reporting Guidelines (S.I. No. 370 of 2016)
- State Claims Agency (SCA) incident notification and claims protocols

8.7.1 Why Reporting is Important

- It ensures all person's safety and rights are protected in line with FREDA principles (Fairness, Respect, Equality, Dignity, Autonomy)
- It is a legal obligation
- It reflects SMH learning culture
- It supports insurance and regulatory compliance

Table 5: What Should Be Reported to the QSR dept?

Type	Examples
Incident	Injury, illness, property damage, staff absence
Near Miss	Almost, slip, or error — no harm but potential risk
Dangerous Occurrence	Structural collapse, chemical spill, fire, machinery failure
Behavioural Incidents	Aggression, absconsion, safeguarding risks
Vehicle Incidents	Car crash, van damage, pedestrian struck

8.7.2 Minimum Details to Include

- Age group and nationality (where known and relevant)
- Who was involved (staff, service user, visitor, etc.)?
- Where and when it happened
- What happened (clear, factual summary)
- Any photos or evidence
- What action was taken
- Details of the local investigation and next steps

8.7.3 Staff, Students, Contractors & Volunteers

Incidents involving agency staff, contractors, students, or volunteers must also be reported to their parent organisation or line manager by the SMH Person in Charge (PIC). SMH will collaborate on any investigations and conduct our own and share outcomes as needed.

8.7.4 To prevent incidents with Staff, Students, Contractors & Volunteers SMH must:

- Be briefed on local safety rules
- Inducted on hazards or incidents reporting
- Be treated with respect and fairness in line with SMH values.

8.7.5 Legal Reporting to External Agencies

Table 6: The following table outlines are Legal Reporting to External Agencies

Authority	When to Notify
HSA	If someone is out of work for more than 4 consecutive days due to an incident caused by work, including weekends or non-working days, where notification of return to work on next scheduled shift has not been verified; as an organisation we must notify the HSA of these incidents; through the IR1 (accident) or IR3 (dangerous occurrence) forms. The HSA must also be notified through the same forms any injury because of SMH work related activity to a non-staff employee (e.g., members of the public injured by a staff activity). Use IR1 (accident) or IR3 (dangerous occurrence).
HIQA	If a service user is involved in a serious incident (e.g., injury, absconsion, abuse, death). Use HIQA notification system based on their regulations.
HIQA / HSE/ Tusla / MHC	For safeguarding and incidents where relevant
RSA	If an SMH vehicle or driver is involved in a serious road safety incident. Inform the SMH Transport Manager.
State Claims Agency	For any incident that may lead to a claim or legal issue. Notify as soon as possible with all relevant details.
Authority	When to Notify
HSA	If someone is out of work for more than 4 consecutive days due to an incident caused by work, including weekends or non-working days, where notification of return to work on next scheduled shift has not been verified; as an organisation we must notify the HSA of these incidents; through the IR1 (accident) or IR3 (dangerous occurrence) forms. The HSA must also be notified through the same forms any injury because of SMH work related activity to a non-staff employee (e.g., members of the public injured by a staff activity). Use IR1 (accident) or IR3 (dangerous occurrence).

Note: All notifications must be logged and followed up. If unsure whether something is reportable, always consult with Quality, Safety & Risk Department.

8.8 Data Protection and Record Keeping

- All incident data is managed in line with GDPR.
- Incident forms and investigation files (IR1, IR3) must be kept for 10 years.
- Reporting to HSA and insurance is based on compliance and legal duty.

Table 7: HSA reporting guidelines

Incident Type	When to Report	Form/Timeframe
Fatalities	Immediately after the event by phone	IR1 or IR3, followed by full report in 5 working days hsa.ie+8hsa.ie+8hsa.ie+8hsa.ie
Non-fatal injury	If unable to carry out normal duties for more than 4 consecutive days, including weekends	IR1 within 10 working days
Dangerous occurrence	Such as structural collapse, machinery failure, chemical/bio release, fire/explosion—even if no injury	IR3 within 10 working days
Sharps injury	If it leads to 3 days or more absence, or could cause serious infection	IR1 or IR3 within 10 working days
Biological agent release	Immediate if could cause serious infection. Other exposures reported promptly	As required by Biological Agents Regs
Equipment failure (e.g., lifts)	Collapse or failure that could cause serious harm	IR3 within 10 working days
Pipeline, scaffolding, pressure	Collapse or dangerous release events	IR3 within 10 working days
Non-employee injury	(e.g., public, contractor) if hospital treatment is required	Reported by duty employer within 10 working days

Table 8: HSA reporting investigating considerations

Investigation Question	HSA Reporting Considerations	Tools & Techniques	Impact on Employees	Impact (HSE Enterprise Matrix)	Examples
What happened? Where? When?	Determine if the incident occurred at work, at a SMH site, public area or with a work vehicle — check reportable criteria (e.g., death, serious injury, hospitalization, dangerous occurrence).	Incident report forms, Photos, Witness statements Avoid assumptions — focus on accurate & unbiased fact-gathering.	Staff may feel anxious or blameworthy without supportive culture	Serious → Catastrophic may require immediate HSA notification	Manual Handling incident
Who was involved? (Role, training, support needs)	Assess if the person involved is an employee, agency worker, volunteer, member of public — reportable if incident arose "in the course of work."	Staff/service user files, training, and supervision records Consider role clarity, stress, or supervision at time of incident	Impact on morale and skill confidence. Trust may be affected if support is insufficient	Serious impacts if inadequately trained or supervised	Relief worker with insufficient induction involved in serious event triggering reportable absence.

What were the immediate and root causes?	Check against HSA IR1 or IR3 criteria — e.g., absence for 4 consecutive days or serious uncontrolled energy release	Focus on design of work processes, equipment, communication channels Tools that can be used are the 5 Whys, Fishbone, RCA, RAPP, ART, MAC	Increased workload or moral distress; fear of recurrence; decreased job satisfaction	Major impact as per Matrix if systemic cause found (could require formal report and action plan)	Poor maintenance of hoist led to collapse — serious uncontrolled energy release triggers IR3.
What system or control failed? (e.g., supervision, equipment, risk assessment)	Identify if the failed control matches any *Dangerous Occurrence* listed in IR3 criteria — reportable to HSA immediately	MAC, TRIAD, Review RA & SWP Consider competency, fatigue, unsuitable tools, insufficient supervision	Staff feel unsupported, unclear roles, or inadequately equipped for safety	Serious/major HSE Matrix level due to failed critical control	Supervision was not present; safety check incomplete; machine safety device failed.

What can be done to prevent this happening again?	Consider if corrective actions address legal compliance (e.g., IR1/IR3 reporting, HSA investigation) — review control adequacy & record decisions	RAPP, AAR, Action Plan, Training updates	Empowers staff through learning; Reduces anxiety; Improves confidence and safety culture	Minor to serious improvement in Matrix risk level — proactive prevention decreases future reportable incidents	Implement buddy system, formal equipment checks, enhanced induction; report & review near-misses as per HSA guidance.
Investigation Question	HSA Reporting Considerations	Tools & Techniques	Impact on Employees Engage team on learning & debriefing; highlight impact of errors & empower reporting culture	Serious → Catastrophic may require immediate HSA notification	Manual Handling incident

8.9 Key Considerations for HSA Reporting:

- Notify HSA immediately in the event of fatalities, serious injuries, or dangerous occurrences as specified under S.I. No. 370 of 2016.
- Non-employee incidents that require hospitalisation and arose "in connection with work" must also be reported.
- 4 consecutive days absence due to a work-related injury or illness is reportable, including public holidays or rest days.
- Document all decisions and ensure evidence is preserved — this will help with both HSA compliance and internal learning.

Please see Appendix 3 for incident investigation

8.10 Volunteers, Visitors, Students, Alternative Respite, and Third-party Service Providers

SMH is committed to keeping everyone safe which includes volunteers, students, visitors, and those involved in alternative respite or working with us through third-party services.
We ask everyone who works with us even if only for a short time to follow our safety rules and procedures and act with care and responsibility while on our sites or during any activities related to our services.

8.10.1 Volunteers

Volunteers help support our services as required but they not replace staff or fill in for vacant roles.

- All volunteers are required to be Garda vetted before starting and follow the Volunteer Policy and the Control of Contractors and Third-party Service Providers Policy.
- Volunteers should report on and off duty each day to the Person in Charge (PIC) or manager.
- They are required to wear suitable clothing and footwear, and always behave safely and respectfully.
- They are required to not use equipment or lift heavy items unless trained to do so.

8.10.2 Students

- Students on placement should report to their assigned contact person or course tutor.
- Students is required to follow all safety instructions and attend safety briefings when starting.
- Like volunteers, students should not use machinery or lift heavy items unless they've had proper training.

8.10.3 Third-party Providers

- These are people or companies providing extra services like cleaning or therapies.
- They are required to follow the Contractors and Third-party Policy and report in and out daily.
- Before starting, must be inducted on:
    - Emergency procedures
    - Local safety rules
    - Relevant risk assessments
    - Safe work procedures, where needed

8.10.4 Alternative Respite Providers (e.g., Home Sharing)

Anyone involved in homebased services or respite arrangements is required to follow the same safety principles and be Garda vetted if required.

8.10.5 Safety Responsibilities

- Everyone including visitors are required to follow the safety rules of the service they're in.
- If there's a fire or emergency, the staff member hosting a visitor is required to bring them to the assembly point.
- If anyone is injured (volunteer, student, contractor, visitor), they are required to:
    - Report it immediately to the PIC or manager
    - Complete an accident report form

8.10.6 Important Notes

- There are risk assessments in place in every location that consider visitors, volunteers, and third-party providers.
- Managers can contact the QSR Department if they’re unsure about specific risks or need support.
- Everyone is required to act responsibly to protect themselves and others — this includes not causing hazards, not ignoring risks, and always asking if unsure.

8.10.7 Other Important Policies to Follow:

- Volunteer Policy and Procedures (Organisational and Corporate)
- Contractors and Third-party Service Providers Policy
- Risk Management Policy
- Garda Vetting Procedures (see HR or your manager)

8.10.8 Contractors - Key Responsibilities and Legal Compliance

SMH requires all contractors, subcontractors, third-party providers, and service partners to work safely, professionally, and in full compliance with Irish safety legislation.
This includes:

- The Safety, Health, and Welfare at Work Act 2005
- The Construction Regulations 2013-2021
- All other applicable legal duties for risk assessment, safe systems of work, and equipment safety
- All contractors and service providers are required to also follow the SMH Contractors and Third-party Policy, which contains full details on what’s expected before, during, and after work on any SMH site.

All contractors working on SMH premises must comply with our Contractor Safety Policy and Appendix 13: Permit to Work (PTW) System. Before commencing any non-routine or high-risk work such as hot works, confined space entry, electrical isolation, or roof access a formal PTW must be requested, approved, and visibly displayed on-site. Contractors are also expected to provide task-specific risk assessments and method statements (RAMS), which must be reviewed by the relevant SMH contact. Subcontractors, where engaged, are the responsibility of the principal contractor and

must be included in all safety documentation. SMH reserves the right to request evidence of subcontractor competence, insurance, and training. Clear lines of supervision and communication must be agreed upon before work begins. Failure to comply with PTW or RAMS requirements may result in the immediate suspension of work activities.

8.11.1 Key Requirements for Contractors & Third-party Providers

8.11.1.1 Before Starting Work:

- Provide an Up-To-Date, compliant Safety Statement /Statement of Purpose, Staff training competency and Employer/Public Liability Insurance with indemnity to SMH (clearly stating any exclusions)
- Submit a risk assessment and method statement for the work
- Participate in SMH's contractor selection or screening process, including vetting for high-risk or service user facing work
- Discuss safety requirements with Technical Services / Property / PIC
- Receive a safety briefing from the local PIC/Manager, including:
    - Emergency procedures
    - Local hazards (e.g., challenging behaviour)
    - Relevant risk controls
    - Permit to work rules

8.11.1.2 While on Site:

- Sign in and out each day with the local manager/PIC
- Only use your own tools and equipment (unless SMH Estates gives permission in writing)
- Ensure all equipment is safe, tested (e.g., lifting gear), and certified
- Comply with all permits to work systems (e.g., for hot works, roof access, confined spaces)
- Take care of your own safety, your workers' safety, and the safety of others
- Report any incidents, near misses, or unsafe conditions immediately to the local manager or Heal & Safety Manager

8.11.1.3 Hazardous Substances:

- Is required to not be brought onsite without approval from SMH
- Is required to be stored and used safely and removed after use
- Health & Safety Manager is required to be informed of location and quantity
- General Conduct:
    - All contractor staff is required to be competent, trained, and supervised
    - They are required to follow SMH rules on signing, security, traffic, noise, and working times
    - Garda vetting may be required for any third party working in proximity to vulnerable persons

8.11.1.4 Documentation That May Be Required (depending on risk level):

- Insurance and Safety Statement (mandatory)
- Prequalification questionnaires

- Risk assessments and method statements
- Training records
- Equipment certifications (e.g., hoists, scaffolds)
- Signed permit to work forms (Appendix 6)

8.11.1.5 Legal Note:

No work should begin without prior consultation, hazard identification, and risk assessment.
All contractors are required to follow the Safety, Health and Welfare at Work Act 2005, associate regulations, and Construction Regulations 2013-2021 as applicable.

For full responsibilities, required forms, and safety procedures, refer to the SMH "Control of Contractors and Third-party Service Providers Policy."

8.12 Safety Audits - Roles and Responsibilities

SMH uses a three-level safety audit and inspection process to make sure all services are following our safety systems and working in a safe environment.
Everyone has a role to play. Regular checks help us find issues early, fix them quickly, and keep people safe.

Table 9: Audit Types and Responsibilities

Type of Audit	What's Involved	Checklist of What Needs to Be Checked	Who Manages	Relevant Legislation
1st-Level (Frontline Checks)	Daily or weekly checks of premises, equipment, fire safety, and housekeeping. Staff complete checklists and address any immediate risks.	• Fire exits & fire equipment accessible and working • Slips, trips, housekeeping standards • Equipment safety (e.g., wheelchairs, lifting aids) • Emergency lighting & signage • Incident and hazard reporting completed • Vehicle Checks	Frontline Staff and Service Leads	Safety, Health, and Welfare at Work Act 2005; Fire Services Act 1981 & 2003; Safety, Health, and Welfare at Work (General Application) Regulations 2007–2021

2nd-Level (Local Audits)	Monthly safety audits at service level. Review of checklists, follow-up on action items, incident trends, and hazard resolution.	• Review completed daily/weekly checklists • Confirm follow-up on action items and risk assessments • Incident and near-miss reports & trending • Training records up to date • Emergency procedures & evacuation plan tested	Local Managers (Service Managers, PICs)	Safety, Health, and Welfare at Work Act 2005 Health Act 2007 (HIQA Standards) Fire Services Act 1981 & 2003
3rd-Level (Senior Audits)	Scheduled, in-depth audits across all areas. Review safety management system, policies, risk assessments, incident reports, and training. Develop action plans and track KPIs.	• Safety policies & Safety Statement up to date • All completed local audits and action plans • Accident and incident investigation outcomes • Health and safety training compliance • Equipment and maintenance records • Emergency preparedness & business continuity plans	Senior Management / Health & Safety Team	Safety, Health, and Welfare at Work Act 2005. Safety, Health, and Welfare at Work (General Application) Regulations 2007–2021. Health Act 2007 (HIQA Standards) Fire Services Act 1981 & 2003; HSE Guidance on Safety Audits

8.12.1 Local Level - PICs, Unit Managers, and Heads of Department

- ✓ Every service or unit is required to carry out a monthly safety inspection.
- ✓ Use the safety checklist template (see Intranet Safety Downloads).
- ✓ Write down any issues found and record them on a Quality Improvement Plan (QIP) or Checklist Action Plan.
- ✓ Address issues locally. If more support is needed, the Health & Service Manager must be informed.
- ✓ Discuss inspection results at team meetings and keep records.
- ✓ The Service Manager reviews and signs off these local inspections every quarter.

8.12.2 Cluster/Service Area Level - Cluster Managers

- ✓ Every 6 months, Cluster Managers carry out safety reviews for each service in their area.
- ✓ Record issues and action plans using the Review templates.
- ✓ If an issue cannot be fixed at service level, the Cluster Manager must inform the Administration Manager to help resolve it.
- ✓ Completed reviews must be kept on file at service level and be made available to the Health & Safety Manager.

8.12.3 Service Manager Level - Six-Monthly Audits

- ✓ Service Managers carry out full safety audits every 6 months.
- ✓ The audit checks everything from building safety to paperwork and risk management systems.
- ✓ These audits help check if safety systems are working and where improvements are needed.
- ✓ Audit findings are reported to the Director of Service for review and follow-up.

8.12.4 Quality, Safety & Risk Department / Safety Representatives

- ✓ The Health & Safety Manager and Safety Representatives also carry out spot checks and independent audits to make sure the system is working across all levels.
  These checks help ensure consistency, quality, and accountability in how services manage safety.

Table 10: Who Does What?

Role	What They Check	How Often
PICs / Unit Heads	Local safety checklists and issues	Monthly
Service Managers	Full audit across service units	Every 6 months
Cluster Managers	Safety reviews for all services in their area	Every 6 months
H&S Manager / Reps	Independent checks across services	Ongoing, as needed

More details, templates, and checklists are available on the Health & Safety Downloads section of the SMH Intranet.

8.13 Keeping Vulnerable Staff Safe at Work

Some workers may face higher risks due to their health, age, or work conditions. These include:

- Pregnant employees
- Night and shift workers
- Young workers (under 18)
- SMH is committed to following Irish laws to protect these staff, especially:
    - Safety, Health, and Welfare at Work (General Application) Regulations 2007-2016
    - Maternity Protection Act, 1994 (updated 2004)
    - Protection of Young Persons (Employment) Act, 1996

More detailed guidance, templates, and legal links are available in the Safety Downloads section or by contacting the QSR Department.

8.13.1 Pregnant Employees

If you are pregnant, you are required to:

- Let your Line Manager know as soon as possible.
- Provide a doctor's certificate confirming the pregnancy (this will be kept confidential).
    - Staff must also outline to their GP the exact nature of their work and any potential risks involved.

Your manager is required too then:

- Carry out a Pregnancy Risk Assessment using the form on the intranet.
- Identify and reduce any risks to you or your baby.
- Share this assessment with you and review it regularly during your pregnancy.

If the risk cannot be fully removed:

- Your work tasks or hours may be adjusted.
- If that's not possible, alternative work may be offered.
- If no safe options are available, you may be granted Health & Safety Leave as outlined in Section 18 of the Maternity Protection Act 1994.
- Managers is required to discuss options with HR and the Service Manager.

8.13.2 Night Workers

A night worker is someone who works at least 3 hours between 12 midnight and 7am

Where night work is identified Managers should:

- Check if night work increases health or safety risks for a particular employee.
- Put in place extra supports if needed.
- When lone working that they have a check in method to ensure they and them who they support are safe
- That duty of care is met when staff is unable to continue work
- Contact the QSR Department for advice if unsure.

8.13.3 Children and Young Persons (under 18) i.e., Transition Year Students

SMH follows the law to protect young workers, such as interns or those on placement.

Managers is required to:

- Check their age using a birth certificate.
- Assess risks, as younger people may lack experience or awareness.
- Give clear information about risks and how to stay safe.
- Supervise them closely during work hours.

Ensure they only work within legal hours:

- 6am-10pm (aged 16-17)
- 8am-8pm (under 16)

SMH also uses safety measures onsite to prevent unauthorised access by children (e.g., during building works), including:

- Housekeeping to remove outdoor hazards
- Fencing and warning signs

8.13.4 Key Reminders

- All managers and supervisors are required to assess risks to vulnerable workers.
- Staff are encouraged to speak up early if pregnant or concerned about work conditions.
- The QSR Department is available to help with any risk assessments or legal questions.
- All actions and risk controls are required to be clearly documented and regularly reviewed.

8.14 Antisocial behaviour

While some buildings of SMH are open to members of the public, there is a low risk of Antisocial behaviour at work due to in part of the following controls across the campus:

- Staffed Reception desks in Head offices
- Security services such as patrols
- Extensive CCTV and Intruder Alarm Systems
- Access control in restricted areas including key system
- Visitor and contractor sign in procedure
- Adequate Lighting in all car park areas

All instances of violence or potential violence is required to be reported by building users and will be investigated

8.15 Personal Protective Equipment (PPE)

PPE is the last line of defence in the workplace when all other ways of removing or reducing risk (like removing the hazard or changing the way we work) are not enough. That’s why PPE is part of the Hierarchy of Controls and is required to only be used after all other safer options have been considered, please see S 9.12.1

At SMH, Personal Protective Equipment (PPE) plays a critical role in protecting all persons in our services from exposure to infections, harmful substances, and other risks.
PPE must be:

- Selected based on a proper risk assessment - ensuring that the level of protection matches the hazards present.
- Correctly fitted, worn, and maintained - including proper training for staff in its use.
- Used alongside other control measures - such as engineering controls, safe working procedures, and good hygiene practices.

The following Key legislative requirements when choosing PPE include:

- Safety, Health, and Welfare at Work Act 2005 (as amended) - places a duty on employers to provide safe systems of work and appropriate PPE.
- Safety, Health, and Welfare at Work (General Application) Regulations 2007-2021 - detail requirements for providing and using personal protective equipment.
- Public Health (Infectious Diseases) Regulations 1981 (as amended) - impose obligations to control infectious diseases and prevent spread.
- Health Information and Quality Authority (HIQA) Standards and HSE Guidelines - require suitable infection prevention and control measures in healthcare and social care.

By choosing appropriate PPE and ensuring its proper use, services not only comply with legislation but also uphold safety standards and public trust. Please see Table 10 for outline of some PPE considerations.

Table 11: PPE requirements

PPE Type	Use Case / Setting	Rationale	Relevant Legislation & Guidelines	Examples of Uses
Disposable Gloves	All settings	Prevent direct contact with bodily fluids, chemicals, or contamination	SHWW Act 2005; SHWW (General Application) Regs; HSE Guidelines	Support care, cleaning up spillages, handling hazardous chemicals or oily machinery parts
Fluid-Resistant Surgical Masks	All settings	Protect against respiratory droplets	Public Health (Infectious Diseases) Regs; HIQA Standards; HSE Infection Control guidelines	Direct care, public transport drivers, emergency care in transport
FFP2/FFP3 Respirators	All settings	Filter airborne infectious agents or dust	SHWW Regs; HSE Guidelines; HIQA Standards	Aerosol-generating procedures, working with asbestos dust, demolition work
Goggles or Face Shields	All settings	Protect eyes against splashes, debris, sparks	SHWW Regs; HSE Guidelines	Personal care with splash risk, grinding, soldering,

				working with chemicals
Disposable Gowns / Aprons	All settings	Protect uniform & skin from contamination	HIQA Standards; HSE Guidelines	Personal care, laundry management
Disposable Shoe Covers	All settings	Avoid bringing contamination into controlled environments	SHWW Regs; HSE Guidelines	Sterile areas (e.g., theatres), cleanrooms, technical workshops with cleanliness requirements
Head Protection (Hard Hats)	Technical Services, Construction	Protect against impact from falling objects	Safety, Health & Welfare at Work (Construction) Regs; Personal Protective Equipment Regs	Maintenance work, engineering projects, repair & construction
High-Visibility Vests & Clothing	Transport, Technical Services	Protect workers from vehicle traffic & plant machinery	Road Traffic Acts; SHWW Regs; Construction Regs	Outdoor maintenance, working around buses or delivery trucks
Hearing Protection (Earplugs/Earmuffs)	Technical Services	Prevent hearing loss due to loud noise levels	Noise at Work Regs; SHWW Regs	Machine rooms, power tools, diesel generator servicing,
Hand Sanitizer (as supplementary PPE)	All settings	Reduce microbial transfer when handwashing is not available	HSE Guidelines; Infection Control Standards	Maintenance technicians going between units, drivers between shifts, IT servicing multiple workstations
Disposable Oversleeves	Health, Social Care, Technical Services	Prevent contamination spread along the arms	SHWW Regs; HSE Guidelines	Working in dirty/greasy technical areas, in labs, handling soiled laundry
Cut-Resistant Gloves	Technical Services	Prevent lacerations and punctures	SHWW Regs; Machinery Directive	Handling sharp tools, metalwork, glass replacement, carpentry
Fall-Arrest Harnesses & Lanyards	Technical Services	Prevent serious injuries from falls	SHWW Regs; Safety, Health, and Welfare at Work (Work at Height) Regs	Roof inspections, elevated maintenance work,

				scaffolding and tower work
Safety Footwear (Steel-Toe Boots)	Technical Services, Transport	Protect feet against crushing or puncture	SHWW Regs; Personal Protective Equipment Regs	Mechanical workshops, warehouse & loading bays, rail, or vehicle maintenance

8.15.1 PPE Summary

In all these settings, the employer is responsible for:

- ✓ Risk assessing the work environment
- ✓ Providing appropriate PPE free of charge
- ✓ Training employees in its correct use
- ✓ Maintaining PPE and ensuring it meets safety standards

And employees must:

- ✓ Use the PPE properly and as outlined by Risk Assessment
- ✓ Report defects or missing PPE promptly
- ✓ Store and look after their PPE as instructed

8.15.2 Hierarchy of Controls and PPE:

- Eliminate the hazard
- Substitute it with something safer
- Use engineering controls (e.g., barriers, ventilation)
- Use administrative controls (e.g., training, rules, signage)
- Provide PPE (only if the above aren't enough)

8.15.3 Legal Compliance and PPE

SMH follows the Safety, Health, and Welfare at Work (General Application) Regulations 2007-2024, pacifically:

- Part 2, Chapter 3 Personal Protective Equipment Schedule 2 Body parts to be protected and risks

SMH is required to provide PPE:

- Free of charge when identified in Risk Assessments
- Only after risk assessments show that other controls aren’t enough
- That meets CE standards and is fit for the task and the wearer
- Along with training and information on correct use
- Employees are legally required to use PPE properly. Refusing to wear or misusing PPE may result in disciplinary action.
- Contractors and third-party staff are required to provide their own PPE and ensure it is suitable, safe, and used correctly.

Table 12 Who is Responsible for PPE?

Role	Responsibility
Manager/PIC/HOD	Ensure staff are trained and using PPE properly
Employees	Use PPE as instructed, report damage, and take care of equipment
H&S Team	Provide advice and support on choosing the right PPE
Contractors' Employers	Ensure PPE is provided and used correctly by their staff

More details, including safe systems of work and PPE lists, are available in the Safety Statement and through the Health & Safety Downloads on the intranet.

8.16 Planned Preventative Maintenance (PPM)

Planned Preventative Maintenance (PPM) means carrying out regular checks and servicing of buildings and equipment to prevent breakdowns or risks before they happen. At SMH, PPM is managed by the Technical Services Team and other trained contractors.
Each Centre and building have its own PPM strategy based on the type of property and service it provides.

Table 13 What Is required to Be Checked Regularly?

Area	Examples of What's Checked	Frequency
Doors, Windows & Stairs	Locks, movement, damage	Regular visual checks
Legionella Control	Water temperatures, cleaning showers and taps	Weekly (flushing), monthly (temps), quarterly (cleaning), annually (tank clean)
Fire Safety	Escape routes, lighting, alarms, extinguishers	Daily (egress), monthly (lighting), scheduled servicing
External Systems	Heating systems, lifts, hoists, fire alarms, swimming pool equipment	As per manufacturer/service contracts
Tools & Equipment	Maintenance tools and machinery	As per planned calendar (annual or more often)
Assistive Equipment	Beds, hoists, slings, wheelchairs	As per clinical/OT/Physio advice or contract

All fire safety systems follow the Irish Standards I.S. 3217 (emergency lighting) and I.S. 3218 (fire detection and alarm systems).
All Legionella checks follow HSE guidelines and include flushing pipes, cleaning tanks, checking temperatures, and recording results.

8.16.2 Clinical Equipment Maintenance

All assistive and clinical equipment is required to be:

- Regularly checked for safety
- Maintained by trained suppliers

- Logged and serviced according to manufacturer guidance or clinical need

Table 14 Clinical Equipment Maintenance Responsibilities

Who's Responsible?	What They Do
Heads of Unit (HOUs)	Contact suppliers if assistive equipment is faulty. Notify OT or Physio if needed.
Clinic Managers	Receive alerts from the Health Products Regulatory Authority (HPRA) and follow up with local services on affected devices.

8.16.3 Asbestos Management

Some older SMH buildings may contain asbestos, a hazardous material if damaged. SMH manages this risk with a dedicated asbestos management plan.

Key Points:

- All asbestos has been surveyed and recorded in an asbestos register
- If asbestos is damaged, it is safely removed by a licensed contractor
- If in good condition, it is either:
- Sealed (encapsulated) and monitored, or
- Removed if any work is being done nearby
- The HSA is informed of any planned works that might disturb asbestos, as per Directive (EU) 2023/2668
- Contractors are informed of any asbestos risk before starting work, and clear signage is used to warn staff and visitors where Asbestos is confirmed.

Table 15: Annual PPM Schedule Summary

Task	Frequency	Who Does It?	Standard/Policy
Fire alarm system check	Quarterly	Approved Contractor	I.S. 3218
Emergency lighting test	Monthly + Annual	Technical Services	I.S. 3217
Legionella flushing & checks	Weekly/Monthly/Quarterly	Onsite staff & contractor	HSE Legionella Guidance
Heating system service	Annually	Technical Services	Manufacturer Standard
Lifts/Hoists check	6 monthly	External Contractor	LOLER (Lifting Equipment Regs)
Assistive clinical equipment	As needed	OT/Physio & Supplier	HPRA Safety Notices
Asbestos survey update	Annually / Before works	External Asbestos Consultant	Asbestos Directive (EU) 2023/2668
Window & Door checks	Monthly	Maintenance / PIC	Internal PPM Guide

For full details, refer to the SMH Contractors Policy, the Legionella Guidance Plan, and the Asbestos Management Plan — available on the intranet under Maintenance Documents.

8.16.5 Insurance and Engineering Inspections

At SMH, we are committed to ensuring that all equipment, buildings, and systems are safe, fit for use, and meet our legal obligations under Irish safety legislation. One essential part of this commitment is through insurance and engineering inspections.

These inspections are carried out by qualified engineers or insurers' appointed agents to identify risks before incidents happen. This is a legal requirement under the Safety, Health, and Welfare at Work (General Application) Regulations 2007-2024, particularly regarding lifting equipment, pressure systems, and safety critical plant.

Table 16 Engineering Inspections What Needs to Be Inspected?

Equipment/Area	Reason for Inspection	Legal Standard/Reference	Typical Inspection Frequency
Lifting Equipment	To ensure lifting devices (hoists, slings, patient lifts, etc.) are safe	General Application Regs 2007 – LOLER equivalent	Every 6 months (patient lifts) or 12 months (other)
Hoists and Slings	Ensure patient handling equipment is functioning correctly	Manual Handling & GA Regulations	Every 6 months
Wheelchair and Stair Lifts	Public access and service user safety	Part M Building Regs / Engineering inspection policy	Annually or by usage level
Fire Alarm Panels & Systems	Check alarms function correctly	I.S. 3218:2013 Standard	Quarterly & annually
Emergency Lighting Systems	Escape route visibility during power failure	I.S. 3217:2013 Standard	Monthly visual, annually full
Heating Boilers & Pressure Vessels	Risk of explosion or system failure	Safety, Health & Welfare at Work (GA) (Pressure Systems) Regs	Annually
Passenger Lifts (Elevators)	Safe lifting of passengers	Safety in Lifts & Escalators Code of Practice	Twice per year (every 6 months)
Vehicle Lifts / CVRT/NCT Equipment	Workshop and fleet maintenance equipment safety	Garage Health & Safety Requirements LOLER equivalent	Annually
Swimming Pool Plant Rooms	Safe operation of pool chemicals and heating controls	Chemical Safety Guidelines (HSA), Pool Safety Codes	Biannually or per contract
Fixed Electrical Installations	Fire and electrocution prevention	Periodic Inspection & Testing (ETCI/IS10101:2020)	Every 5 years or sooner

Table 17 Who Is Responsible for Engineering Inspections?

Role	Responsibilities
Technical Services Manager	Oversees the scheduling of inspections, record keeping, and follow-up actions
Heads of Unit (PIC/HOD)	Ensures engineers are given access, equipment is clean/ready, issues are reported
Contractors / Servicing Agents	Is required to provide valid certification and maintenance logs when requested
Health & Safety Manager	Audits inspection reports and ensures systems meet legal requirements

8.16.8 Record Keeping and Certificates

All inspection reports, certificates of conformity, and defect notices is required to be:

- Logged on the QFM system and kept in local folder
- Stored securely for a minimum of 5 years
- Available for review by the HSA or insurers upon request
- Follow-up actions is required to be tracked and completed in a timely manner

8.16.9 What If There's a Defect?

If an inspection identifies a dangerous defect:

- The equipment is required to be removed from use immediately
- The Technical Services Department is notified and will coordinate repairs or replacement
- A lockout tag may be used to prevent accidental use

8.16.10 Summary: Why This Matters

Regular inspections help prevent injury, reduce liability, and support insurance compliance
They are a legal requirement, not optional
Proper engineering controls reduce long-term maintenance costs and increase confidence in safety systems

Further information is available from the SMH Technical Services Department, the Engineering Inspection Log, and the SMH Contractors and PPM Policies.

8.17 Access and Exit (Egress) Management - Keeping Routes Safe

SMH is committed to making sure all staff, service users, contractors, and visitors can move safely in and out of buildings and work areas. This includes offices, homes, rooftops, and confined spaces.
Key Safety Points:

- All entry and exit routes are required to be kept clear, well-lit, and free of obstacles.
- Emergency exits is required to allow for quick escape during fire or emergencies.
- Handrails are required to be used when going up or down stairs or ladders.
- If you need to carry heavy items upstairs, use a lift if available.
- Roof areas are strictly controlled - access is by Permit to Work only and marked with Restricted Area signage.

8.17.1 For People with Support Needs:

- Local managers are required to create Personal Emergency Evacuation Plans (PEEPs) for anyone who may need help to leave the building safely.
- These plans are required to be explained clearly to those who need them and to staff helping with evacuation.

Table 18 Roof Access:

Measure	Description
Restricted Signs	Clearly marked "Restricted Area" signs on access points
Permit System	Permit to Work needed for any roof entry
Lighting	External/internal lighting to reduce trip risks
Roof Audits	Regular checks for safety risks
Fall Protection	Guardrails, harness points where roof access is routine

8.17.3 Housekeeping: Keeping Spaces Clean and Safe

Good housekeeping helps prevent slips, trips, falls and reduces fire risks. It's everyone's job to keep workspaces tidy and safe.

Daily Expectations:

- Corridors and walkways are required to stay clear no bags, boxes, or equipment left out.
- Clean up spills immediately using the "clean as you go" approach.
- Use wet floor signs when cleaning or after spills.
- Inspect floors regularly for loose TILEOs, cables, or obstructions.
- Wear nonslip footwear suitable for your job.
- Keep lights working report broken lights immediately.

Table 19 Cleaning and Storage:

Area	Safe Practice
Floors	Clean regularly, mop when quiet, dry spills immediately
Cables	Keep cords tidy and away from walkways
Storage	Store heavy items low down; return items after use
Exits	Keep all exits free of clutter
Furniture	Check chairs and tables are stable and in good condition

Extra Tips:

- Never run indoors take your time to prevent falls.
- Report defects (e.g., broken steps, poor lighting) to the Facilities Helpdesk.
- Contractors and visitors are required to follow the same rules don't leave items blocking walkways.

8.18 Chemical Safety Management

Working with chemicals can be dangerous if not properly controlled. At SMH, chemicals are required to only be used when necessary and only if they have been approved in advance and are on the site's chemical inventory.

All employees, contractors, and managers are required to follow the HSA's 2024 Chemical Safety Standard Operating Procedures (SOPs) and ensure compliance with the REACH Regulation (EU & Ireland) and the Safety, Health, and Welfare at Work (Carcinogens, Mutagens and Reprotoxic Substances) Regulations 2024.

Before any new chemical is brought onsite:

- It is required to be approved by QSR Dept
- It is required to have an SDS
- It is required to be added to the chemical inventory
- A task specific risk assessment is required to be completed
- Follow the HSA's Chemical Standard Operating Procedure (2024)

Contracting managers are required to ensure that contractors who use chemicals have:

- An UpToDate inventory of the chemicals they bring onsite
- A SDS for each chemical
- Agreed safe working practices
- Where possible, a safer alternative to the chemical should be used.

8.18.1 Safe Chemical Use Key Points

All staff and contractors are required to:

- Use only agreed chemicals listed on the chemical inventory
- Store SDS documents near the chemicals they refer to
- Use gloves, goggles, aprons, or other PPE as per SDS and risk assessment
- Label all containers clearly, including secondary ones
- Work in well-ventilated areas—especially with strong-smelling chemical
- Keep chemical storage secure and clean - never leave chemicals unattended
- Dispose of chemicals via licensed hazardous waste services
- Wash hands before and after using gloves, and before eating, drinking, or smoking
- Ensure all chemical use happens in well-ventilated areas
- Follow correct disposal methods using licensed hazardous waste contractors
- Contractors are responsible for the safe use and disposal of any hazardous waste they generate onsite.

8.18.2 Example Risk Controls from SMH SOPs

Wood Dust (Maintenance) - Always wear dust masks and gloves during sanding or drilling.
Mineral Oils (Transport) - Wear gloves to prevent long-term skin exposure during checks.
Diesel Exhaust (Fleet Services) - Turn off engines near buildings. For heat or battery checks, use ignition setting 2 instead of leaving the engine running.

Table 20 HSA SOP Example: The "5W Formula" as part of chemical risk assessment:

Step	Question	What to Consider
Who?	Who is exposed?	Staff, contractors, vulnerable persons (e.g., pregnant employees)
What?	What is the chemical?	SDS, hazard classification, REACH status
Where?	Where is it used?	Indoors, confined spaces, public areas
When?	When and how often is it used?	Frequency, shift use, seasonal variation
Why?	Why is this chemical needed?	Is there a safer alternative? Can use be reduced?

If the answer to “Why” is unclear or if a safer alternative exists, substitution should be considered.

The full SMH Chemical SOP, REACH documentation, and contractor responsibilities are outlined in the Contractors Policy and available from the Quality, Safety & Risk Department.

8.19 Office Safety and Display Screen Equipment (DSE) Use

SMH is committed to protecting employees who use computers and other display screen equipment (DSE) regularly. Under Part 2, Chapter 5 of the Safety, Health, and Welfare at Work (General Application) Regulations 2007, a DSE assessment is required to be completed if you use a screen for 1 hour or more per day as part of your normal work.

8.19.1 Why It Matters:

Sitting at a poorly setup workstation for long periods can cause discomfort and injury. That’s why DSE assessments help us spot problems early and fix them before they become health issues.
DSE Assessments are needed:

- When a new employee joins or moves desks.
- When a staff member reports discomfort.
- After a significant change to equipment or office layout.
- At regular intervals for staff who use DSE daily.

All DSE assessments are required to be completed by a competent DSE Assessor certified (1 day course) using the organisation’s approved template and logged confidentially. The line manager ensures any recommendations (like equipment changes or supports) are put in place.

8.19.2 Best Practices for DSE Setup

Table 21 Monitor Placement (Single and Dual Monitors)

Setup Type	Compliance
Single Monitor	Top of screen at eye level. About an arm’s length away. Screen should be directly in front of you. Avoid glare from windows or lights.
Dual Monitors (Equal Use)	Place screens side by side, edges touching, and center where your eyes naturally fall. Sit directly in front of the join.
Dual Monitors (Main + Secondary)	Main screen directly in front. Secondary angled slightly to the side. Adjust neck and body movement to avoid strain.

Table 22 Chair & Desk Setup

Item	Compliance
Chair	Adjustable seat height and backrest. Feet flat on the floor or on a footrest. Thighs parallel to the ground.
Desk	Enough space for forearms to rest while typing. Keep wrists straight. Ensure there's space under the desk for legs. Desk is positioned at elbow height resting on surface at 90-degree angle
Keyboard & Mouse	Should be close to the user, at elbow height. Avoid overreaching. Mouse should be aligned with shoulder.
Lighting	Avoid screen glare. Use blinds if needed. Adjust screen brightness and contrast for comfort.

8.19.2.1 Sit Stand Desks

Sit stand desks are only issued on recommendation from CHI. If used, ensure:

- Alternate between sitting and standing every 30-60 minutes.
- Use a footrest or antifatigue mat if standing for long periods.
- Don't stand still too long — move regularly to improve circulation.
- Desk is always positioned at elbow height resting on surface at 90-degree angle

8.19.3 Common Musculoskeletal Disorders (MSDs) from DSE Work

"Common Task or Role" outlines typical work tasks or positions that can lead to the risk.
"Common Misuse or Poor Posture" highlights typical mistakes or poor habits that contribute to MSDs.

Table 23 MSDs from DSE Work

Risk Area	Common MSDs	Impact on the Body	Common Task or Role	Common Misuse or Poor Posture
Neck / Shoulders	Muscle tension, stiffness, neck strain	Pain, reduced movement, tension headaches	Prolonged screen work, especially with dual monitors; phone use while typing, working on Laptop screen, keyboard, or trackpad	Cradling phone between ear and shoulder, reaching for mouse, leaning forward to see screen
Wrists / Hands	Carpal Tunnel Syndrome, tendonitis, repetitive strain injury (RSI)	Tingling, numbness, reduced grip strength, wrist pain	Typing, mouse use, frequent data entry, Laptop keyboard/trackpad use	Wrists bent or resting on hard edges; gripping mouse too tightly; poor wrist support
Lower Back	Lower back pain, disc strain, muscle spasm	Ongoing discomfort, mobility issues, absenteeism	Desk based work, poor chair setup, static postures	Slouching, unsupported lumbar region, sitting for too

				long without breaks
Eyes	Eye strain, dry eyes, blurred vision, headaches	Fatigue, headaches, trouble focusing, reduced concentration	Long hours of computer use or reading from screen, Laptop screen	Screen too bright or too dim, screen too close or too far, glare from windows or lighting, using laptop screen
Legs / Circulation	Pressure behind knees, varicose veins, poor circulation	Numbness, swelling, fatigue, increased risk of clots	Prolonged sitting, poor chair adjustment, standing still for long periods	Sitting with legs crossed, edge of chair pressing into thighs, lack of foot support
Shoulders / Upper Arms	Rotator cuff injuries, frozen shoulder, tendonitis	Stiffness, reduced range of motion, sharp pain during movement	Reaching for equipment, nonergonomic phone use	Constant overhead reaching, nonadjustable chair armrests, overreaching to access items
Mid / Upper Back	Thoracic strain, posture related fatigue	Tension, difficulty rotating or twisting	Fixed workstation, poorly placed monitor, or keyboard	Twisting the torso to see monitor or reach equipment, not sitting squarely in chair

8.19.3.1 How to Use Table 20:

Use this during DSE assessments or ergonomic reviews to identify potential posture risks.
Tailor advice and solutions based on the specific task the employee performs.
Include in DSE training to raise awareness of posture and setup pitfalls.

8.19.4 Additional Controls and Supports

- Eye Tests: All staff who use a computer daily are entitled to free VDU eye tests. These are provided at agreed intervals.
- Breaks: Staff should take short breaks every 30-60 minutes to stretch or walk around.
- Training: All DSE users should receive DSE awareness training on setup, posture, and break management.
- Posture Reminders: Use screen prompts or posters to remind staff to adjust posture and take breaks.

8.19.5 Responsibilities

- Managers are required to ensure staff complete DSE assessments and follow up on any required adjustments.

- Employees are responsible for using equipment properly, reporting discomfort, and following good workstation practices.
- Occupational Health / Health & Safety Manager will support with specialist advice if health concerns are raised.

For more information, including the full DSE checklist and training resources, refer to Appendix 9: DSE Guidance and the DSE Policy available on the Health & Safety Downloads section of the intranet.

8.20 Electrical Equipment

Electrical safety is a priority in SMH. Poorly maintained or misused electrical items can cause serious injury, electric shock, burns, or fire. Under Part 3 of the Safety, Health, and Welfare at Work (General Application) Regulations 2007, employers are required to make sure electrical systems are safe to use, maintained properly, and not overloaded.

8.20.1 Safe Use of Electrical Equipment

- Do not overload sockets or use multiple extension leads.
- All portable electrical equipment is tested under our PAT (Portable Appliance Testing) schedule. Look for a valid sticker.
- Always visually check equipment before using. If damaged or faulty, do not use it report it immediately.
- Only qualified electricians may carry out repairs or electrical maintenance.
- Do not use personal devices (like heaters or fans or coffee makers) unless they have been PAT tested and approved.
- Keep leads tidy and out of walkways to avoid trips or cable damage.
- Avoid using electrical equipment in wet areas. If necessary, use battery powered alternatives or ensure Residual Current Devices (RCDs) are used.
- Refer to Electrical Safe Systems of Work for detailed procedures.

8.21 Working at Height

Working at height means doing any work where a person could fall and be injured — this includes standing on ladders, working near holes or edges, and working on rooftops. The Safety, Health, and Welfare at Work (General Application) Regulations 2007 - Part 4 outlines legal duties around this. Important: Non maintenance staff are not permitted to work at heights unless outlined in Job description. Only trained contractors and technical services staff may carry out such work.

8.21.1 General Rules

- Ask: Can the task be done from the ground? If yes, avoid working at height.
- Staff or contractors working at height are required to be trained and competent.
- Never work alone at height.
- Use only approved access equipment (e.g., step ladders, MEWPs, platforms).
- Check ground surfaces are stable, clean, and free from spills.
- Only work when the area is quiet and distraction free.

- Lifting access floor TILEOs is considered working at height and requires planning and safety barriers.

8.21.2 Ladder Safety

Only use ladders that meet EN131 standards.

- Do not work on ladders during bad weather (e.g., wind, rain).
- Do not overreach; ladders are required to extend 1 meter above landing level.
- Inspect ladders before use. Do not use damaged ladders.
- Always use restraint cords on A frames and never turn ladders into makeshift platforms.
- See Appendix 12 for check sheet

8.21.3 Contractor Responsibilities

All work at height by contractors is required to be approved by the Director of Estates.
Contractors is required to follow Permit to Work systems and submit Method Statements and Risk Assessments at least 48 hours before work begins.

All scaffolding, MEWPs, and harnesses are required to be certified and regularly inspected.
Hi-Vi's clothing is required to be worn and lone working on rooftops is not allowed.
Fall protection systems is required to be used and dynamic risk assessments carried out on site.

8.21.4 Rescue Planning

A rescue plan is mandatory:

- It should detail how to recover someone who falls while using fall arrest gear.
- Rescue is required to be immediate, especially if someone is suspended in a harness.

8.21.5 Additional Precautions

Barriers are required to be placed around floor openings or rooftop edges.
safety harnesses are required to be checked annually, correctly worn, and replaced if damaged.
Always comply with the Construction Regulations 2013 if working on a construction related project (e.g., PSDP/PSCS roles).

8.20 Confined Spaces

A confined space is any enclosed area with limited access that could become hazardous due to lack of oxygen, gases, liquids, or entrapment risk. This includes underground tanks, service ducts, and crawl spaces.

8.20.1 Access Control

- Entry into confined spaces is prohibited unless you are trained and authorised.
- All entries are required to follow the Code of Practice for Confined Spaces and local risk assessments.
- Control measures include physical locks, warning signs, and barriers.
- A Permit to Work and site-specific Method Statement and Risk Assessment are required before entry.

8.20.2 Documentation and Support

Contact the Health & Safety Manager for information on confined spaces at your site.
Rescue plans is required to be in place for confined space entry.
Atmospheric testing, PPE, and emergency response procedures is required to be included in planning.

8.21 Safe Maintenance Work

Maintenance tasks whether planned or reactive can involve serious risks like electric shock, exposure to chemicals, fire, or working at height. That's why maintenance is required to be well planned, supervised, and only carried out by competent staff.

In line with the Safety, Health and Welfare at Work Act 2005, and the General Application Regulations 2007-2024, including Part 2 (General Duties) and Part 4 (Work Equipment), SMH has clear rules to manage maintenance safely.

Table 24 Key Rules for Safe Maintenance:

What to Do	Why It's Important
Plan, organise and coordinate maintenance jobs in advance	Prevents risks by making sure safety is part of every step
Only trained and competent people should do maintenance work	Keeps people safe and meets legal duties
Use task specific Risk Assessments and Method Statements for high-risk or unusual jobs	Helps identify and control all the hazards
Wear the correct PPE for the job (based on the risk assessment)	Protects eyes, hands, skin and more
Follow the Lock Out Tag Out (LOTO) procedure to safely isolate power before starting work	Prevents electric shock or unexpected startup
Never remove guards unless necessary, and replace them before restarting equipment	Guards are the first line of protection from moving parts
Handle all chemicals according to their Safety Data Sheets (SDS)	Prevents injury or chemical exposure (e.g., from oily rags or cleaning agents)
Don't work alone on high-risk tasks	Working alone increases the danger if something goes wrong
Check air quality if entering a confined space (oxygen levels, gas buildup etc.)	Ensures you can breathe safely and avoids toxic exposure
Use the right tools for the job (e.g., non-sparking tools in flammable areas)	Reduces the risk of explosions or other hazards
Make sure there's always a way to contact help during maintenance work	Ensures quick action in case of an emergency
Always know and follow the emergency procedures before starting	Ensures everyone is prepared if something goes wrong
Supervisors is required to oversee maintenance to make sure safety controls stay in place at every stage	Good oversight prevents shortcuts and dangerous conditions

If unsafe conditions develop during work, stop the job immediately and reassess. Safety always comes first.
Maintenance work is considered high-risk, so it's everyone's duty from managers to technicians to make sure all precautions, permits, and plans are in place. For tasks involving electrical, chemical, working at height or confined spaces, refer to the Permit to Work system and the relevant Safe Systems of Work

8.22 Air Quality

8.22.1 Why It Matters

Good indoor air quality is essential for the health and wellbeing of everyone at SMH including service users, staff, contractors, students, and visitors. Poor air quality can lead to:

- Breathing problems (especially for people with asthma or respiratory conditions)
- Headaches, tiredness, and difficulty concentrating
- Long-term risks from radon gas exposure

We are committed to maintaining a safe indoor environment in all buildings through ventilation, monitoring, and risk control. This is especially important in residential, clinical, and shared workspaces.

9.22.2 SMH follows these key laws and guidelines in relation to air quality:

- Safety, Health, and Welfare at Work Act 2005
- Safety, Health, and Welfare at Work (General Application) Regulations 2007 - Chapter 1 (Workplace)
- HSA Code of Practice for Indoor Air Quality (2021)
- Environmental Protection Agency (EPA) Guidance on Radon Testing and Mitigation
- HIQA National Standards for Residential Services (Theme 2: Effective Services - Standard 2.3: The residential service is clean, hygienic, and appropriately ventilated)

Table 25 Air Quality Key Risk Areas

Risk Area	Examples
Poor ventilation	Inadequate airflow in meeting rooms, bedrooms, bathrooms
Build-up of carbon dioxide	Closed rooms with many people or poor air exchange
Use of cleaning products	Overuse of sprays or chemicals without windows open
Mould and damp	In bathrooms or older buildings with structural issues
Radon gas	Odourless gas that can build up in basements or ground floor areas

8.22.3 Radon

Radon is a naturally occurring radioactive gas. It comes from rocks and soil and can enter buildings through cracks or gaps in floors and walls. Long-term exposure to high levels of radon increases the risk of developing lung cancer.

Table 26 SMH Approach to Air Quality & Radon

Action	Details
Ventilation Checks	Local managers must ensure that all rooms are regularly aired, and mechanical ventilation systems are maintained. Windows should be opened where safe to do so.
Design Considerations	New builds or refurbishments must ensure that ventilation meets Building Regulations and HSA guidance.
Cleaning Products	Only approved chemicals are used, and instructions on ventilation are followed. Cleaning should avoid excessive aerosol use in confined spaces.
Radon Testing	SMH works with the Environmental Protection Agency (EPA**)** to ensure buildings at risk are tested. Testing is prioritised in ground floor spaces and older buildings.
Radon Mitigation	Where high radon levels are found (over 200 Bq/m^3), ventilation or radon sumps are put in place. These are checked and documented.
Training & Awareness	Housekeeping staff and managers receive basic awareness on air quality, ventilation, and radon risk.
Repairs & Maintenance	Leaks, mould, and ventilation faults must be reported and repaired quickly. Damp areas are not acceptable working or living environments.
Record-Keeping	Air quality concerns or radon testing results are logged by Facilities Management and shared with Health & Safety Manager.
Service User Rights (FREDA**)**	We balance ventilation with service user comfort, dignity, and autonomy. We consult with residents before making changes to heating or window use.

8.22.4 When to rise concerns

If staff or service users notice:

- Poor air circulation
- Strong chemical smells

- Condensation or damp
- Suspected radon areas not tested

They should report to their line manager or PIC, who will contact Technical Service or QSR Dept for follow-up.

9.0 EMPLOYEE WELFARE

9.1 Supporting Employee Welfare

SMH knows that a safe and healthy workplace depends on good teamwork between management and staff. Everyone has a part to play in making sure we all stay well at work.

Our Commitment to Staff:

- We provide clean and safe welfare areas, like toilets, kitchens, and break rooms. Staff are expected to help keep these areas tidy.
- We follow all relevant laws like the Safety, Health, and Welfare at Work (General Application) Regulations 2007 *and the* Welfare Provisions Regulations 1995.
- We share useful information and encourage open communication to help everyone work safely and stay well.
- We promote staff wellbeing through events like National Wellbeing Day and Mental Health Week. We also support staff to take part in these activities.

Structures in Place:

- We have local safety champion, reps, and senior committees to listen to staff and improve workplace safety and wellbeing.
- We hire competent safety professionals to guide managers and staff on safety matters.

What SMH Provides:

- Regular safety training that meets legal standards.
- Safety Representatives/ Champions are trained and supported to speak up for their colleagues.
- Emergency responders such as first aiders and fire wardens.
- Safe and suitable equipment and machines.
- Maintained fire safety systems, first aid kits, and other emergency gear.
- Safe routes in and out of buildings for everyone.
- A Safety Statement and updates through the Health & Safety Downloads section.

Occupational Health supports such as:

- Preemployment health checks
- Vaccinations (e.g., Hepatitis B)
- Eye tests for computer users

Access to an *Employee Assistance Programme (EAP)* for confidential support.

Smoking is banned in all enclosed workplaces in line with the Public Health (Tobacco) Acts 2002-2004.

9.2 Psychological Safety & Organisational Culture:

SMH recognize that a strong safety culture encourages staff to report concerns, speak up about near misses, and learn from incidents without fear of blame. Psychological safety the ability to express ideas or concerns without retribution is essential in high-quality care. SMH supports a "just culture" that balances accountability with learning, particularly in risk reviews or debriefs

9.3 Legal Duties

Under the Safety, Health and Welfare at Work Act 2005, employers are required to protect staff from physical and mental health risks. SMH also has a legal "duty of care" to avoid causing harm. These duties also apply under employment and industrial relations law.

9.4 Managing Stress at Work

We know work and life can be stressful. At SMH, we take staff mental health seriously and are committed to reducing work-related stress and supporting a healthy workplace.

9.4.1 What is Stress?

Stress happens when a person feels unable to cope with the demands of a situation. It can be caused by work pressures, poor relationships, unclear roles, or a difficult work environment.

9.4.2 How Managers Help Prevent Stress:

- Clear job descriptions and expectations.
- Good communication and feedback.
- Opportunities for training and development.
- Risk assessments of physical and mental working conditions (as required by law).
- Efforts to avoid clashing deadlines or overwhelming workloads.
- Respectful and supportive team culture.

Use of the *Dignity at Work* and *Bullying & Harassment* policies when issues arise.
Regular supervision, support, and feedback.

9.4.3 If You Are Experiencing Stress:

Managers will:

- Identify the source of the stress.
- Review your work duties and, if needed, adjust tasks temporarily or permanently.
- Support you with Occupational Health referrals, ergonomic assessments, or EAP services.
- Treat your situation with confidentiality and compassion.
- The EAP offers 24/7 confidential counselling and practical support for you and your family: Freephone: 1800 995 955

9.4.4 Dealing with Stress — What You Can Do:

- Don’t suffer in silence — talk to someone you trust.
- Speak with your line manager or HR.
- Reach out to the EAP for help.
- Contact your union or your GP if you need further support.

9.4.5 If You Think a Colleague Is Struggling:

- Gently talk to them and suggest support.
- Encourage them to contact their manager or EAP.
- If you're a manager, reach out to HR for advice.

9.4.6 Support When Returning from Stress Related Leave:

If you've been off work due to stress, we'll help you return in a safe and manageable way. This could include phased returns, check-ins, or changes to duties, depending on your needs and your doctor's advice.

9.5 Bullying and Harassment

Our Policy:

- SMH does not tolerate bullying or harassment. All employees have the right to work in a respectful environment.

What We Do:

- We follow the *Dignity at Work Policy*, in line with employment and equality law.
- All managers are responsible for applying this policy every day.
- Any staff member who feels they are being bullied or harassed should report it to their manager.
- HR policies are available in Section 3 of the HR Manual for more details.

9.6 Violence and Aggression Towards Workers and Service Users from Third Parties

9.6.1 Overview

Workers and service users in health and social care often meet third parties (e.g., visitors, contractors, members of the public). While the majority of interactions are respectful, occasionally these can involve violence, aggression, or threatening behaviour that places people at risk of harm. SMH is committed to maintaining a safe and respectful environment and takes a zero-tolerance approach to abuse of staff or service users.

Table 27 Types of Violence and Aggression

Type	Examples
Physical assault	Hitting, pushing, spitting, kicking
Verbal abuse or threats	Shouting, swearing, intimidating remarks
Harassment	Persistent or unwanted contact, bullying behaviour
Property damage	Deliberate damage to premises, equipment, or personal belongings
Cyberbullying or digital abuse	Inappropriate communications via phones or social media

9.6.2 Risks to Workers and Service Users

- Physical and psychological harm

- Increased anxiety, stress, and absenteeism
- Disruption to services and care
- Reputational and financial impact on SMH

Table 28 SMH Prevention and Control Measures

Control Area	Measure
Training & Awareness	Accredited training on triggers, de-escalation, conflict resolution, and personal safety
Environment Design	Controlled access points, CCTV, alarms, well-lit car parks, and signage of behavioural expectations
Policy & Reporting	Clear procedures for managing incidents; prompt reporting and root-cause analysis
Communication	Clear codes of conduct displayed; proactive engagement with service users and families
Support for Victims	Counselling, debriefing, EAP, peer support, and follow-up care
Enforcement	Behavioural contracts, written warnings, access restrictions or barring notices where required

9.6.3 Managing Work-Related Violence in SMH facilities

Violent or aggressive behaviour may arise from visitors, families, or external individuals, often during periods of distress. Employers are required to assess and control risks.

9.6.4 Key Risk Controls

- Environment: Use of personal alarms, calm colour schemes, secured staff zones, CCTV.
- Work Organisation: Safe staffing levels, lone working procedures, emergency contacts.
- Therapeutic Interventions: Use of behaviour support plans and clinical reviews.
- Training and Supervision: Regular instruction on incident management and reporting.
- Post-Incident Support**:** Access to trauma-informed support and counselling.

9.6.5 Staff Guidance: Managing Incidents, Rights and Reporting Options

9.6.5.1 What Staff Should Do During an Incident

1. **Prioritise safety**
    - Maintain distance and avoid escalation.
    - Activate emergency protocols or alert colleagues.
    - Remove service users if necessary.
2. **De-escalation**
    - Speak calmly and firmly. Avoid confrontational language.
    - Acknowledge frustration without agreeing to aggression.
    - Offer solutions where safe to do so.
3. **Informing the Aggressor**
    - Calmly but clearly inform them that the behaviour is unacceptable:

      "This behaviour is not acceptable, and we cannot continue this conversation unless it stops."

- If the behaviour continues, staff have the right to request the individual leave the premises**:**

  "I'm asking you to leave the premises now. If you do not, security or the Gardaí will be contacted."

- Escalate immediately if you feel unsafe.

4. **After the Incident**
   - Seek support from your line manager.
   - Complete an Incident Report Form.
   - Access first aid, emotional support, or medical care if needed.

9.6.5.2 Staff Rights

All SMH staff have the right to:

- Work in a safe and respectful environment.
- Inform individuals when their behaviour is inappropriate.
- Request that aggressors leave the premises if safety is compromised.
- Be supported in doing so by management and security.
- Report concerns or complaints without fear of reprisal**.**
- Access counselling, occupational health, or EAP.
- Be accompanied in follow-up meetings or complaint processes.

Table 29 Reporting and Complaints Staff Rights

Reporting Route	**How to Use**
Incident Report Form	Complete as soon as possible after the incident (digital or paper-based).
Speak to Line Manager	Immediate verbal report is encouraged. Managers must document and act.
Health & Safety Manager / HR Team	For follow-up support, systemic review, or formal complaints.
Protected Disclosures Officer	For confidential concerns under whistleblowing legislation.

Staff may make complaints in person at any time to their manager or a designated officer. They may also bring a colleague or union representative to any formal process or meeting.

9.6.7 Ongoing Review and Learning

- Incident and near-miss reviews are carried out regularly.
- Patterns of aggression are monitored to inform service planning.
- Lessons learned are used to update policies and staff training.
- Service user and staff feedback is actively sought to improve safety.

Table 30 Staff Welfare Key Best Practices & Legal References:

Area	Relevant Regulation
Welfare facilities	Safety, Health & Welfare at Work (General Application) Regulations 2007
Workplace stress	SHWW Act 2005, Code of Practice for the Management of Work-related Stress (HSA)
Bullying/Harassment	Employment Equality Acts, Industrial Relations Acts, Dignity at Work Code
Smoking Ban	Public Health (Tobacco) Acts 2002–2004
Occupational Health	Based on best practice and legal requirement for health surveillance under relevant risk categories

9.6 Appendices Supports:

- Appendix 8: Guidance on Responding to and De-Escalating Aggressive Phone Calls
- Appendix 9: Template Behavioural Agreement Letter for Third Parties
- Appendix 10: Incident Reporting Pathway - Violence & Aggression

10 MANUAL HANDLING

10.1 Introduction

Manual handling is any task where a person lifts, carries, pushes, pulls, or moves something. If not done correctly, it can lead to injuries—especially back injuries. These risks increase when the work environment or posture is poor.

SMH is committed to following best practices and the Safety, Health, and Welfare at Work (General Application) Regulations 2007, Part 2, Chapter 4. These rules help protect employees from injury during manual handling tasks.
We also apply ergonomic principles and human factors in how we assess risks, train staff, design tasks, and use assistive equipment. Ergonomics means fitting the task to the person, not the person to the task.

10.2 Purpose

- Prevent injuries by making handling safer.
- Ensure high standards of care for service users.
- Follow the law and guidance from the HSA.

10.3 Who This Applies To

All employees, including agency staff, students, and contractors who move loads or help move people.

10.4 Supporting Service Users

Every person who needs physical support will have a Service User Support Handling Risk Assessment.
The assessment looks at:

- The Task
- The Individual (staff member and service user)
- The Load (person being supported)
- The Environment
- A multidisciplinary team (e.g., OT, Physiotherapy, Manual Handling Trainer) will help develop the safest plan.
- We use assistive equipment (e.g., hoists, sliding sheets) to reduce the effort and avoid injuries.
- Staff is required to follow the handling plan exactly and only lift full body when there is a treat to life.
- Plans are reviewed regularly and when someone’s needs change.

10.5 Handling of Objects (Boxes, Equipment, etc.)

- Avoid lifting heavy items where possible—use trolleys or mechanical aids.
- Risk assessments will consider shape, size, and weight.
- The safest methods and tools are required to be used (e.g., team lifts, storage changes).
- Please see Appendix 9 for the TILEO checklist (Task, Individual, Load, Environment).

Table 31: Common Manual Handling Injuries and How to Prevent Them

Injury Type	Common Risk	Task/Position That Causes It	Common Misuse or Poor Posture	How to Prevent It	Ergonomic Tools to Use in Review	Ergonomic Assessment Tools
Lower back strain	Bending or twisting while lifting	Reaching down to lift service users or boxes	Twisting while holding a load	Use hoists, keep load close, avoid twisting	Hoists & lifting aids, adjustable height workstations, back supports, manual handling training tools	REBA, RULA, NIOSH Lifting Equation, ART (Assessment of Repetitive Tasks)**,** MAC (Manual Handling Assessment Charts)**,** RAPP (Risk Assessment for Postural Problems)
Shoulder pain	Lifting above shoulder height	Putting items on high shelves	Overreaching without a step aid	Use steps, adjust storage height	Step stools/step ladders, adjustable shelving, reach tools	RULA, Quick Exposure Check (QEC), observational posture analysis, ART**,** MAC
Wrist/hand strain	Repetitive small movements	Cleaning or pushing carts	Excessive gripping, awkward angles	Use ergonomic tools, change tasks often	Ergonomic handles/grips, cushioned gloves,	Hand Activity Level (HAL), Strain Index (SI), task

					anti-vibration tools, adjustable carts	frequency/duration analysis, ART**,** RAPP
Knee injuries	Carrying weight up/downstairs	Moving bins or boxes on stairs	Not using handrails, poor lifting technique	Use handrails, plan lifts, use trolleys	Trolleys/dollies with stair climbers, anti-slip mats, stair handrails, lifting belts	NIOSH Lifting Equation, Postural Load Assessment (PLA), MAC
Muscle fatigue	Repetitive or long lifting tasks	Long shifts moving items	Ignoring signs of tiredness	Rotate tasks, take breaks	Task rotation schedules, ergonomic training modules, adjustable lifting aids	Workload Assessment, Time-Motion Studies, Fatigue Risk Assessment tools
Falls/slips	Poor flooring or rushing	Carrying items in cluttered areas	Not checking floor for hazards	Clean as you go, wear proper shoes	Non-slip footwear, anti-slip floor treatments, warning signage, good lighting	Slip Resistance Testing, Environmental Hazard Assessments, Walkthrough Safety Audits, TILEO (TacTILEO Inspection of the Locomotion Environment)

10.6 Descriptions of Ergonomic Assessment Tools described in Table 27

- **REBA (Rapid Entire Body Assessment)**
  A quick, systematic method for evaluating whole-body postural risks associated with job tasks. It assesses the neck, trunk, and limbs to identify risk levels for musculoskeletal disorders.
- **RULA (Rapid Upper Limb Assessment)**
  A screening tool focusing on the upper limbs, neck, and trunk postures to evaluate risks from repetitive tasks, awkward postures, and forceful exertions.
- **NIOSH Lifting Equation**
  A widely used method for assessing the safety of manual lifting tasks by calculating recommended weight limits and identifying risk factors related to lifting.
- **ART (Assessment of Repetitive Tasks)**
  Assesses repetitive upper limb tasks by evaluating frequency, force, posture, and additional factors such as recovery time to identify risk of injury.
- **MAC (Manual Handling Assessment Charts)**
  A practical tool for assessing manual handling tasks, estimating the level of risk, and helping identify ways to reduce the risk of injury related to lifting, lowering, and carrying.
- **RAPP (Risk Assessment for Postural Problems)**
  A structured tool to evaluate postural stresses, focusing on awkward and sustained postures that could lead to musculoskeletal issues.
- **HAL (Hand Activity Level)**
  Measures the level of hand activity during repetitive tasks to assess the risk of hand and wrist disorders.
- **Strain Index (SI)**
  Quantifies the risk for distal upper extremity disorders by evaluating intensity, duration, efforts per minute, hand/wrist posture, speed of work, and duration per day.
- **Quick Exposure Check (QEC)**
  An observational tool that assesses exposure to ergonomic risks across various body parts, including posture, repetitive movements, force, and vibration.
- **Postural Load Assessment (PLA)**
  Evaluates the physical load on body parts due to posture during work tasks to identify potentially harmful positions.
- **Workload Assessment**
  Analysis the physical and cognitive demands of a job to identify risk factors contributing to fatigue and musculoskeletal disorders.
- **Time-Motion Studies**
  Studies the timing and sequence of work tasks to optimize movement and reduce repetitive strain.
- **Fatigue Risk Assessment Tools**
  Used to evaluate the risk of fatigue related to work schedules, task demands, and recovery periods.
- **Slip Resistance Testing**
  Evaluates the coefficient of friction of floor surfaces to determine the risk of slipping.

- **Environmental Hazard Assessments**
  Checks workplace environmental factors like lighting, flooring, and clutter to identify risks of slips, trips, and falls.
- **Walkthrough Safety Audits**
  Systematic inspections of work areas to identify potential hazards including ergonomic risks.
- **TILEO (Task, Individual, Load, and Environment.)**
  It's a framework used to assess and manage risks associated with manual handling tasks, ensuring safety by considering each of these elements

10.6 Safe Equipment and Machinery

SMH is required to follow Safety, Health, and Welfare at Work Regulations 2007 (General Application) Part 2, Chapters 1 & 2 when providing work equipment.

10.6.1 Equipment Guidelines

- Equipment is required to be CE marked and safe for its task.
- Advice is required to be sought from Technical Services before buying work equipment.
- Equipment is required to be:
- Assessed for risks.
- Safe and in working condition.
- Supported by instruction manuals and certificates.
- Assistive Equipment
- Physiotherapists and Occupational Therapists assess and approve assistive equipment (e.g., hoists, slings, belts).
- Equipment is required to be:
  - Maintained and inspected regularly by approved contractors.
  - Visually checked by staff before each use.
  - Documented in an equipment Inventory at the unit.
- When no longer needed, or a new item is required, staff is required to contact Therapy Services.
- Staff is required to be trained and is required to report any faults immediately.
- Safety Rules
  - Risk assessments are required to be completed before using new equipment.
  - Unsafe or broken equipment is required to not be used.
  - Information and training are required to be given to all staff on the proper and safe use.
  - By using proper manual handling techniques, assistive equipment, and following ergonomic best practice, we protect our health, reduce risks, and ensure safe care for service users.
  - For more details, refer to Appendix 9 and the Manual Handling & Equipment Safety SOP.

11. LONE WORKING

11.1 Introduction

SMH acknowledges that as part of our services that staff from time-to-time work alone. This activity can occur at night, in the community or within centres. To manage this SMH have developed a Lone Working Policy, which provides clear steps to reduce risks.

This policy outlines how Line Managers and Heads of Department are required to identify lone working tasks and complete a Lone Working Risk Assessment when needed. In complex or higher risk situations, the Lone Working Checklist should also be used to decide if extra supports or changes to the task are needed.

11.2 Key Principles

Lone working should be avoided for high-risk tasks like working at heights or electrical maintenance.
All lone work is required to be risk assessed, with control measures and safe systems in place.
Staff should never place themselves in danger or work alone without informing a manager.
Lone working adds extra pressure on staff. FREDA principles and autonomy off all persons involved are required to guide how lone working is planned:

- Staff working alone are required to be protected, and a second person may be required when identified.
- Respect autonomy, but ensure support is available if service users or staff feel unsafe.
- Dignity is required to be protected during personal care or incidents.

Lone Working Risk Assessment Considers:

- The task and if it is suitable for one person.
- The person's experience, training, and medical needs.
- Behavioural risks, of all persons the staff may come into contact with.
- The environment e.g., remote locations, poor lighting, or weak mobile signal.
- Medical treatment/incident - what actions need to be taken to relieve staff if they are unable or unfit for work

Table 32 Best Practices for Lone Working

Requirement	Action or Recommendation
Communication	Lone workers are required to have access to a working mobile phone/radio.
Check-in system	Agree check-in/out times with your line manager.
High-risk activities	Is required to not be carried out alone (e.g., hot works, confined spaces).
Staff health	Medical opinion may be needed for staff with known support needs.
Behavioural support	If lone working with known risks (e.g., history of incidents), add extra supports.
Contractors	Should be accompanied for high-risk tasks; never complete high-risk work alone.

Security Measures	SMH sites are patrolled by security and monitored by alarm services.
Third-party sites	Always sign in/out and inform your manager of location and estimated return time.

Staff are required to report any incident or concern while lone working to their manager. If you feel unsafe or threatened, stop work, and call for assistance immediately.

For further guidance, see the SMH Lone Working Policy and associated risk assessment templates

12 DRIVING AT WORK

12.1 Introduction

Many staff at SMH drive vehicles for work including cars, vans, and accessible minibuses to support services and users in the community. These journeys are critical for inclusion, care, and independence. However, transport also carries real risks if not well managed.

12.2 Driving for work includes:

- Travelling to any location that is not your usual place of work.
- Visiting service users or attending training, meetings, or other work events.
- All drivers have legal and personal responsibilities under the Road Traffic Acts 1961-23, Safety, Health and Welfare at Work Act 2005, and General Application Regulations 2007, particularly under provisions related to employee health, safety, and vehicle use.
- Key Responsibilities for All Staff
    - are required to hold a valid driving license suitable for the vehicle you are driving.
        - If using your own car for work (grey fleet), it is required to be:
            - Roadworthy and taxed
            - NCT compliant
            - Insured for business use (not just social/domestic)
    - Complete a Driver Declaration Form and hold a valid license
    - Please remember that you are representing SMH while driving. Always drive responsibly, calmly, and professionally.
    - Ensure you are medically fit to drive, consult your GP if unsure and RSA medically fit to drive.
    - are required to disclose penalty points (as per policy) or driving bans to your line manager.
    - Never use a handheld device when driving
- Additional Duties for Drivers of SMH vehicles
    - Know the speed limits for the size of vehicle you are driving:
    - Standard cars: 50 km/h (urban), 80 km/h (regional), 100 km/h (national), 120 km/h (motorway)
    - Vans or larger SMH vehicles: may have lower limits—check the vehicle's category.
    - Do not smoke in any work vehicle—this includes SMH vehicles used by multiple staff.
    - Some vehicles require a CPC license or professional driver certification. Staff is required to be compliant.
    - Wear yellow hi-vis jackets
    - SMH vehicles may be larger than personal cars—this increases risk:
        - Allow extra space
        - Use mirrors and parking aids
        - Reverse into parking spaces where safe to do so
        - Buses with ramps where available reverse and lower ramps onto kerbs to prevent risk to staff and service users from other road users.

- longer or taller vans. SMH will provide instruction, signage, and support. Take extra care when reversing or parking in tight spaces.
- Evening & weekend Use vehicles used for social activities in the evening or respite trips must follow the same checks. Staff must always park in well-lit, secure locations, especially in residential neighborhoods
- If a vehicle is not safe, staff are expected to refuse to drive it, report the issue, and arrange alternative transport if necessary.
- Always put the safety of people first — even if this delays or cancels a planned activity.

Table 33 Transport Key Responsibilities & Controls

Area	What's Required
Vehicle checks	Check tyres, mirrors, lights, and fluid levels before each journey.
Journey planning	Avoid high-risk routes, check weather, and avoid fatigue by taking breaks.
Parking	Park in well-lit, safe areas. Reverse Park, if possible, for easier departure.
Distractions	Never use a phone while driving unless handsfree and limit to essential communications.
Seatbelt	Always wear your seatbelt—no exceptions.
Speed and awareness	Know speed limits for your vehicle. Slowdown in poor weather or busy areas and when approaching junctions.
Roadworthiness	All SMH vehicles must be roadworthy before every use. Do not rely solely on NCT status. Staff must visually check tyres, lights, windows, brakes, seatbelts, and ramps/lifts before driving.
NCT Compliance	Vehicles must pass the NCT/Motor Tax/Insurance and hold all current documents. Any vehicle that fails its NCT or is due a test must not be used until cleared.
Daily Vehicle Checks	Drivers are required to carry out and log a pre-use check. This includes tyres, lights, fuel, damage, and accessibility aids. Forms should be returned to the designated manager weekly.
SMH Transport Manager	Oversees NCT schedules, servicing, and repairs. Concerns about safety or bookings should be reported immediately.
Fit to Drive	Staff must be medically fit to drive, not under the influence of any substances, and well rested. Notify HR/Occupational Health if on medication or recovering from illness that may impair driving.
Grey Fleet (own car used for work)	Staff using their own car for work purposes (e.g., visiting another site) must:

12.3 Legal Framework

This policy aligns with:

- Safety, Health, and Welfare at Work Act 2005
- Road Traffic Acts (RSA, NDLS, An Garda Síochána)
- Health & Safety Authority (HSA) Guidance on Work-Related Driving
- State Claims Agency (SCA) Driving for Work Guidelines
- ISO 45001 - Occupational Health & Safety Management Systems

12.4 Useful Links and Training Resources

- HSA Driving for Work Guidelines
- RSA Professional Driver Toolkit
- HSA Grey Fleet Guidance

All staff are required to follow the SMH Driving at Work Policy and attend training where required. Managers are responsible for checking staff are compliant with license and insurance requirements. Unsafe driving can result in disciplinary action. If you are unsure about anything related to driving for work, speak to your line manager or the QSR Department.

13 SMOKING IN THE WORKPLACE

13.1 Smoking in the Workplace

In line with the Public Health (Tobacco) Acts 2002 and 2004, SMH enforces a strict smokefree workplace policy. This means that smoking is not allowed in any indoor workplace or SMH sites. This includes the use of electronic cigarettes (e-cigarettes or vaping devices).
This policy protects everyone's health and applies to:

- Staff
- Volunteers
- Contractors
- Visitors
- Anyone else on SMH premises
- Key Rules
    - Smoking and vaping are not allowed indoors or in work vehicles.
    - Designated outdoor smoking areas are provided at certain locations.
    - Cigarette butts and matches is required to be fully put out and disposed of safely in the bins provided.
    - E-cigarettes

SMH treats e-cigarettes the same as regular cigarettes. They are not allowed inside buildings or vehicles. People who wish to use e-cigarettes is required to do so only in the designated outdoor smoking areas.

13.2 Enforcement and Penalties

Any employee who breaks this rule may face disciplinary action.
Anyone (employee or visitor) who breaches the law may also face a fine of up to €3,000.
This policy helps create a safer, healthier, and more respectful workplace for everyone.

14.0 WORKPLACE CONSULTATION AND INFORMATION

14.1 Involving Staff in Safety

SMH is committed to open and honest communication about safety. This means listening to staff, sharing information, and involving everyone in how we manage safety at work. This is a legal requirement under the Safety, Health, and Welfare at Work Act 2005, and reflects our values of respect, fairness, and shared responsibility.

We welcome all ideas, questions, or concerns about safety. You can speak to your:

- Line Manager or PIC,
- Local Safety Representative,
- Health & Safety Manager, or
- Senior Management Team.

If you raise a concern or suggestion, you will not be penalised in any way—your input is confidential and valued.

Staff play an important role in:

- Helping to review risk assessments,
- Sharing concerns about lone working or unsafe conditions,
- Reporting and reviewing incidents or near misses,
- Supporting a culture of learning and improvement.

Management promises to keep staff informed about safety matters and consult staff before making big changes to how safety is managed.

14.2 Safety Representatives

The following table 34 is a list of Safety Reps and their role title:

Safety Rep	Title
Caroline Brennan	Administrator
Catherine Cleary	SCL/PIC
Christine Kiernan	Care Assistant/CREATE Project Coordinator
Deborah Higgins	PPIM
Denise Anderson	Social Care Worker
Eleanor Smyth	PIC
Ian Barron	PIC
Jacqueline Fogarty	PIC
Jill Mulholland	SCL
Louise Maguire	Social Care Co-ordinator
Paul Mitchell	PIC
Samantha Moss	PIC
Verma Lucas	Clinical Education Facilitator

14.2.1 Who to Talk to About Safety: Reps, Committees & Champions

SMH has a system in place to make sure every employee can have their say on safety.

14.2.1.1. Safety Representatives (Reps)

SMH has a network of trained Safety Reps who represent different clusters or services (e.g., residential, children's, day services).
There is also a dedicated Safety Rep at the OTC for students and staff there.
A list of Safety Reps and their contact details (email/phone) is available on the staff intranet, the table above and notice boards.

14.2.2 What do Safety Reps do?

- Help staff with questions or concerns about safety.
- Attend regular meetings with the Health & Safety Manager and other reps.
- Bring safety issues or suggestions to safety committee meetings.
- Support staff in understanding or using the safety systems.

Note: Safety Reps are not responsible for fixing safety issues, they support staff in raising concerns through the proper channels.

14.3 Safety Committee

SMH has safety committee for Children's and Adult Services. Committee members is outlined in Table:

Table 35 Composition of Safety Committee

Chairperson	Health & Safety Manager/ Member of Quality, Safety & Risk Dept
Admin Managers	Goatstown Ballymun Coolock
Service Manager	Representatives from Service Area 1 Service Area 2 Service Area 3 Service Area 4
Technical Services	Nominated Person
Access & Integration	Nominated Person
Clinical team	Nominated Person
Training Dept	Nominated Person
Finance Dept	Nominated Person
HR	Nominated Person
Safety Representatives	Representatives from Service Area 1 Service Area 2 Service Area 3 Service Area 4
Safety Champion	Representatives from Service Area 1

	Service Area 2 Service Area 3 Service Area 4 Technical Services
Service User Forum	Nominated Person

The committees' responsibilities include:

- Review incidents and trends,
- Discuss new safety legislation or policy changes,
- Share learning between teams,
- Suggest improvements to management.

14.4. Safety Champions (Non-management)

In addition to Safety Reps, some services now also have a Safety Champion.

Safety Champions are staff members who take an extra interest in promoting day-to-day safety. They may help reinforce safety messages (e.g., PPE, slips/trips, infection control), encourage safe habits, and help roll out safety campaigns.

They work closely with their Safety Rep and Line Manager.

Table 36: Safety Representation Who Does What

Role	Main Function
Safety Representative	Supports staff with concerns, attends safety meetings, shares feedback with management.
Safety Champion	Promotes safety culture on the ground, reinforces good habits, supports awareness activities.
Safety Committee	Reviews relevant safety issues, identifies risks and improvements, advises senior management.
Line Managers / PIC	Make sure day-to-day safety measures are in place, respond to risks or incidents.
All Staff	Speak up, report concerns, follow safety procedures.

15 SAFETY TRAINING

15.1 What This Section Is About

SMH knows that safety training saves lives and helps prevent injuries. That's why SMH is committed to giving all staff the training they need to do their jobs safely and in line with the law.

Under the Safety, Health and Welfare at Work Act 2005 and General Application Regulations 2007, employers are required to:

- Provide relevant training in a language and format staff understand.
- Ensure workers are competent to do their tasks safely.
- Offer extra training where risks are higher.

15.2 What SMH Will Do

SMH will:

- Make sure all staff, students, and contractors get mandatory safety training, like manual handling, fire safety, and food hygiene, as outlined in our Training Minimum Standards.
- Include safety training in:
- induction for new employees
    - Local site-specific induction
    - Ongoing refresher training
    - Ensure SETDD (Staff Education, Training and Development Department) organises and monitors safety training.
    - Include students and academic staff where needed, including through the OTC.
- Use qualified trainers, and update training as laws or risks change.

15.3 What Managers are required to Do

- Follow up after training to make sure staff use what they've learned.
- Ensure that training is applied to daily work practices.
- Track who's been trained and who needs refresher training.
- Raise any concerns or gaps in training with SETDD or the Health & Safety Manager.
- Remind staff that failure to attend required training is a performance issue and will be dealt with under the HR Dignity at Work policy.

15.4 What Staff are required to Do

- Attend training when assigned.
- Use what they learn in their work.
- Ask questions if you're not sure how to apply training.
- Tell your manager if you feel you need more training to do your job safely.

Table 37: Roles & Responsibilities for safety Training

Role	Responsibility
Staff	Attend training, follow what's taught, speak up if unsure
Local Managers	Ensure staff complete training, support day-to-day safety practice
Training Department	Keep records, plan and schedule training, update based on law and incidents
Health & Safety Manager	Advise on legal training needs, support review of trends and risks
Students/OTC Staff	Receive training appropriate to their placement or teaching responsibilities

15.5 Key Best Practice Points

- Training should be relevant to the role and updated regularly.
- Employees should be involved in shaping training, especially if hazards change.
- Records of training (sign ins, certificates) should be easy to access and regularly reviewed.
- Use blended learning methods (online, classroom, shadowing, hands-on).
- Provide reasonable accommodation for staff with learning difficulties or communication needs.

Table 38: Statutory Health & Safety Training

Training Type	Who Needs It	Legal Requirement / Standard	Refresher Frequency
Manual Handling	All staff involved in lifting/pushing/pulling tasks	Safety, Health & Welfare at Work (General Application) Regs 2007 – Part 2, Chapter 4	Every 3 years (or sooner if identified by RA)
People Moving & Handling	Staff who assist service users with mobility or transfers	As above, plus HIQA regulations for residential settings	Every 2 years
Fire Safety	All staff	Fire Services Act 1981 & 2003; SHWW Act 2005	Annual / local site induction
Fire Warden Training	Appointed fire wardens	Fire Safety legislation and best practice	Every 2 years
First Aid Response (FAR)	Designated First Aiders	Health & Welfare at Work (General Application) Regs – Part 7	Certification lasts 2 years
VDU/DSE Awareness	Staff using screens 1+ hours per day	General Application Regs 2007 – Part 2, Chapter 5	Annually + if workstation changes
Food Safety (HACCP)	Staff handling or preparing food	EC 852/2004 Hygiene of Foodstuffs; FSAI Level 1/2	Every 3 years (recommended)
Infection Prevention & Control	All care staff & those exposed to risk	HSE National Standards; Infection control obligations	Annual or as per guidance

Chemical Safety (REACH)	Staff using cleaning agents, pool chemicals, etc.	SHWW (Chemical Agents) Regs 2021; REACH; HSA SOPs	Every 2–3 years or when chemicals change
Safeguarding Adults/Children	All staff interacting with service users	Children First Act 2015; Adult Safeguarding Policy (HSE)	Annual (minimum refresher)
CPI/De-escalation Training	Relevant staff (behavioural support, residential)	HIQA; HSE Positive Behaviour Support guidelines	Per policy (usually every 1–2 years)
CPC Driver Training	Drivers of minibuses and vans over 3.5 tons	RSA Commercial Driver CPC Regulations	Annual modules required
Permit to Work / Confined Space / Working at Heights	Maintenance/contractors (site-specific)	SHWW Construction Regs 2013; HSA Code of Practice	Project specific + refresher every 3–5 years
Dignity at Work / Bullying & Harassment	All staff	Employment Equality Acts; Safety legislation – psychological Safety	Every 2–3 years
Mobile Elevated Work Platforms (MEWPS)	Maintenance/contractors	SHWW Construction Regs 2013; HSA Code of Practice	Every 2–3 years
Preventing and Managing- work-related stress (WRS): A Guide for Managers	Manager/Supervisors	Health & Welfare at Work (General Application)	Every 2–3 years
Work-related Aggression and Violence Training	All staff	Health & Welfare at Work (General Application)	Every 2–3 years
Safety Representative Training	Appointed Staff	Health & Welfare at Work (General Application)	Every 2–3 years
Your Safety, Health and Welfare in Healthcare	All Staff	HSE National Standards	Induction

15.6 Additional Notes:

- Managers are responsible for tracking completion and expiry of training for their staff.
- The Training Minimum Standards document at SMH provides a full breakdown.
- New starters are required to complete mandatory induction training before engaging in higher risk work.
- Refresher timelines may vary based on incident trends, changes in role, or new legislation.
- All mandatory and role-specific health and safety training is tracked centrally by the SETDD team, in coordination with line managers. Refresher training compliance is monitored via a central training matrix, with automatic reminders and escalation for overdue training. Service managers are responsible for ensuring local compliance in alignment with this system.

- Service users are actively involved in safety planning through the Service User Forum, individual risk assessments, and day-to-day feedback. SMH promotes person-centred safety by incorporating service user perspectives in the development of emergency procedures, signage, accessibility audits, and health and safety consultations. Input is sought in a format suited to individual communication needs.

16 KEEPING AND MANAGING SAFETY DOCUMENTS AND RECORDS

16.1 Introduction

At SMH, we understand how important it is to keep clear, accurate, and Up-To-Date safety records. These documents help us protect our staff, service users, and meet our legal duties under the Safety, Health and Welfare at Work Act 2005 and General Application Regulations 2007-2024.

- We make sure that all safety documents:
  - Are easy to find, read, and understand.
  - Have clear version control and review dates.
  - Are stored securely but are available to those who need them.
  - Are removed from circulation if they're out-of-date or replaced.

This includes:

- The Safety Statement
- Risk Assessments
- Policies, procedures, and protocols
- Training records
- Incident and audit records
- Equipment inspection logs
- All controlled documents (like those above) are stored digitally on the SMH server under SMS.

16.2 Who's Responsible?

The Quality, Safety & Risk Department and the Fire Officer oversees these process.

Local managers/PICs are required to ensure records are kept up to date and available at centre level. Staff are encouraged to use only the most recent versions of procedures or risk assessments.

Table 39 Retention Schedule for Safety Records

Record Type	Minimum Retention Period	Notes / Best Practice
Safety Statement & updates	10 years	Reviewed yearly or as changes arise
General & Service User Risk Assessments	10 years	Reviewed yearly or as changes arise
Incident Reports	10 years	Per HSA guidelines and Statute of Limitations Act (6 years)
Training Attendance Sheets & Certificates	7 years	Includes induction, manual handling, fire safety, etc.
Fire Safety Drill Records	7 years	Keep evidence of drills and debriefs

Audit Reports (e.g., Health & Safety audits)	7 years	Include action plans and follow-ups
Equipment Servicing Records (e.g., hoists, lifts)	7 years or per manufacturer	Includes inspection logs and certificates of conformity
PPE Logs	7 years	For high-risk tasks or specialist PPE usage
Contractor / Visitor Sign in Sheets	1 year	Shred after retention expires unless linked to an incident
REACH / Chemical Inventories	10 years	Maintain SDSs for each chemical
Vehicle Safety Checks (if part of fleet)	7 year	Retain longer if related to an incident or audit

Note: If an incident, legal claim, or audit is ongoing, retain the record until the process is fully resolved, even if it exceeds the retention period.

16.3 Summary

- Use the SMH server (Health & Safety section) to access or update documents.
- Always work from the most current versions.
- If you're unsure how long to keep something, check with the Health & Safety Manager.

17. EMERGENCY MANAGEMENT

17.1 Introduction Emergency Management and First Aid

SMH ensures that everyone: staff, service users, visitors, and contractors know how to act during emergencies like fires, injuries, or medical issues.

17.2 Main Emergency Rules

- Evacuate safely and don't take risks.
- Follow local emergency procedures.
- Any major fire or explosion causing a 24+ hour disruption is required to be reported to the HSA.

17.3 First Aid Policy

SMH provides trained First Aid Responders (FAR) and well stocked first aid kits at all locations.
Defibrillators (AEDs) are available in key buildings.
AEDs (14) are located at the following locations:

Ballymun HQ
Goatstown HQ
Lar Foley
Marley Court
Leisure Centre
Moyle Road
Glenealy
Baldoyle 1st Floor
CARA
Goatstown Services
Le Cheile
Parkview
STTC Training Centre, Bunratty Drive, Coolock
Caislean

FARs are required to complete a certified training course (PHECC QQI Level 6) and refresher every two years.

Table 40: Common Emergency Treatments (Based on PHECC First Aid Responder Guidance)

Choking	Coughing, no sound, grabbing throat	5 back blows, 5 abdominal thrusts if needed	Call emergency services (112/999)
Bleeding (Minor)	Visible bleeding	Apply pressure, clean and cover wound	Local FAR or manager
Bleeding (Severe)	Spurting blood, doesn't stop with pressure	Apply firm pressure, raise limb, call ambulance	112/999 and notify manager

Burns/Scalds	Redness, blisters, pain	Cool with running water for 20 mins	Seek medical advice if severe
Seizure (Epilepsy)	Jerking movements, loss of awareness	Stay with person, protect from injury, don't restrain, call ambulance if >5 min	112/999 if needed
Unconscious but breathing	Person not responding but breathing	Place in recovery position, monitor breathing	Call 112/999
Unconscious and not breathing	No breathing, unresponsive	Start CPR, use AED if available	Call 112/999 immediately
Fractures/Suspected Broken Bone	Swelling, pain, unable to move limb	Support area, don’t move unnecessarily	Ambulance or hospital
Asthma Attack	Difficulty breathing, wheezing	Help use inhaler, stay calm, sit upright	Call ambulance if not improving
Allergic Reaction (Anaphylaxis)	Swelling, breathing problems, rash	Use EpiPen if available and prescribed, call ambulance immediately	112/999
Diabetic Emergency	Confusion, weakness, shaking	Give sugary drink (if conscious), stay with them	Call ambulance if not improving

Table 41: Common First Aid Needs of Service Users

First Aid Scenario	Possible Service User Considerations	Adapted First Aid Response
Communication Difficulties	May be nonverbal or have difficulty expressing pain or location of injury	Use visual cues, simple language, gestures, or communication devices; observe for nonverbal signs of pain
Seizures / Epilepsy	Higher prevalence in some service users; may not always have known epilepsy	Follow seizure protocol, provide reassurance post seizure, maintain dignity, respect sensory needs
Choking	May have difficulties with swallowing, especially in those with dysphagia	Staff should be trained in FEDS and choking response; modify food textures as needed
Falls and Minor Injuries	Mobility or balance issues, possibly using wheelchairs or walkers	Check for hidden injuries, explain actions slowly, get assistance if lifting or moving is needed
Anxiety During First Aid	May be frightened by touch, loud noises, or unfamiliar faces	Speak calmly, allow familiar staff to support where possible, use visual supports
Bleeding / Cuts	May have sensory aversions (e.g., fear of blood or plasters)	Offer choices where possible, reassure throughout, avoid overhandling
Burns/Scalds (e.g., from hot drinks or surfaces)	Poor danger awareness or slower response times	Ensure supervision in high-risk areas; follow burn care

		guidelines using calm, clear communication
Medication Errors / Reactions	May not report symptoms; some may be unable to tell if they feel unwell	Monitor for behaviour changes; prompt medical review if concerns arise
Behaviour Linked Injuries	May injure self during episodes of distress (e.g., head banging, hitting)	Apply first aid without judgement; follow behaviour support plan; ensure emotional reassurance
Sensory Impairments (e.g., visual, hearing)	May not respond to verbal cues or may become disoriented during emergencies	Use visual aids or tacTILEO prompts; guide calmly with physical cues if needed

Additional Notes:

- First Aid should always be person-centered: take the person's communication preferences, sensory profile, and existing care plans into account.
- Where possible, familiar staff should support the person, especially in high anxiety or distressing situations.
- Ensure that FAR are trained in disability awareness and the basics of trauma-informed and rights-based care.

17.4 Fire Safety & Emergency Response

17.4.1 Please refer to Fire Safety Policy

SMH has a Primary Fire Safety Policy. This policy keeps everyone safe staff, service users, visitors, and contractors and meets all legal and best practice standards.
We take fire prevention very seriously, especially because many of our services are also people's homes. Every staff member and contractor are required to help reduce fire risk.
Important: Arson (deliberate fire setting) is a real risk in all workplaces. We do everything we can to prevent it—including good lighting, securing entrances, and locking away flammable items.

17.4.2 Summary of Main Fire Safety Practices

- Fire alarms, emergency lighting and extinguishers are installed, tested, and maintained regularly.
- Escape routes are required to always be clear no clutter, blocked doors, or stored items.
- Fire drills are held regularly. Staff is required to know what to do and where to go.
- Each building has an Emergency Plan and Fire Register ask your manager or check the safety board.
- Smoking or vaping indoors is strictly not allowed.
- All staff is required to complete fire Safety training and refresh it regularly.

17.5 Contractor Responsibilities & Hot Work Safety

Contractors working in SMH buildings are required to:

- Follow Hot Work Permits when doing tasks like welding, cutting, grinding, or roofing.

- Fireproof any areas where work is carried out (e.g., fire blankets, barriers, heat resistant sheeting).
- Restrict access to sensitive areas, especially homes and residential buildings.
- Use buddy systems when doing high-risk work never work alone during hot works.
- Be respectful of the space it may be someone's home. Always inform and involve the PIC/Manager.
- Secure and clean up after themselves no trailing cables, open panels, flammable waste, or tools left behind.
- Use signage to warn others of fire risks or restricted zones during works.
- Contractors is required to also ensure:
    - Fire exits remain clear.
    - No fire doors are wedged open.
    - The work does not compromise the building's fire stopping (e.g., walls, ceilings, service ducts).
    - All works are signed off before leaving, and temporary risks (e.g., exposed wires or holes) are covered and labelled.
    - Following hot work, a fire watch must continue for at least 30 minutes, and possibly longer, depending on the risk assessment.

17.6 Emergency Plans and Continuity

Every centre has a Local Emergency Plan, and SMH also has an Organisational Business Continuity Plan (BCP) to help us recover from serious incidents like fire, floods, or major power cuts.

- MH has emergency evacuation plans for each centre and a full BCP to help the organisation recover from serious incidents, including:
- Fire or explosion
- Severe weather (flooding, snow, storms)
- Gas leaks
- Bomb threats or terrorism
- Power failure
- Cyber-attacks or major IT system failure
- All centres are required to keep a printed copy of their Local Emergency Plan. Ask your manager or reception if you need it.

17.7 In an emergency:

Dial 112/999 immediately.

- Follow your centre's fire or emergency procedures.
- Notify reception or your PIC.
- A printed copy of the local plan is available at each location (usually at reception or office).
- Bring local plans, AEDs, and First Aid kits if safe to do so
- Contact reception or the Health & Safety Manager or the Fire Officer for additional help or documentation.

17.8 PEEP and GEEP - Who Needs Help During Emergencies?

17.8.1 A PEEP (Personal Emergency Evacuation Plan) is created for any service user or staff member who might need extra help during an evacuation—this includes people with mobility issues, communication needs, visual/hearing impairments, or anxiety.

- Some people need help during an evacuation. SMH puts in place a PEEP for any service user or staff member who might:
    - Have reduced mobility
    - Need extra time to evacuate
    - Use assistive devices
    - Be overwhelmed by alarms or crowds
    - PEEPs are reviewed regularly and tailored to the individual. All staff is required to know who in their area needs assistance.

17.8.2 A GEEP (General Emergency Evacuation Plan) is in place for general visitors or staff unfamiliar with the building. It includes designated fire marshals and safe exit routes.
Staff are required to:

- Know who in their area has a PEEP.
- Ensure support is provided and routes are accessible.
- Never leave anyone behind in an evacuation.

Table 42: Other Emergency Scenarios We Plan For

Scenario	What You Need to Know
Severe Weather	Flooding, snow, or storms may affect access—follow your local contingency plan.
Gas Leaks	Evacuate immediately. Do not use electrical switches. Notify emergency services.
Bomb Threats/Terrorism	Be alert. Follow the building's evacuation and lockdown plans for internal and external alerts.
Power Cuts	Emergency lighting will activate. Generators are installed in some services.
Car Parks at Night	Stay in well-lit areas. Lock vehicles. Report any suspicious activity.
Behavioural	Follow local Plans and Gardai advice

17.9 Generators and Power Failures

Some residential centres have backup generators for essential systems like alarms and heating.
Do not tamper with these systems. Only trained maintenance or technical staff should access them.
If there's a power failure, follow the local emergency plan and contact Technical Services or your manager.

17.10 Safety in Car Parks at Night

- Use lit and designated parking areas.
- Avoid parking beside large shrubs or dark areas.
- Always reverse into parking spots if it's safe, so you can leave quickly in an emergency.

- Do not walk alone late at night if avoidable walk with a colleague if possible.
- Report any damaged lights or suspicious behaviour to estates or Security.

17.11 Fire Safety and Emergency Planning

17.11.1 Our Fire Safety Policy

SMH has a Primary Fire Safety Policy to keep everyone—staff, service users, contractors, and visitors—safe from fire. We are legally required to prevent fires, protect people, and make sure everyone can evacuate quickly and safely if there's an emergency.

Our policy meets:

- Safety, Health & Welfare at Work Act 2005 (Section 21)
- Fire Services Acts 1981 & 2003
- Building Regulations
- Any specific Fire Safety Certificates for buildings

Everyone shares responsibility for fire safety, whether you work in an office, residential centre, or are a contractor or visitor. Fire Safety is everyone's job.

17.11.2 Key Legal Duties of the Fire Services Act 1981

- Section 18(2) places a duty on anyone in control of a building is required to take all reasonable steps to prevent fire and ensure safe evacuation.
- Section 18(3) places a duty on everyone to avoid putting others at risk through any act or omission.

Table 48 Fire Prevention Measures in SMH

We take the following actions to prevent fires and protect people:

Area	Actions Taken
Maintenance	Fire alarms, emergency lights, and fire extinguishers are tested regularly.
Housekeeping	Clutter free exits, clear escape routes, and safe storage of materials.
Staff Training	Fire Safety training and drills are mandatory.
Fire Risk Assessments	All buildings are reviewed. Actions are prioritised and tracked by EMT.
Break Glass Units	Clearly marked and maintained throughout all SMH sites.
Compartmentation	Fire doors are required to always be kept closed and unobstructed.
Arson Prevention	Keep buildings secure. Lock bins, remove flammable waste, report trespassers.

17.11.3 Contractors and Fire Safety Responsibilities

Contractors and tradespeople are required to:

- Follow hot work permit procedures (welding, cutting, grinding, etc.)
- Limit access to high-risk areas, especially in homes and residential centres.
- Use fire blankets or barriers where needed to protect surroundings.
- Never leave behind tools, flammable items, or rubbish.
- Keep fire exits and firefighting equipment always clear.

- Notify the PIC or Facilities of any fire equipment defects.
- Respect the privacy and dignity of service users and staff.
- Secure buildings after work and avoid creating fire risks through poor housekeeping.
- Sign in and out of location before and after work.

17.12 Emergency Management: Business Continuity and IT Risks

In addition to the core emergency procedures (e.g., fire, medical, severe weather), emergency management must also consider business continuity risks, especially in relation to IT system failure, cyber incidents, and data recovery. These scenarios may not present immediate physical harm but can significantly disrupt service delivery, staff coordination, and the care of vulnerable individuals. As part of SMH emergency preparedness, service managers and relevant departments (including IT) should ensure that continuity plans are documented, tested, and include provisions for data backup, secure access to critical systems, and safe communication channels. Emergency planning should link with risk assessments, cyber security protocols, and the organisation's Business Continuity and Resilience Plan to maintain operations and safeguard information in a crisis.

18 COMMUNICATION, CONSULTATION AND MONITORING OF SAFETY

18.1 Sharing Safety Information

SMH knows that good communication is key to keeping everyone safe. Our Safety Statement, training, briefings, and regular feedback loops help make sure everyone understands the risks in their work, how to reduce them, and what to do if things go wrong.

18.1.1 The Safety Statement

The Safety Statement is SMH's main Safety document. It explains how we manage risks, assign responsibilities, and put safety policies into action.
It is reviewed at least once a year, or sooner if there are:

- Changes in services, people, or roles
- New equipment or buildings
- New risks or hazards
- Legal updates

The Health & Safety Manager updates the Safety Statement in consultation with staff, managers, and Safety Committees, and the EMT, and is approved by the CEO.

Table 54 Safety Who Makes It Happen.

Role	Responsibility
Local Managers	Share the Safety Statement with their teams, brief new staff and review updates
Health & Safety Manager	Keeps the Safety Statement up to date and provides briefings
All Employees	Follow the Safety Statement and report any risks or issues
Contractors	Is required to be told about any safety requirements relevant to their work
Students and Relief Staff	Is required to get a safety induction and site-specific guidance before starting work
Role	Responsibility
Local Managers	Share the Safety Statement with their teams, brief new staff and review updates

18.1.2 How We Share Information

- Team meetings (Safety is a standing agenda item)
- Safety alerts from incident reviews
- Cluster meeting updates
- PIC forums
- Student induction at OTC
- Health & Safety downloads on the intranet
- Briefings and toolbox talks

All staff are encouraged to speak up about Safety concerns—they can do this through their line manager, Safety Rep, or directly to the QSR Dept.

18.2 Safety Committees and Safety Reps/ Champions

We support open consultation through:

- Safety Committees (Adults and Children)
- Safety Representatives and Champions
- They:
- Help identify and fix safety problems
- Review incidents and trends
- Suggest improvements
- Share feedback from staff
- Safety Reps and Champions are supported by the Quality, Safety & Risk Department and play a key role in connecting teams with management.

18.3 Monitoring Safety Performance - Being Proactive and Reactive

We use both leading and lagging indicators to track how we're doing on safety. This means we look at:

- What we're doing to prevent incidents (proactive)
- What incidents happen (reactive)

Table 55 Safety What We Monitor

Indicator	Purpose
Workplace inspections	Find and fix hazards early
Incidents and near miss reports	Learn from what went wrong
Training completed	Make sure staff are trained and capable
Risk assessment reviews	Keep control measures current and relevant
Permit to Work (PTW) reviews	Make sure high-risk tasks are managed correctly
Hazards reported	Measure awareness and reporting culture
Staff inductions	Confirm that people know the risks and safe ways of working
Building audits	Check sitewide compliance with safety standards

These are tracked in Quarterly reports by the Health & Safety Manager and Director of Quality & Risk and shared with the EMT.

18.2.1 Audits and Continuous Improvement

SMH runs planned audits to check if:

- Risks are being managed as described
- Legal and internal policy requirements are being met
- Control measures are being followed and remain effective
- All findings are tracked, and any required actions are followed up until complete.

18.2.2 Safety Management Review

An annual review is held with the CEO, EMT, Multi-disciplinary Team and Health & Safety Manager to:

- Review progress on safety goals
- Respond to new risks or changes in services
- Identify improvement opportunities

18.3 Integration with Risk Management

Safety communication is part of our overall approach to risk management:

- ✓ Risk assessments are live documents and shared across teams
- ✓ High risks (Red) are escalated to Senior Management and the Quality & Risk Department
- ✓ Trends from audits and near misses help shape safety messaging and training
- ✓ Feedback loops from Safety reps and employees inform risk reviews and updates
- ✓ By aligning Safety communication with our five-step risk assessment model and escalation pathways, SMH ensures risk controls stay effective, inclusive, and responsive to real-world working conditions.

19 SAFETY STRATEGY

19.0 Introduction

Everyone in the organisation from frontline staff to senior leaders helps design, implement, and review safety.

The SMS considers everything inside and outside the organisation that could affect safety and wellbeing of all persons within our services. This includes how we plan services, respond to risks, and align safety with values like dignity and independence.
Safety is not just a support function—it is central to our service development, business cases, funding proposals, and strategic decision making.

We use tools like PESTLE (Political, Economic, Social, Technological, Legal, Environmental) and SWOT (Strengths, Weaknesses, Opportunities, Threats) to understand our internal and external context and ensure our SMS remains fit for purpose and implanted through SMART (Specific, Measurable, Achievable, Relevant, Timebound) process. Please note this section is read in conjunction with SMH Risk Management Policy.

19.1 Setting Safety Objectives

Each year, the EMT sets SMART safety goals based on:

- Audit findings
- Staff feedback
- Legal and regulatory requirements
- Risk registers trends
- Service changes and resource needs

These goals are tracked throughout the year and aligned with broader business planning.

19.2 Resource Planning

SMH commits to providing the right people, time, budget, and external expertise to:

- Maintain safe facilities and equipment
- Deliver effective training
- Review emergency and maintenance plans
- Run risk assessments and audits

This ensures safety stays embedded in everything from building works to new service proposals.

19.3 Risk Assessment in Action

We assess risks to:

- Staff and service users
- Contractors and visitors
- Buildings, infrastructure, and reputation

19.4 Risk Types at SMH

We assess risks under these categories:

- General Risk Assessments (routine tasks)
- Person specific (linked to care/support plans)
- Site/event specific risks
- Risks linked to external rented spaces
- List of Risk Assessment available for download from intranet or on request from the QSR Dept. are detailed in Appendix 5.

19.5 Inclusive Risk Assessment

All risk assessments are developed by trained local managers with input from relevant staff, service users (where possible), families, and clinicians. We use:

- The FREDA principles (Fairness, Respect, Equality, Dignity, Autonomy)
- The TILEOO method (Task, Individual, Load, Environment)
- Tools like visual aids or social stories to ensure understanding and participation
- Environmental and Ergonomic reviews

19.6 Risk Scoring - The HSE Matrix

We follow the HSE Risk Matrix to assess each hazard:

- Score = Likelihood (1-5) × Impact (1-5)
- Impact types include injury, service disruption, environmental harm, reputational damage, financial loss, and legal compliance
- We manage risks by priority using a traffic light system:
- Red (15-25): Escalate and act immediately
- Orange (7-14): Monitor closely and review controls
- Yellow/Green (1-6): Monitor and reassess routinely

19.7 Hierarchy of Control - Making Risks Manageable

SMH uses the standard hierarchy of controls to reduce risks:

- Eliminate the hazard entirely
- Substitute with something safer
- Use engineering controls (e.g., guardrails, hoists)
- Use administrative controls (e.g., protocols, supervision)
- Provide Personal Protective Equipment (PPE)

Note: PPE is a last resort and should never replace safer system level solutions.

19.8 Keeping Risk Assessments Updated

Risk assessments are updated:

- Annually
- After incidents or near misses
- When there are changes to work, equipment, or environment
- When new hazards or legislation emerge

- Managers are responsible for involving teams in the process and making sure controls are followed.

19.9 Communicating Risk

Everyone is required to understand the risks that affect them. We ensure that:

- All staff are trained in site-specific risks
- Service users are included in discussions using appropriate communication tools
- Visitors and contractors are informed of relevant hazards
- Safety reps and managers help keep everyone informed
- We also ensure risks are discussed during team meetings, inductions, and through safety alerts.

19.10 Monitoring and Linking with Strategic Safety

Risk assessments and controls are linked to our wider safety performance:

- High-level risks are tracked in the Hazards, Risks and Opportunities Register
- Safety goals are tied to strategic planning and funding
- Patterns from audits and incident reports are used to strengthen risk management

Our SMS connects with other parts of the organisation for example:

- Quality and Risk
- Estates and Technical Services
- Clinical governance and service improvement
- By doing this, we ensure that safety isn't siloed, it's integrated into every service and strategy we deliver.

19.11 Risk Assessment Need

Risk Assessment is an ongoing process requiring periodic review of its effectiveness. All Risk Assessments are required to be reviewed at least annually, or may be subject to review more frequently in the following circumstances:

- Where new hazards have emerged in the process or activity
- As a result of organisational change (including employees changes) or workplace diversity
- As a result of an incident or near miss onsite
- Changes in legislation
- Changes in system of work
- moving premises
- Introduction of corporate or site protocols
- Advances in control technologies
- Changes proposed by corrective or preventative action.
- External factors
- At the direction of a H.S.A. inspector
- At the direction of a HIQA inspector

19.12 Risk Assessment Hierarchy of Control

The SMH has established a process and determine controls for achieving reduction in Severity risks using the following hierarchy to:

- eliminate the hazard/ avoid the risk
- substitute with less hazardous materials, processes, operations, or equipment. (For example, by use of a low voltage electrical appliance, changing the drug packaging).
- use engineering controls.
- use administrative controls i.e., policies/procedures/guidelines
- Provide and ensure use of adequate personal protective equipment. Use of PPE is the weakest control measure on the hierarchy and should, if being employed, be used in conjunction with other control measures. (See principles of prevention Appendix 7)

19.13 Common Hazards in the Workplace

In every workplace, there are things that can cause harm—these are called **hazards**. At **SMH**, we work to find these hazards early and put controls in place to protect our staff, service users, visitors, contractors, and others.

This section gives a list of the **most common types of hazards** in SMH. For each hazard, managers are required to make sure local safety measures are in place and shared with all staff. Every employee has a duty to:

- **Understand the risks related to their work**
- **Follow all safety controls**
- **Ask questions if something is unclear**

The following table helps you identify what to watch out for under different types of workplace hazards.

Table 56: Common Workplace Hazards by Type

Hazard Type	Examples	Potential Risks	Example Controls
Physical	Slippery floors, poor lighting, manual doors, sharp edges, high noise levels	Slips, trips, falls, cuts, hearing loss	Clear walkways, signage, nonslip mats, regular maintenance
Ergonomic	Poor workstation setup, repetitive tasks, manual handling (e.g., lifting service users or loads)	Musculoskeletal disorders (MSDs), back pain, strain	DSE assessments, assistive equipment, hoists, training
Chemical	Cleaning products, swimming pool	Burns, breathing issues, poisoning	SDS sheets, gloves, ventilation, chemical storage controls

	chemicals, vehicle fluids, aerosols		
Biological	Bodily fluids, infection risks, poor hygiene, exposure to viruses/bacteria	Illness, infection spread (e.g., COVID19, Hepatitis B)	PPE, vaccination programs, hand hygiene, safe waste disposal
Human Factors	Fatigue, poor communication, decision making errors, rushing, unclear roles	Mistakes, incidents, near misses, stress	Supervision, buddy systems, regular breaks, training, clear guidance
Welfare Related	Lack of rest areas, poor hygiene in kitchens/toilets, no access to drinking water	Fatigue, illness, poor morale	Clean facilities, regular cleaning, staff feedback, access to support
Social Care Specific	Behaviours that challenge, lone working, risk of aggression, sensitive environments	Physical harm, emotional stress, trauma	Behavioural support plans, de-escalation training, lone worker plans
Fire Safety	Blocked exits, smoking indoors, flammable materials	Fire, burns, smoke inhalation	Fire drills, extinguishers, no smoking, evacuation plans
Electrical	Faulty appliances, overloaded sockets, use of extensions, damaged leads	Electric shock, burns, fires	PAT testing, visual checks, avoid overloading sockets, RCD testing
Vehicle/Driving	Poor parking, speed, grey fleet use, unfit drivers, reversing out of driveways in residential areas	Collisions, pedestrian injuries, fatigue	Driving for Work policy, reverse parking, insurance checks
Environmental	Extreme heat/cold, floods, power cuts, gas leaks	Illness, evacuation, business disruption	Business continuity plans, weather alerts, emergency contacts
Psychosocial	Workload pressure, burnout, bullying/harassment	Anxiety, depression, sickness absence	EAP access, stress policies, team check-ins, zero tolerance policies

19.13.1 Next Steps for Managers

- Use this table to support local **risk assessments**
- Identify the hazards present in your centre/unit
- Agree and communicate **controls** clearly with your team
- Make sure **staff know what to do** if they see something unsafe
- Use of additional assessment tools (e.g., **TILEO**, **FREDA TRIAD**, **RA templates**) to guide decision making

APPENDIX 1: MASTER LIST OF FORMS

All official Health & Safety forms used by SMH are available on the intranet under the Health & Safety Downloads section. If you're unsure which form to use, or need support filling it out, contact the Quality, Safety & Risk Department for help.
These forms help ensure compliance with:

- Safety, Health, and Welfare at Work Act 2005
- Safety, Health, and Welfare at Work General Application Regulations 2007-2024
- Safety Management Systems

They are also key to tracking trends, improving systems, and supporting service user safety, staff wellbeing, and continuous learning.

Table 57: Summary of Health & Safety Forms

Form Name	What It's For	Who Uses It	Where to Find
Signoff Sheet for Safety Statement	Confirms that staff have read and understood the Safety Statement	All staff	H&S Downloads
Site-specific Safety Statement Template	For creating or updating local versions of the Safety Statement	PICs / Managers	H&S Downloads
Risk Assessment Template	Used to identify and control risks linked to tasks, people, or environments	PICs / Line Managers / Safety Reps	H&S Downloads
Risk Assessment Review Signoff Sheet	Confirms that a risk assessment has been reviewed, and staff are aware of updates	Managers / Staff Teams	H&S Downloads
Pregnancy Risk Assessment Template	Used to assess and support employees who are pregnant, postnatal, or breastfeeding	Managers / H&S	H&S Downloads
H&S Inspection Checklist	For monthly safety checks in units – helps find issues early	Local Manager / PIC	H&S Downloads
Person Manual Handling Risk Assessment	Assesses the handling needs and risks for each service user	Managers / OT / Physio / Manual Handling	H&S Downloads
Register of Assistive Equipment	Keeps track of all equipment in a unit, including slings, hoists, belts etc.	PIC / Managers	H&S Downloads
Lone Working Checklist	Used to assess and plan safe systems for staff working alone	Managers / Safety Reps	H&S Downloads
Incident Protocol	Step-by-step guide for managing and reporting incidents or incidents	All Staff	H&S Downloads / SAM

Incident Reporting Instruction Sheet	Helps staff fill out the incident form correctly	All Staff	H&S Downloads
First Aid Kit Content List	For checking that each kit has the required supplies	PIC / Designated First Aiders	H&S Downloads
H&S Audit Action Plan Template	Records actions and follow-up steps after internal audits	H&S Manager / Managers	H&S Downloads

Additional Notes

- Digital Access: Ensure you are using the latest version of each form check the file name or date.
- Retention: Completed forms is required to be stored securely (digitally or in paper format) in line with record retention policies (see Table 39).
- Training: Staff should be trained on how to use forms during orientation, induction, or refresher training sessions.
- Alignment: These forms support implementation of the Risk Management Plan-Do-Check-Act-Review (Figure 1) model by documenting planning, risk identification, monitoring, and review.

APPENDIX 2: CLASSIFICATION OF RISK AND NON-RISK WASTE

SMH separates healthcare and domestic waste into two main types: Risk Waste and Non-Risk Waste. This is essential for:

- Keeping staff and service users safe
- Preventing infection
- Protecting the environment
- Following waste legislation and guidelines (e.g., HSE, EPA, Waste Management Act 1996-2024)

All staff are required to follow correct waste segregation, storage, and disposal processes. If in doubt, ask your line manager or consult your waste disposal provider.

Table 58 Risk Waste (Hazardous or Infectious)

Type	Examples	Disposal Guidance / Best Practice
Sharps Waste (A 2.1)	Needles, syringes, lancets, stitch cutters, razors, glass slides	Use yellow sharps bin. Do not overfill. Lid is required to close fully. Label and dispose as clinical waste.
General Infectious Waste (A 2.2)	Items visibly contaminated with blood or body fluids e.g., wound dressings, tissues, aprons, gloves	Use orange clinical waste bags. Double bag if heavy. Store in rigid bin with foot pedal lid.
Waste from Infectious Service Users (A 2.3)	Tissues, suction catheters, sputum cups (e.g., for TB or COVID19)	Treat as infectious waste. Wear gloves. Bag securely and dispose using clinical waste route.
Infectious Incontinence Waste (A 2.4)	Nappies, pads from service users with Salmonella, Hepatitis, etc.	Use yellow bag. Label and double bag. Store safely. Avoid handling without gloves.
Body Fluid Waste (non-faeces/urine) (A 2.5)	Suction containers, gowns, gloves contaminated with vomit, sputum, mucus	Do not include free liquids. No sharp items. Use sealed, leakproof orange bags.
Chemical & Pharmaceutical Waste (A 2.6)	Expired medicines, creams, unused tablets, industrial chemicals (not household)	Use designated pharmacy waste bins or yellow bins with lid. Follow disposal guidance from pharmacy or supplier.

Important: All clinical waste is required to be disposed of via licensed waste contractors. Keep records of collection and destruction.

Table 59 Non-Risk Waste (General or Non-hazardous)

Type	Examples	Disposal Guidance / Best Practice
Potentially Offensive Waste (A 2.7.1)	Incontinence wear, stoma bags, catheters (not visibly soiled with blood)	Double bag. Secure tightly. Can go in general waste unless linked to known infection.
Non-sharp Medical Items (A 2.7.2)	Oxygen masks, tubing, feeding bags (if not blood contaminated)	Place in domestic waste if clean. Sharp tips are required to go in sharps bin.
General Domestic Waste (A 2.7.3)	Paper, cans, clean packaging, food waste	Dispose via regular refuse collection. Use recycling where available.
Confidential Waste (A 2.7.4)	Shredded paper, reports, personal files	Use locked bins or bags for confidential shredding. Follow GDPR compliant disposal process.

IPC and Waste Management:
IPC is a core part of keeping service users, staff, and visitors safe. Risk assessments and procedures must reflect updated national guidance on infection control, hand hygiene, waste management, and outbreak management. IPC measures apply to all services, including domestic settings, shared bathrooms, kitchens, clinical spaces, and transport. IPC leads or representatives should be appointed where appropriate

Environmental Responsibility:
SMH is committed to managing waste and energy in a way that protects health and supports sustainability. This includes reducing clinical waste where possible, maintaining good air and water quality and following EPA and HSE environmental standards. Each service should consider local opportunities to improve environmental health, such as green transport, recycling, or energy efficiency.

Best Practice Reminders

- Never mix waste types. Wrong disposal can lead to injury or infection.
- Keep bins labelled and color-coded (e.g., yellow for sharps, orange for clinical waste).
- Secure lids and do not overfill.
- Wear gloves when handling waste—change after each task.
- Report damage, leaks, or spills immediately.
- Follow waste contractor instructions and request training if needed.

Related Legislation & Guidance

- Waste Management Act 1996

- HSE National Infection Prevention & Control Guidelines
- EPA Healthcare Risk Waste Manual
- Safety, Health & Welfare at Work (Biological Agents) Regs 2013

APPENDIX 3: SEGREGATION OF CLINICAL (RISK) WASTE

Table 59 Healthcare Waste Classification Table (Ireland - Best Practice)

Waste Category	Container Type and Colour	Lid Colour
Sharps	Rigid yellow container	Yellow or Red lid (Red = high risk, e.g., cytotoxic)
Medicines (nonhazardous)	Rigid yellow container	Blue lid
Cytotoxic/Cytostatic Waste	Rigid yellow container	Purple lid
Infectious Waste (no sharp)	Soft yellow bag	N/A (tie and place in foot pedal bin)
Offensive Waste (noninfectious)	Soft tiger striped bag	N/A
Chemical Waste (industrial/lab)	As per supplier or rigid UN approved drum	As required by chemical classification
Confidential Waste	Locked bin or shred bags	N/A

Key Clarifications:

- Sharps: Typically go in a yellow rigid container with a yellow lid for general sharps, or red lid if contaminated with blood or bodily fluids. Purple lids are only used for cytotoxic/cytostatic sharps (e.g., chemotherapy drugs).
- Medicines: Blue lids are for nonhazardous pharmaceuticals. If the medicine is cytotoxic/cytostatic, it is required to go into a purple lid container.
- Infectious Waste (non-sharps): Use yellow clinical waste bags, these are placed in foot pedal bins in clinical areas.
- Tiger stripe bags are used for offensive but noninfectious waste (e.g., incontinence pads *not visibly soiled with blood*).
- Chemical waste is required to be handled and labelled as hazardous waste, and containers is required to be UN-approved. These vary by supplier and substance class.
- Confidential waste: Though not a health hazard, is required to be disposed of securely under GDPR, shred or secure document destruction

APPENDIX 4: INCIDENT INVESTIGATION

Please see the SMH Accident & Incident Policy

APPENDIX 5 ESCALATION PROCEDURES AND GOVERNANCE PATHWAYS FOR MEDICAL DEVICES, ESTATES, AND HEALTH & SAFETY ISSUES

A5.1 Purpose

This appendix outlines the escalation and governance procedures for issues related to medical devices, equipment repair, infrastructure, and safety across SMH services. It supports timely resolution of problems while ensuring governance oversight of serious, repeated, or unresolved issues.

A5.2 Scope

The procedure applies to all services: residential, day, clinical, and administrative and includes Estates, Health & Safety, Fire Safety, Medical Devices Governance, and HIQA-related responses.

A5.3 Escalation Levels and Actions

A5.3.1. Low-Risk Issues

These are issues assessed as low risk according to the HSE Enterprise Risk Matrix. Examples include minor maintenance faults such as loose handrails, minor lighting issues, single equipment repairs, or missing signage.

These should be logged promptly by the Person in Charge (PIC) or Local Manager with technical services at maintenance@smh.ie. For equipment faults, issues should be reported through the relevant service provider or clinical teams.

No governance escalation is required unless the issue has no proposed resolution using the SMART method within 30 days.

A5.3.2. Moderate-Risk Issues

These are issues assessed as moderate risk in the HSE Enterprise Risk Matrix. Examples include repeated equipment faults, poor ventilation, minor fire safety concerns, or a HIQA/HSA advisory notice.

Service Managers should coordinate directly with Technical Services, Quality, Safety & Risk Dept, and clinical staff to resolve the issue.

If the problem affects more than one service or has no proposed resolution using the SMART method within 15 working days, it must be escalated to a director-led meeting chaired by the relevant Area or Regional Director.

Attendees may include the Health & Safety Manager, Member of Technical Service Teams, Clinical Lead, Service Manager, and PIC.

A5.3.3. High-Risk Issues

These issues are classified as high risk per the HSE Enterprise Risk Matrix and may involve serious structural faults, repeated lift failures, major water ingress, fire exit blockages, or persistent equipment breakdowns.

Immediate mitigation measures must be put in place by the PIC, Technical Services and Quality, Safety & Risk Dept. Repairs should be expedited through the approved service provider or contractors.

If the issue cannot be resolved quickly, it must be escalated within 5 working says. The meeting is chaired by the Quality, Safety & Risk Director, with mandatory attendance from all relevant leads, including Technical Services, Quality, Safety & Risk Members, Clinical, Service Management and the PIC.

A5.3.4. Critical Issues

These include critical incidents such as fatalities, life-altering injuries, fires with injury, gas leaks, HIQA?HSA enforcement actions, or equipment failures causing significant harm.

Emergency response procedures must be initiated immediately. This includes notifying emergency services, HIQA (if applicable), HSA, quarantining equipment and logging the incident with an E-form.

Escalation to the CEO or their delegate must occur without delay. Governance meetings will include all senior roles, along with Communications and Legal/Compliance leads.

A5.4 Governance and Documentation

- All issues must be logged in the Risk Register under the appropriate category.
- Medical device faults should be simultaneously reported to the designated service provider and escalated internally to identified clinician for support.
- Capital approval must be sought for device replacements or estate works according to the organisation's approval process, with escalation required for delays or unresolved needs.
- Statutory notifications (e.g., to HIQA or HSA) must be completed promptly and tracked through governance.
- Risk assessments and incident reports should document decision-making, controls, and escalation clearly.

A5.5 Roles and Responsibilities

- PIC/Local Manager - Logs issue, implements interim controls, notifies Service Manager.
- Service Manager - Tracks timelines, escalates as needed, ensures coordination.
- Technical Services - Assesses and completes works, advises on cost/timeframes.
- Quality, Safety & Risk Dept - Supports risk assessment, documentation, and escalations.
- Clinical Leads (OT/PT) - Evaluate clinical impact and propose mitigation strategies.
- Directors - Chair meetings, approve escalation, manage resources.
- CEO/Delegate - Leads on critical incidents and statutory governance.

APPENDIX 6 LIST OF RISK ASSESSMENTS AVAILABLE FOR DOWNLOAD

Table 71 Risk Assessment Register Summary Table

Risk ID	Risk Assessment	Risk Area	Why We Have This Risk Assessment	Associated Legislation/Guidance
RA-01	Access Egress Routes	All Workplaces	To ensure clear and safe passage for employees, visitors, and emergency services.	SHWW Act 2005; SHWW (General Application) Regulations 2007, Chapter 1, Part 2
RA-02	Access to Ceiling TILEOs	General Buildings, Maintenance Areas	To ensure safe access and prevent falls or exposure to asbestos/contaminants.	SHWW Act 2005; HSA Work at Height Code of Practice
RA-03	Access to Welfare Facilities	Staff Toilets, Changing Areas, Break Rooms	To ensure all staff and visitors have safe, clean access to essential welfare amenities.	SHWW Act 2005; HSA Guidance on Welfare Facilities

RA-04	Adverse Weather	Outdoor Work Areas, Access Routes, Roofs	To protect staff and service users from extreme weather risks like snow, ice, or storms.	SHWW (General Application) Regulations 2007, Part 2, Chapter 1; Met Éireann Alerts
RA-05	Asbestos Management	Older Buildings, Construction & Maintenance	Asbestos poses serious health risks if disturbed and inhaled.	SHWW (Asbestos) Regulations 2006 & 2010
RA-06	Assistive Equipment	Frontline Care	To ensure safe use of mobility aids and prevent musculoskeletal injury or service user harm	Manual Handling Regulations 2007; HIQA Standards
RA-07	ATEX (Explosive Atmospheres)	Hazardous Area Classification Zones	To prevent fire or explosion in areas where flammable atmospheres may exist.	SHWW (General Application) Regulations 2007, Part 8 – Explosive Atmospheres
RA-08	Bed Rails	Clinical	To manage entrapment or restraint risks related to use of bed rails	HIQA Guidance on Restraint; Medical Devices Regulation
RA-09	Behaviours that Challenge	Social Care	To prevent injury and ensure dignity and rights-based response to challenging behaviour	Children First; Mental Health Act; HIQA Standards
RA-10	Biological Hazard	Technical/Clinical	To manage exposure to viruses, bacteria, and infectious material	Infection Prevention & Control (IPC); HSA Biological Agents Code of Practice

RA-11	Blank RA	N/A	Placeholder for local assessments	N/A
RA-12	Car Parking	On-site Car Parks, Loading Bays	To prevent vehicle collisions, protect pedestrians, and manage traffic flow.	Road Traffic Act 1961; SHWW Act 2005; HSA Workplace Transport Guidance
RA-13	Carbon Monoxide Poisoning	Boiler Rooms, Kitchens, Vehicle Garages	To detect and prevent dangerous exposure to carbon monoxide.	SHWW (General Application) Regulations 2007, Part 2, Chapter 3
RA-14	Civil Unrest	All Public-Facing Premises	To maintain staff and service user safety during protests, riots or anti-social behaviour.	Health and Safety Authority (HSA); Garda Emergency Guidance Emergency Planning Guidelines; Public Order Act 1994
RA-15	Clamping on Vehicles	On-site Car Parks, Private Access Areas	To deter unauthorised parking and ensure emergency access is maintained.	Private Security Services Act 2004; Local Authority Parking Bye-Laws
RA-16	Confined Space Entry	Confined Spaces (Tanks, Vaults, etc.)	Risk of toxic gases, low oxygen, engulfment.	SHWW (Confined Spaces) Regulations 2001; SHWW Act 2005
RA-17	Controlled Temp Device	Technical Services	To prevent burns, overheating, or freezing from thermostatic-controlled devices	Machinery Directive; Safety, Health and Welfare at Work Regulations
RA-18	Covid-19	Clinical/All Areas	To reduce viral transmission risk and protect vulnerable populations	IPC Guidelines; HSE/HPSC Covid Guidance; Safety, Health & Welfare at Work Act
RA-19	Dermatitis	Employee Health	To manage exposure to irritants and protect skin health	Chemical Agents Code of Practice; Safety, Health and Welfare at Work Act

RA-20	Display Screen Equipment (DSE)	Office/Back Office	To prevent strain and MSDs in regular screen users	Display Screen Equipment Regulations; HSA Ergonomics Guidance
RA-21	Drinking Water	Facilities	To ensure access to safe and clean drinking water	Drinking Water Regulations; Public Health Guidance
RA-22	Driving for Work	Transport	To reduce risk of traffic collisions and travel-related injuries	RSA Guidelines; Driving for Work Guidelines (HSA, SCA)
RA-23	Electrical Safety	Technical Services	To prevent electric shock, fire, and ensure compliance	Electricity at Work Regulations; PPM Standards
RA-24	Emergency Response	All Areas	To ensure quick and safe evacuation or response to emergencies	Fire Services Act; Safety, Health and Welfare at Work (General Applications)
RA-25	Employee Wellbeing	All Areas	To promote mental and physical health among staff	Work-Related Stress Guidance; Health and Safety Authority (HSA); SCA Standards
RA-26	Event Management	Services/Community	To plan for safe delivery of events, including crowd and equipment management	Safety, Health and Welfare at Work Act; Public Events Safety Guidance

RA-27	Exposure to Noise at Work	Technical Services	To reduce risk of hearing damage and ensure compliance	Control of Noise at Work Regulations; HSA Code of Practice
RA-28	FEDS (Feeding, Eating, Drinking, Swallowing)	Clinical	To prevent choking and aspiration in vulnerable individuals	HSE SLT/OT Feeding Guidelines; Disability Act; HIQA
RA-29	F-Gas	Refrigeration Units, Air Conditioning Systems	To prevent environmental damage and ensure legal compliance with gas handling regulations.	F-Gas Regulations (EU) 517/2014; EPA Guidelines
RA-30	Filing Cabinet	Office/Back Office	To prevent tipping injuries, trapped fingers, or poor manual handling while using filing systems.	SHWW (General Application) Regulations 2007, Part 2, Chapter 4; Manual Handling Regulations
RA-31	Fire Safety	All Areas	To protect life and property through fire detection, evacuation, and containment systems.	Fire Services Acts 1981 & 2003; SHWW Act 2005; Fire Safety in Healthcare Premises Guidelines

RA-32	First Aid	All Sites and Vehicles	To ensure appropriate first aid equipment and responders are available for emergencies.	SHWW (General Application) Regulations 2007, Part 7; PHECC Guidelines
RA-33	Fitness for Work	Employee Health	To ensure staff are physically and mentally fit to perform their roles	SCA Guidance; Employment Equality Acts; Occupational Health Guidance; SHWW Act 2005; HSA Fitness for Work Guidance
RA-34	Fluid Thickeners	Kitchens, Residential Areas	To prevent aspiration and ensure safe nutrition for swallowing disorders	HSE SLT Guidelines; Food Safety Authority of Ireland; HIQA
RA-35	Food Safety	Kitchens, Dining Areas, Food Storage	To prevent foodborne illness and maintain hygiene in food handling.	EC Regulation 852/2004; Food Safety Authority of Ireland Guidelines
RA-36	Food/Drinks at Desk	Offices, Shared Desks	To maintain hygiene and reduce pest attraction in shared or clinical-adjacent workspaces.	IPC Guidelines; HSE Staff Food Hygiene Guidance
RA-37	Forklift	Warehouses, Delivery Bays	To prevent accidents from vehicle use in areas where people or goods are handled.	SHWW (General Application) Regulations 2007, Part 5; HSA Forklift Safety Guidelines

RA-38	Fragile Work Surfaces	Roofs, Skylights, Old Buildings. Ceilings	Falls from fragile materials like old skylights or asbestos cement.	SHWW (General Application) Regulations 2007, Part 4 – Work at Height; HSA Code of Practice for Roof Work
RA-39	Garda Vetting	HR/Access Control	To protect vulnerable people through safe recruitment	National Vetting Bureau (Children and Vulnerable Persons) Act
RA-40	General Warehouse Activities	Storage Units, Distribution Areas	To manage risks from machinery, manual handling, storage systems, and vehicles.	SHWW Act 2005; HSA Warehousing Guidance
RA-41	Generation and Disposal of Waste	All Areas Producing Waste	To ensure proper segregation and disposal to reduce contamination and environmental harm.	Waste Management Act 1996; EPA Waste Guidelines
RA-42	Hand Tools	Maintenance Areas, Workshops	To prevent injury through appropriate tool use, storage, and training.	SHWW (General Application) Regulations 2007, Part 2, Chapter 2
RA-43	Harassment in the Workplace	Employee Wellbeing	To prevent bullying, sexual harassment, and ensure a safe, respectful workplace	Employment Equality Acts; Dignity at Work Policy

RA-44	Harassment in Workplace	All Workplaces	To prevent bullying and harassment and maintain a safe working environment.	SHWW Act 2005; Code of Practice on Prevention and Resolution of Bullying at Work (2021)
RA-45	Hazardous Substances	Chemical Handling Areas	Prevent exposure to harmful chemicals (dermal, inhalation, ingestion).	REACH; SHWW (Chemical Agents) Regulations 2001 & 2021
RA-46	Hot Works	Maintenance, Welding, Roof Work	To prevent fires, explosions, or burns from high-temperature work.	SHWW (General Application) Regulations 2007, Part 2, Chapter 7; Hot Work Permit Guidance
RA-47	Housekeeping	All Areas	To ensure safe, clean, and hazard-free workspaces and prevent slips, trips, and blocked exits	Safety, Health and Welfare at Work Act; HSA Workplace Housekeeping Guidance
RA-48	Incident Reporting	All Areas	To ensure incidents are recorded, learned from, and reported in line with legal obligations	HSE NIMS; HSA Reporting Regs (S.I. No. 370/2016); SCA Guidelines
RA-49	Infection Control – Clinical Waste	Clinical	To ensure the safe disposal of contaminated materials and protect against infection	Waste Management (Amendment) Regulations; HIQA; HSE IPC Guidelines

RA-50	Infection Control (Clinical Waste)	Clinical Areas, Toilets, Isolation Rooms	To prevent spread of infectious materials and ensure correct clinical waste handling.	Infectious Diseases Regulations 1981; HIQA IPC Standards
RA-51	Injury to Staff/Service User/Visitor	All Operational and Public Areas	To minimise all physical, psychological or emotional harm occurring during normal operations.	SHWW Act 2005; HSA Incident Reporting Guidance; Civil Liability and Courts Act 2004
RA-52	Internal and External Lighting	Facilities/Estates	To ensure adequate visibility and prevent accidents	Building Regulations; Safety, Health and Welfare at Work Act
RA-53	Knives / Sharps	Clinical/Kitchen	To prevent cuts, puncture wounds, and infection from improper storage/use of sharp objects	IPC Guidance; Sharps Regulations; HIQA
RA-54	Knives/Sharps	Kitchens, Clinical Areas	To prevent cuts, injuries and ensure safe disposal of sharps.	Food Safety Authority Guidance; HSE Sharps Disposal Guidelines
RA-55	Lawnmower	Gardens, Grounds Maintenance	To prevent injury from moving blades and flying debris.	HSA Guidance on Grounds Maintenance

RA-56	Legionella	Estates/Maintenance	To assess water systems and prevent Legionnaires' disease	HSE Legionella Management Guidance; Safety, Health and Welfare at Work Act
RA-57	Lifting	Warehouses, Workshops, Delivery Zones	Improper lifting can cause musculoskeletal injuries or dropped loads.	Manual Handling Regulations 2007; SHWW Act 2005
RA-58	Lightening Protection	Building Lightning Systems, Outdoor Structures	Lightning strikes can cause fire, injury, or death without proper protection.	Electro-Technical Council of Ireland (ETCI) Rules; SHWW Act 2005
RA-59	Loading and unloading vans	Loading Bays, Delivery Zones	Manual handling and vehicle interface risks during van loading/unloading.	SHWW (General Application) Regulations 2007, Part 2 Chapter 4 – Manual Handling
RA-60	Lock off	Maintenance, Facilities, Engineering	Lock-off ensures equipment is safely de-energised during work to avoid injury.	SHWW (General Application) Regulations 2007, Part 2 & 7 – Work Equipment Safety
RA-61	Lock out	Maintenance, Electrical, Mechanical Areas	Lock-out/Tag-out prevents accidental energisation during servicing or repair.	SHWW (General Application) Regulations 2007, Part 2 Chapter 2 & Part 7
RA-62	Lone Working	Frontline/Community	To protect staff who work alone and ensure support in emergencies	HSA Code of Practice for Lone Workers; Health and Welfare at Work Act
RA-63	Maintenance & Use of Utilities	Plant Rooms, Kitchens, Service Risers	To prevent electrical, gas, or water-related hazards.	SHWW (General Application) Regulations 2007; Irish Water Guidelines

RA-64	Maintenance Activities	All Premises with Technical Equipment	Planned maintenance reduces risk of breakdown, injury, and fire.	SHWW Act 2005, Section 8; SHWW (General Application) Regulations 2007
RA-65	Maintenance and use of utilities	Boilers, Electrical Panels, Plant Rooms	Utility systems must be safely accessed, maintained and labelled.	SHWW (General Application) Regulations 2007, Part 2; Building Services Guidelines
RA-66	Manhole Cover	External Yards, Public Footpaths	Loose or missing manhole covers can cause falls or entrapment.	SHWW Act 2005; Local Government Guidelines on Public Infrastructure
RA-67	Manhole Cover Lifting	Grounds, Driveways	To ensure safe lifting technique and avoid slips, falls, or crush injuries.	Manual Handling Regulations; HSA Safe Lifting Guidance
RA-68	Manual Handling Tasks	All Areas	To prevent musculoskeletal injuries from lifting, carrying or moving loads	Manual Handling Regulations 2007; HSA Ergonomic Risk Guidance
RA-69	Medication Management	Clinical	To ensure safe prescribing, storage, and administration of medications	HIQA Standards; HPRA; Medication Safety Alerts
RA-70	Missing Person	Social Care	To protect individuals at risk of wandering or absconding and guide emergency response	Children First Act; Garda Protocol; HIQA
RA-71	Natural Disasters	Estates/Continuity	To manage safety during storms, floods, or other major weather events	National Emergency Framework; ISO 22301; Business Continuity Planning Guidance
RA-72	O2 Cylinders	Technical Services	To prevent explosion, leaks, and injury from compressed gases used in healthcare	Safety, Health and Welfare at Work Act 2005; Gases in Cylinders Regulations
RA-73	Painting	Maintenance, Decoration, Refurbishment	Painting can involve fumes, falls from ladders, or chemical exposure.	REACH Regulations; SHWW (General Application) Regulations 2007, Work at Height & Chemical Agents

RA-74	Pallets	Storage Areas, Warehouses	Improper pallet stacking or condition can cause collapse or injury.	SHWW (General Application) Regulations 2007, Part 2 – Workplace & Part 7 – Equipment Safety
RA-75	Pedestrian Safety	Estates/Transport	To protect pedestrians around SMH premises and during transport drop-offs	Road Traffic Acts; RSA Guidelines; HSA Safety in Car Parks
RA-76	Plumbing	Bathrooms, Kitchens, Utility Areas	To prevent scalding, leaks, water damage, and legionella risk.	Safety, Health and Welfare at Work Act 2005; SHWW (General Application) Regulations 2007; Building Regulations 1997-2022; Water Services Act 2007
RA-77	Portable Heaters	Facilities	To reduce the risk of fire and burns caused by improper heater use	Fire Safety Regulations; Workplace Equipment Guidance
RA-78	Potential for Violence	Community, Residential, Reception Areas	To protect staff from aggression, abuse, or physical attacks in high-stress settings.	SHWW Act 2005; HSA Managing Violence & Aggression Guidance
RA-79	Potential for Violence in the Workplace	All Areas	To manage aggression, threats, and physical risk in care and office settings	HSA Guidance on Work-Related Aggression; SCA Claims Guidance
RA-80	PPE	All Areas	To ensure staff are protected when exposed to specific hazards and use PPE appropriately	PPE Regulation 2023; HSA Code of Practice; Safety, Health and Welfare at Work Act
RA-81	Pregnancy	Employee Health	To ensure risks to pregnant or breastfeeding workers are minimised	Maternity Protection Acts; Employment Equality Acts; Pregnancy Directive
RA-82	Pressurised Vessels	Boilers, Compressors, Gas Cylinders	To control risks of explosion or mechanical failure that could cause serious injury.	SHWW (General Application) Regulations 2007, Part 10 (Pressure Systems); Safety, Health and Welfare at Work Act 2005; HSA Guidance on Pressure Equipment

RA-83	Procurement	Corporate	To ensure equipment and services procured meet safety, quality, and legal standards	HSE Procurement Guidelines; EU Procurement Law
RA-84	Radon	Estates/Technical	To monitor for radioactive gas exposure and comply with workplace safety	EPA Radon Workplace Safety; Safety, Health and Welfare at Work Act
RA-85	RCD Testing	Electrical Panels, Workshops	To ensure electrical circuits are protected from fault currents that may cause fire or electric shock.	SHWW (General Application) Regulations 2007, Part 3 (Electricity); HSA Guide to Electrical Safety; Electro-Technical Council of Ireland (ETCI) Wiring Rules (ET101)
RA-86	Roof Work	Buildings, Maintenance Areas	To address the high risk of falls, fragile surfaces, and access challenges.	SHWW Act 2005; SHWW (Construction) Regulations 2013; HSA Code of Practice for Roof Work; Work at Height Regulations
RA-87	Safeguarding	Social Care	To protect vulnerable people from abuse and neglect	Safeguarding Vulnerable Persons at Risk Policy; HIQA Standards
RA-88	Scaffolding	Construction, High-Level Maintenance	To ensure structural safety and fall prevention during elevated works.	SHWW (Construction) Regulations 2013; HSA Code of Practice for Scaffolding
RA-89	Self Harm	Clinical/Social Care	To prevent and manage incidents of self-harm by individuals in care	Mental Health Act; HIQA Guidance; National Suicide Prevention Framework
RA-90	Sensitive Work Groups	HR/Employee Support	To ensure adjustments and protections are in place for workers with medical, disability or other needs	Employment Equality Act; Reasonable Accommodation Guidelines

RA-91	Service User Alone	Social Care	To ensure safety and risk mitigation when a service user is unsupervised	HIQA; Risk Enablement Guidance
RA-92	Service User Individual RA	Social Care	To tailor risk control measures to individual needs, rights, and risks	Disability Act; Person-Centred Planning Framework
RA-93	Service User Road Safety	Community	To prevent accidents involving service users during travel	RSA Guidelines; SMH Transport Policy
RA-94	Site Security	Entrances, Boundaries, Key Control Areas	To prevent unauthorised access, theft, or harm to persons or property	Physical Security Guidelines; Data Protection Regulations
RA-95	Slip, Trips & Falls – External	All Areas	To manage hazards in external pathways, car parks, and access points	Safety, Health and Welfare at Work Act; Workplace Regulations
RA-96	Slip, Trips & Falls – Internal	All Areas	To prevent injuries due to poor flooring, spills, or clutter indoors	HSA Housekeeping Guidance; Workplace Regulations
RA-97	SMH Bus	Transport Services for Service Users	To manage health and safety risks for service users and staff in SMH vehicles.	Road Traffic Acts; RSA Driver & Vehicle Standards; SHWWA 2005 - Driving for Work Guidelines
RA-98	Smoking on Site	Entrances, Designated Smoking Areas	To prevent second-hand smoke exposure and fire risks.	Public Health (Tobacco) Acts 2002–2015; Safety, Health and Welfare at Work Act 2005; Workplace Smoking Regulations 2004
RA-99	Staff Vacancies	All Areas (Operations, Care Delivery)	To manage workload, avoid burnout, and prevent decline in safety performance.	SHWW Act 2005 (section 8: ensuring resources); Code of Practice for the Management of Psychosocial Risks; Employment Equality Acts

RA-100	Storage of items under desk	Offices, Admin Areas	To reduce fire risk and avoid obstruction of ventilation or access.	SHWW (General Application) Regulations 2007, Part 2 Chapter 1 (Workplace Design and Layout); Manual Handling Regulations
RA-101	Storage Systems	Stores, Maintenance Rooms, Medical Storage	To ensure materials are stored safely and can be accessed without strain or collapse.	SHWW (General Application) Regulations 2007, Part 2 Chapter 1 & Chapter 4; HSA Warehousing and Storage Safety Guidance
RA-102	Stress, Harassment & Bullying	All Work Areas	To protect staff from psychological harm and create a respectful, inclusive workplace.	SHWW Act 2005; Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work (2021); Employment Equality Acts
RA-103	The Management of Stress	All Work Areas	To ensure psychosocial risks are addressed proactively and workloads managed fairly.	SHWW Act 2005; HSA Work-Related Stress Toolkit and Guidance; Code of Practice for Employers and Employees on the Prevention of Workplace Bullying (2021)
RA-104	Transport	On-Site, Community Services	To manage driving-related hazards including fatigue, distraction, and road conditions.	SHWW Act 2005; Road Traffic Act 1961; HSA Workplace Transport Safety Guidance
RA-105	Unauthorised Drug Use	Residences, Staff Areas	To protect service users and staff from harm and maintain legal, ethical service provision.	Misuse of Drugs Acts 1977–2016; SHWW Act 2005 (fit for work obligations); HSA Guidance on Substance Abuse in the Workplace
RA-106	Unoccupied Structure	Vacant Buildings, Derelict Areas	To prevent unauthorised access, vandalism, and injury due to unsafe conditions.	SHWW Act 2005; Building Control Regulations; Fire Services Act 1981–2003; Local Government (Sanitary Services) Act 1964

RA-107	Use of Angle Grinder	Workshops, Maintenance Areas	To manage high-risk tools that generate sparks, noise, and flying debris.	SHWW (General Application) Regulations 2007, Part 2 & Part 7 (PPE, work equipment); HSA Guidance on Abrasive Wheels and Cutting Equipment
RA-108	Use of Contractors	All Sites	To ensure third parties comply with health and safety procedures and site rules.	SHWW Act 2005; SHWW (Construction) Regulations 2013; Safety, Health and Welfare at Work (General Application) Regulations 2007; HSA Code of Practice for Contractors
RA-109	Use of Display Screen Equipment	Offices, Admin Areas	To prevent musculoskeletal issues, eye strain, and poor posture from prolonged use.	SHWW (General Application) Regulations 2007, Chapter 5; HSA Guide to the Safety, Health and Welfare at Work (DSE) Regulations
RA-110	Use of Hand Tools	Maintenance, Gardening	To manage risks from repetitive motion, sharp edges, and incorrect tool use.	SHWW (General Application) Regulations 2007, Part 2 (Use of Work Equipment); Manual Handling Regulations
RA-111	Use of Hand tools	Maintenance, Gardening	To manage risks from repetitive motion, sharp edges, and incorrect tool use.	SHWW (General Application) Regulations 2007 - Part 2
RA-112	Use of Headsets	Admin, Reception, Helplines	To prevent hearing strain and ensure proper ergonomic use of headsets.	SHWWA 2005; Display Screen Equipment Regulations
RA-113	Use of Ladders	All Sites (Maintenance, Storage Areas)	To prevent falls from height and ensure ladders are used appropriately and safely.	Work at Height Regulations 2007; SHWWA 2005
RA-114	Use of Sharps	Clinical Areas, Residences	To prevent needle-stick injuries and ensure safe disposal of sharps.	Biological Agents Regulations 2013; Infection Prevention Guidance

RA-115	Use of Work Equipment	Maintenance, Cleaning, Care Settings	To ensure all equipment is suitable, maintained, and used by trained staff.	SHWW (General Application) Regulations 2007 - Part 2, Chapter 2
RA-116	Vehicle Ramps and Lifts	Transport Vehicles, Loading Bays	To ensure safe operation and servicing of mechanical lifting aids for vehicles.	SHWW (General Application) Regulations 2007 - Work Equipment; Machinery Directive; LOLER (UK equivalent)
RA-117	Vehicles on Site	Car Parks, Delivery Areas, Pathways	To prevent collisions, protect pedestrians and maintain site traffic control.	SHWW Act 2005; HSA Workplace Transport Safety Guidance
RA-118	Vibration	Maintenance Workshops, Gardening, Machinery Use	To prevent hand-arm vibration syndrome (HAVS) and related long-term injury.	SHWW (General Application) Regulations 2007 - Part 5; HSA Vibration Guidance
RA-119	VR Use	Training Rooms, Staff Development Areas	To prevent motion sickness, disorientation, and eye strain from VR training tools.	SHWWA 2005 Section 8 (General Duties); HSA/HSE Emerging Technology Guidelines (if applicable)
RA-120	Welfare Facilities Canteen	All Sites with Staff Break Areas	To ensure hygienic, safe facilities are available for food storage and preparation.	SHWW (General Application) Regulations 2007 - Part 2, Chapter 1
RA-121	Welfare Facilities Toilets	All Buildings Used for Work or Services	To comply with legal requirement to provide sanitary facilities.	SHWW (General Application) Regulations 2007 - Part 2, Chapter 1; Building Regulations 1997–2022
RA-122	Wheelchair Access	Entrances, Fire Exits, Toilets, Common Areas	To ensure accessibility and evacuation readiness for wheelchair users.	Disability Act 2005; Part M of Building Regulations; Equal Status Acts

RA-123	Work Generating Dust	Maintenance, Construction, Renovation Areas	To prevent respiratory illness and maintain clean air in shared environments.	SHWW (General Application) Regulations 2007 - Part 5; HSA Dust at Work; REACH
RA-124	Work Party Events	All Sites (Internal/External Events)	To ensure alcohol-free, inclusive, and risk-managed social events.	SHWWA 2005 (Duty of Care); Dignity at Work Policies; Insurance Policy Guidance
RA-125	Working at Height	Roofs, Ladders, Scaffolding	To prevent falls, serious injuries, or fatalities from elevated positions.	SHWW (General Application) Regulations 2007, Part 4; SHWW (Construction) Regulations 2013; HSA Code of Practice for Working at Height
RA-126	Working at Height Roof Work	Maintenance Areas, External Building Work	To prevent falls from elevated surfaces and rooftops during inspection or maintenance.	SHWW (General Application) Regulations 2007 - Work at Height; HSA Code of Practice for Roof Work
RA-127	Working from Home	Remote Work Settings	To ensure ergonomics, mental health, and communication risks are addressed for remote workers.	SHWWA 2005 - Employer Duties; HSA Remote Work Guidance
RA-128	Working Time & Rest Periods	All Employees (Shift, On-call, Admin)	To comply with legal rest breaks and working hour limits for employee wellbeing.	Organisation of Working Time Act 1997; SHWWA 2005
RA-129	Working with or near Water	Gardens, External Sites, Wet Areas	To prevent slips, drowning risk, and equipment failure near water sources.	SHWWA 2005; HSA Wet Conditions/Drowning Risk Guidance (if applicable)

APPENDIX 7 A TO Z SAFETY REQUIREMENTS

Table 72 A to Z Safety Requirements

Item	Rationale / Regulation Covered
A – Accident & Incident Report Forms	Required under HSA and HIQA; supports timely reporting, learning and compliance (IR1/IR3, NIMS, etc.)
B – Behaviour Support Plans / Risk Assessments	Required for managing behaviours that challenge; aligns with Positive Behaviour Support, HIQA Standards, and Human Rights (FREDA)
C – Chemical Inventory & SDS	Registration, Evaluation, Authorisation, and restriction of Chemicals Hazards (REACH) requirement; protects staff, service users and visitors
D – DSE/Workstation Assessment	Legal under General Application Regs 2007; supports ergonomics and prevention of MSDs for admin/office staff
E – Emergency Evacuation Plans (incl. PEEP/GEEP)	Required under Fire Services Acts & HIQA; ensures everyone can evacuate safely including those with mobility or sensory needs
F – First Aid Kits & First Aiders	Mandated by Safety, Health & Welfare at Work Act and First Aid Regulations; protects life and health
G – GDPR-Compliant Record Keeping	Required for protecting sensitive personal and medical data; includes H&S records, staff, and service user info
H – Hoist and Assistive Equipment Servicing Records	Required under Lifting Operations & Lifting Equipment Regulations (LOLER) and best practice in supporting mobility safely
I – Infection Prevention & Control Guidance	Aligns with HSE and HIQA guidance; required to prevent spread of infectious disease (incl. Covid-19, MRSA, etc.)
J – Job Hazard Analysis (for staff roles)	Ensures risk assessments match real-life tasks (e.g., lone work, outreach, cooking, restraint)
K – Key Worker Safety Role Description	Ensures clarity of role in supporting day-to-day risk management and safety promotion at unit level
L – Lone Working Checklist & Risk Assessment	Required under 2005 Act for vulnerable workers; protects staff working alone in community or residential settings
M – Manual Handling Risk Assessments (Objects & People)	Mandatory under Manual Handling Regs; key in social care where lifting people and equipment is frequent
N – NIMS (or Internal Incident System) Guidance	Aligns with HSE incident management policy; ensures consistency in risk learning and SCA notification
O – Orientation / Induction Checklist	Confirms new staff, students, contractors are briefed on local risks, fire, manual handling, reporting procedures
P – PPE Provision Log	Required by law (General Application Regs 2007); ensures staff receive appropriate equipment and training
Q – Quality Improvement Action Plans	Required by HIQA and HSA; ensures gaps are addressed in audits, inspections, complaints, or incidents
R – Risk Register	Captures live risk across service — including environmental, clinical, behavioural, and strategic risks

Table 72 A to Z Safety Requirements

Item	Rationale / Regulation Covered
S – Safety Statement & Site Specific	Legally required by every employer under SHAW Acy 2005; updated yearly or when changes arise
T – Training Record (Statutory & Refresher)	Mandatory training includes manual handling, fire, first aid, infection control, DSE, food safety etc.
V – Visitor/Contractor Induction Form	Ensures non-employees are informed of safety rules, emergency exits, and reporting procedures
W – Welfare Facilities Checklist	Ensures legal compliance with hygiene and wellbeing facilities (toilets, rest areas, drinking water, etc.)
X – exit Strategy for Serious Events (Contingency Plan)	Ensures continuity of service in cases of floods, power outages, cyberattacks etc. (Business Continuity Plan)
Y – Youth-Specific Risk Adjustments	Where relevant (e.g., under 18s in disability or respite settings), age-appropriate safety procedures are required
Z – Zero Harm Culture Tools (e.g., Safety Champion, FRAC/ART tools)	Supports engagement and informed safety culture

APPENDIX 8 GUIDANCE ON RESPONDING TO AND DE-ESCALATING AGGRESSIVE PHONE CALLS

Purpose

This guidance supports all workers who may receive aggressive, threatening, or abusive phone calls from third parties. It aims to help you respond calmly, professionally, and safely while protecting your wellbeing.

1. Preparing for Challenging Calls

Know your procedures - Familiarise yourself with our organisation's policies on managing aggression and what support is available.
Stay aware of triggers - Be aware of common flashpoints (e.g., service delays, complaints, misunderstandings) so you can listen and respond appropriately.

2. During the Call: De-Escalation Techniques

I. Stay Calm & Professional

- Maintain a calm and measured tone of voice.
- Slow your speech to encourage the caller to do the same.
- Avoid interrupting or raising your voice.

II. Listen & Acknowledge

- Let the caller speak and show you're listening.
- Use empathetic statements:
  - *"I understand that you're feeling upset."*
  - *"I can hear this is very important to you."*

III. Empower and Clarify

- Ask short, clear questions to identify their main concern.
- Clarify by repeating key points:
  - *"Just to make sure I've understood…"*

IV. Set Boundaries

If the caller becomes abusive:

- Calmly explain the behaviour is not acceptable:
  - *"I want to help, but I need you to speak respectfully."*
- If they continue, give a polite warning:
  - *"If this language continues, I will need to end the call."*

3. If the Caller Continues to be Aggressive

End the Call Safely

- Follow your organisation's policy for terminating a call.

- Inform the caller that you are ending the call and why.
- Document the call immediately, including any threats or concerning statements.

4. After the Call

I. Report the Incident through E-forms

- Complete an incident report form as per your procedures.
- Inform your manager or supervisor for follow-up.

II. Access Support

- Speak to your manager if you need emotional support or debriefing.
- Consider using your Employee Assistance Programme if you feel upset or shaken.

III. Review Learning

- Reflect on what went well and what could help in future.
- Suggest improvements to policies or training if applicable.

5. Summary

- ✓ Stay in control of your emotions.
- ✓ Validate the caller's feelings without agreeing with unreasonable demands.
- ✓ Know when to set firm boundaries and end a call.
- ✓ Document and report every aggressive or threatening interaction.
- ✓ Seek support afterwards - you matter too.

APPENDIX 9 GLOSSARY OF TERMS

Below is a simplified and expanded glossary of key safety terms used in SMH policies. This list aligns with, social care values (including FREDA), and Irish legislation.

Table 73 GLOSSARY OF TERMS

Term	Plain English Meaning	Best Practice Notes
Access / Egress	Entry into / exit from a workplace	Should be safe, well-lit, and free from obstructions
Approved Code of Practice (ACoP)	Practical guidance approved by the Health & Safety Authority (HSA)	Can be used in court as evidence of best practice
Associate Staff	Temporary or contract tutors/training staff	Is required to be included in inductions, insurance, and relevant training
Competent Person	Someone with the training, knowledge, and experience to safely do a task	Defined under SHWW Act 2005, Job Descriptions, and professional accreditations
Contractor	A person or company hired to carry out work or supply materials	Is required to follow SMH safety policies, especially for high-risk work (e.g., hot works)
Dangerous Occurrence	An incident that could have caused serious harm, even if no one was injured	Is required to be reported to the HSA if notifiable
Employee	Anyone working under a contract of employment	Includes fixed term, agency, and temporary workers
Employer	The person or organisation responsible for workers and anybody under their supervision	Legally responsible for providing a safe workplace
Ergonomics	Designing jobs and workspaces to suit people	Reduces injuries, improves wellbeing and crucially productivity
Egress	A safe way to leave a workplace	Part of fire and emergency planning
First Aid	Immediate care for illness or injury before professional help arrives	First aiders are required to be trained and kits available
FREDA Principles	Fairness, Respect, Equality, Dignity, Autonomy	Core values for supporting rights and person-centred risk decisions
HSA	Health &Safety Authority	Prosecution, enforcement, training, and guidance
Hazard	Anything with the potential to cause harm	Risk assessment helps identify and manage hazards
Human Factors	How people interact with systems, environments, and each other	Design systems to reduce error and improve safety

Incident	An unplanned event that causes injury, illness, property, or environmental damage	All Incidents should be reported and investigated, even minor ones
Intoxicant	Alcohol or drugs (prescribed or illegal)	Cannot be present in the workplace if it poses a safety risk
Lone Worker	A person who works alone without close or direct supervision	Requires a specific risk assessment and support plan, including for social care settings
Manual Handling	Lifting, pushing, or moving something by hand	Should be avoided or minimised using training and aids
Means of Escape	Safe route out of a building in an emergency	Routes are required to be marked, accessible and known to all
Near Miss	Something that almost caused harm but didn't	Should be reported so future risks can be prevented
Notifiable Injury (HSA)	An injury that prevents someone from working for 4 or more calendar days (including weekends and non-shift days)	Is required to be reported to the HSA under current Irish law
Personal Protective Equipment (PPE)	Gear to protect workers (gloves, boots, helmets)	Is required to be risk assessed, suitable, and used properly
Policy	A written plan outlining how SMH manages safety	Is required to be clear, accessible, and regularly reviewed
Risk	The chance that harm will happen from a hazard	Depends on how likely it is and how bad the outcome could be
Risk Assessment	A process to identify and control risks	Required by law for all significant workplace activities
Risk Matrix	A tool to rate how serious a risk is	Used in SMH to score risks from 1 to 25 (likelihood × impact)
Risk Rating	A score showing how serious a risk is	Helps decide if further controls are required
Risk Management	Steps to control or reduce risks	Should be part of all planning and decision making
Safety Audit	A detailed review of how safety policies are working	Audits are required to be planned and findings followed up
Safety Champion	A frontline staff member (nonmanagement) who promotes safety culture and inclusion	Offers peer leadership, reports concerns, and encourages positive behaviours in social care settings
Safety Culture	Shared attitudes and behaviours around safety	Strong safety cultures encourage reporting and improvement
Safety Inspection	A check to spot safety issues in work areas, completed locally by PICS	Should be regular and documented

Safety Monitoring	Ongoing checks to make sure safety controls are working	Part of continuous improvement
Safety Rep	A staff member chosen to help with safety	Is required to be trained and supported by management
Safety Statement	A written plan showing how SMH keeps people safe	Legally required and is required to include risk assessments
Safe System of Work	A formal way to do a task safely	Is required to be based on risk assessment and followed every time
SDS (Safety Data Sheet)	Info about how to handle a chemical safely	Required for all chemicals
Student	Someone on placement or training at SMH	Is required to be included in safety briefings and supervised appropriately
Welfare	Toilets, break areas, drinking water, etc.	Is required to meet minimum standards under legislation
Workplace	Anywhere work is carried out	Is required to be safe, healthy, and accessible for all

APPENDIX 10: PRINCIPLES OF PREVENTION

This table is required to be read alongside the Risk Management Policy. It reflects the legal duties in Schedule 3 of the *Safety, Health and Welfare at Work Act 2005* and promotes a rights-based approach to managing risk, grounded in the FREDA values: Fairness, Respect, Equality, Dignity, and Autonomy.

Table 74 PRINCIPLES OF PREVENTION

	Principle	Plain English Meaning	Social Care & Risk Best Practice
1	Avoid the Risk	Stop the task or hazard if possible	Example: Use mechanical hoists to avoid staff lifting people manually. Promotes staff and service user dignity.
2	Evaluate Unavoidable Risks	If the risk can't be avoided, assess it carefully	Use person-centred risk assessments. Think about both the likelihood and the real-world impact of the risk, be risk positive by engaging with 3rd party where staff have not got the competency
3	Combat Risks at Source	Fix the root cause of the problem	Instead of placing wet floor signs, fix the leak causing the hazard. Supports long-term safety culture.
4	Adapt Work to the Individual	Adjust the task or setting to suit the person	E.g., Ergonomic assessments of the built environment
5	Adapt to Technical Progress	Use safer tools, methods, or technology	Keep up with safer designs and solutions. Use voice alarms, low risk cleaning agents, digital alert systems.
6	Replace the Dangerous with Safer Alternatives	Choose less harmful substances or systems	Use nontoxic chemicals instead of industrial ones. Use people friendly processes in homes or clinics.
7	Priority to Group Protection	Make changes that protect everyone	Fire doors and alarms protect all. Relying only on gloves protects one person—choose collective safety first.
8	Develop a Prevention Policy	Have a clear written plan to avoid risks	All SMH policies is required to show how people (staff and service users) are protected from harm and treated with dignity.
9	Training and Instruction	Teach people how to work safely	Train everyone including staff, students, contractors, and service users where relevant. Use plain English and inclusive formats (e.g., visual guides).

Key Reminders:

These principles support inclusive, fair, and balanced decisions, in line with FREDA and the UNCRPD (United Nations Convention on the Rights of Persons with Disabilities).

- Always consider risks from a social care lens, including the right to take informed risks.
- This list complements the Risk Assessment Template, which includes fields for rationale, responsibilities, and inclusive strategies.
    - Use these principles especially when planning activities that involve:
    - Autonomy and decision making by service users
    - Working alone
    - Community access or public transport
    - Use of PPE or chemicals
    - High-cost proposals or system change
    - Always enable and be positive but do not engage in activities you are not competent in, instead facilitate

APPENDIX 11 - INFORMATION ON STRESS

Introduction

SMH recognises that stress can have a big impact on both staff and the quality of services we provide. This section explains how we understand the effects of stress and outlines the steps we can take to support and reduce stress.

Understanding Stress: Symptoms, Effects, and Why They Matter

Stress affects people in different ways. It can show up through behaviours, physical health, and emotions. Recognizing these signs early can help manage stress better before it causes more serious problems.

Table 75 Behavioural Symptoms of Stress

Symptom	Explanation / Why It Matters	Possible Gap/Expansion
Constant and increased anxiety and irritability with people	Feeling nervous or easily annoyed can harm relationships and teamwork.	Could include avoidance behaviour or social withdrawal.
Tendency to drink/smoke more	People may turn to unhealthy coping methods, worsening health.	Add other coping behaviours like overeating or drug use.
Poor concentration	Makes it hard to focus on tasks, leading to mistakes.	Could mention forgetfulness or decision-making difficulties.
Inability to finish tasks before starting others	Multitasking under stress reduces productivity and increases errors.	Expand on procrastination or lack of motivation.
Constant fatigue	Feeling tired all the time decreases energy and motivation.	Include sleep disturbances causing fatigue.
Inability to cope	Feeling overwhelmed can lead to giving up on tasks or responsibilities.	May also cause emotional breakdowns or avoidance.
Feeling of victimisation	Feeling unfairly treated or powerless can lower self-esteem and increase stress.	Could add feelings of helplessness or low confidence.

Table 76 Physical Symptoms of Stress

Symptom	Explanation / Why It Matters	Possible Gap/Expansion
Raised heartbeat/palpitations	Stress activates "fight or flight," increasing heart rate.	Could link to risk of heart disease long-term.
Hypertension	High blood pressure strains the heart and blood vessels.	Mention potential for long-term cardiovascular issues.
Increased sweating	Body's reaction to stress can cause uncomfortable sweating.	Could mention night sweats or excessive perspiration.
Headaches	Tension and stress often cause muscle tightness leading to headaches.	Could specify tension headaches or migraines.

Dizziness	Stress can affect blood flow or cause hyperventilation.	Could expand on fainting risks or balance issues.
Blurred Vision	Stress can impact eye muscles or cause dry eyes.	Mention eye strain or sensitivity to light.
Skin Rashes	Stress can trigger skin reactions like eczema or hives.	Could add acne flareups or other dermatological effects.
Lowering of resistance to infection	Stress weakens the immune system making infections more likely.	Could expand on longer recovery times or chronic illness.
Insomnia	Stress disrupts sleep patterns, causing poor rest.	Could include nightmares or difficulty falling asleep.
Lack of appetite	Stress can reduce desire to eat, leading to nutritional problems.	Could also mention stress induced overeating.
Cramps and muscle spasms	Muscle tension can cause pain and spasms.	Could add postural problems or chronic pain development.

Table 77 Effects of Stress in the Workplace - Individual, Team & Service Impact

Area of Impact	**Explanation / Why It Matters**	**Examples in Social Care Context**	**Possible Consequences / Gaps**
Reduced morale & commitment	Stress reduces enthusiasm, leading to disengagement or withdrawal.	Staff not engaging in team discussions, avoiding activities.	Absenteeism, presenteeism, increased turnover.
Poor judgement / decision-making	Stress clouds thinking, increasing risk of errors.	Errors in medication administration or incorrect documentation.	Incidents, complaints, reduced safety.
Physical and mental ill health	Prolonged stress can cause anxiety, depression, high blood pressure, or heart conditions.	Staff with frequent sick leave due to stress-related illness.	Burnout, long-term disability, occupational health referral.
Emotional instability / irritability	Mood swings, frustration, or sadness may go unnoticed but impact relationships and wellbeing.	Snapping at colleagues, emotional withdrawal from service users.	Misunderstandings, isolation, potential safeguarding concerns.
Conflict with colleagues	Stress reduces tolerance and increases interpersonal friction.	Disagreements in handovers or during stressful shifts.	Bullying, breakdown in communication, formal HR processes triggered.
Poor communication	Rushed or unclear instructions increase confusion.	Conflicting messages about service user care.	Mistakes in care plans, increased frustration for service users.
Decreased responsiveness	Fatigue and cognitive overload cause delays.	Missed signals from a distressed service user or delayed support.	Escalation of needs, injury, increased anxiety.
Reduced emotional availability	Less ability to connect or show empathy.	Staff appearing “cold” or disengaged with service users.	Feelings of loneliness, emotional neglect.

Negative role modelling	Staff set behavioural norms — stress behaviour can influence others.	Increased service user agitation or mirroring of negative behaviours.	Heightened incidents of challenging behaviour.
Increased risk of errors	Distraction and fatigue increase chances of safety breaches.	Missed medication times, incorrect lifting technique.	Harm, investigation, reputational impact.
Lowered teamwork	Stress isolates individuals, eroding collaboration.	Lack of support between staff leads to missed tasks.	Inconsistent care, low morale, burnout.
Workplace-specific stressors	Heavy workload, low staffing, lack of autonomy, and shift work all contribute to stress.	Staff managing multiple service users with high needs, without breaks.	Persistent strain unless structural issues are addressed.
Lack of coping strategies	Identifying symptoms isn't enough — staff need tools to cope and recover.	No EAP or peer support, limited access to debriefing or reflective practice.	Ongoing stress builds into chronic issues; reactive rather than proactive support.

APPENDIX 12 LADDER USE CHECK LIST

SMH policy states that Ladders can only be used by trained and authorized staff and that ladders must be on a centralized register and checked regularly. Where possible staff must:

- ✓ Avoid work at height where possible; only use ladders if other methods are impracticable and task risk assessment confirms ladder use is safe for all persons in the area.
- ✓ Only use ladders where the risk is low (fall unlikely or injury unlikely if fall occurs or PPE is identified in Maintenance work Method Statement).
- ✓ Only Use ladders suitable for the specific task.
- ✓ Only use ladders that are tagged and under a regular inspection regime.
- ✓ Only use ladders on register, never use ladders of unknown history or ownership.

Ladder Safety Checklist

☐ Fully inspect ladders before use, checking for defective rungs, cracks, damaged hinges, sharp edges.

☐ Erect ladders only on even, stable ground with a strong and even upper resting point.

☐ Use ladders for short term tasks only (maximum 30 minutes in one position).

☐ Use ladders only for light work.

☐ Avoid carrying heavy or awkward tools or equipment while on a ladder.

☐ Avoid overreaching or any work that causes sideways loading on the ladder.

☐ Always maintain three points of contact on the ladder.

☐ Secure ladders at the top, even for short duration use.

☐ If ladder cannot be secured at the top, secure near the bottom, weight it, or fit it to prevent slipping.

☐ Ladders used for access should extend at least 1.0 meter above the access platform.

☐ Do not use the top two rungs of a ladder for access or work.

☐ Do not straddle A-frame ladders during use.

☐ Position ladders properly for access using the 1:4 rule (for every 4 meters height, base should be 1 meter out).

☐ Do not paint ladders (painting can hide defects or cracks).

☐ Store wooden ladders in well-ventilated areas protected from the elements.

☐ Place signage when ladder is near doors or aisles with traffic; move ladder as work progresses to avoid overstretching.

For Further Guidance, Refer to:

- Using Ladders Safely Information Sheet (HSA)
- Guide to the Safety, Health, and Welfare at Work (General Application) Regulations 2007 Part 4
- Work at Height (HSA Publications)

APPENDIX 13 - Permit to Work System (PTW)

A 6.1 What is a Permit to Work (PTW)?

Under the Safety, Health and Welfare at Work Act 2005, SMH is required to make sure that all work is planned, organised, done safely, and reviewed regularly to keep people safe.
To comply with this requirement and monitor activity, SMH uses a Permit to Work system to manage all hazardous jobs (like maintenance or engineering) done on site. Under the PTW system, the Local Manager or another authorised person is required to approve it work to commence before any work can begin.
There are six types of permits, each for a specific kind of work:

Table 78: Types of Permits and When to Use Them

Permit Type	Use for	Rationale
General Permit	All general maintenance or contractor work	Covers normal maintenance and ensures all work is authorised and controlled.
Hot Works	Any work that creates sparks or heat (welding, cutting)	Prevents fire risk by controlling ignition sources and requiring fire safety measures.
Confined Space Entry	Work inside enclosed or restricted spaces	Confined spaces can have dangerous gases, low oxygen, or other hazards requiring strict controls.
Work at Heights	Work done above or below ground level where falls are possible	Falls are a major cause of injury; this ensures proper equipment and training.
Electrical Works	Work on electrical circuits or systems	Electricity is dangerous; this ensures only trained people work safely on it.
Ceiling Access Permit	Work requiring access above ceilings	Ceiling spaces can be risky and need proper controls to avoid falls or damage.

A 6.2 Key Terms for Permit to Work

- Affected Person: Someone who controls a work area or process that could be impacted by the work.
- Authorised Person: A trained person with authority and knowledge of activity, who approves and checks the work.
- Confined Space: A place that is enclosed and might be dangerous because of gases, lack of oxygen, heat, or other risks.
- Competent Person: Someone who stays on site, leads the team, and has the skills and training to safely manage the work.
- Contractor: A person or company hired to do work but not employed by SMH.
- Fixed Electrical Circuit: Wiring or electrical parts that are permanently installed and can’t be unplugged to disconnect from power.
- High Voltage: Electricity of 600 volts or more.
- Hot Work: Work that can cause sparks or flames like welding or cutting.
- Lone Work: Work done alone without close supervision.

- Live Work: Electrical work done on systems that are still powered.
- Permit to Work: A completed and signed form that authorises specific hazardous work to be done safely.
- Pipeline Breaking: Opening or cutting into pipes that contain hazardous materials under pressure or extreme conditions.
- Safety Device: Built-in safety features like machine guards or electrical safety switches.

A 6.3 Notifying About Proposed Work

- ✓ Before starting work, the contractor is required to ask permission and explain what work will be done and when.
- ✓ Permission is required to be agreed with all affected people.
- ✓ If the work won't affect normal operations, this should be confirmed with the Authorised Person.
- ✓ The contractor and Authorised Person will agree on site access, arrival times, and the work schedule.
- ✓ If needed, a safety plan or method statement is required to be provided. This is checked by the Technical Services Manager and representative of QSR Dept.

A 6.4 Risk Assessment and Method Statement (RAMS)

For all contractor works a written method statement and risk assessment is required to be sent to SMH before starting.
The method statement should include:

- Who is responsible for what?
- Details of the work
- Equipment to be used
- Names of responsible people
- Step-by-step plan from start to finish
- Task specific risks and how to control them
- These are checked by Technical Services and representative of QSR Dept.

A 6.5 Getting and Managing Permits

- Contractors are required to get all the required permits autherised before starting any work.
- Permits are filled out and signed by the Competent Person, then checked and approved by the Authorised Person.
- If a permit doesn't meet safety requirements, it is required to be reviewed and fixed, before work commences
- Everyone doing hazardous work is required to have a valid Permit to Work and follow its instructions.
- Before work starts, the Competent Person makes sure all safety measures are in place.

- Copies of the permit are kept by the Competent Person and the Authorised Person, with a visible copy displayed near the work area.
- If an unsafe act or work process agreed is not followed permit can be withdrawn and payment for work withheld until remedial action is completed
- When work is done, the Authorised Person checks the work and signs off to confirm it is finished safely

Table 79: What is a PTW?

What	Explanation	Why it matters (Rationale)
Permit to Work	A formal written permission to do certain types of risky or hazardous work safely.	Ensures work is planned, controlled, and risks are managed to protect everyone involved. It's required by law (Safety, Health & Welfare at Work Act 2005).
When it's needed	For maintenance or engineering work that could be dangerous (like working with electricity, working at height, or in confined spaces).	Without proper controls, people could get seriously hurt or damage could happen.
Who authorises	The Local Manager or an appointed Authorised Person is required to approve the work and issue the permit.	To make sure someone responsible and knowledgeable checks the risks and agrees work can go ahead safely.

Table 80: Key Roles in the Permit to Work Process

Role	Who They Are	Why It's Important
Authorised Person	Person with authority and training to approve work	Responsible for checking risks and giving permission before work starts.
Competent Person	Skilled person in charge of the work team	Plans and controls the work safely; ensures safety measures are in place.
Affected Person	People whose work area or operations might be affected by the work	Ensures communication and coordination so normal activities are not disrupted.
Contractor	External workers hired to do the work	Is required to follow permit rules to keep themselves and others safe.

Table 81: Why Follow the Permit to Work Process?

Process Step	What Happens	Reason to Follow
Request permission to start	Contractor asks for approval, describing work and schedule	Ensures everyone knows about the work and agrees it's safe to start.
Risk assessment and method statement (RAMS)	Detailed plan of how work will be done safely	Identifies risks and how to reduce them before work begins.

Issue permit	Authorised Person approves and signs the permit	Confirms safety checks done and authorises work to proceed.
Display permit	Permit is shown near the work area	Keeps everyone informed about what work is ongoing and controls in place.
Work carried out	Work done following the permit rules	Prevents Incidents by ensuring safety procedures are followed.
Work completion check	Authorised Person confirms work is done safely	Confirms work finished properly and area is safe again.

Table 82: Common Concerns and How the Permit to Work Helps

Concern/Reluctance	What the Permit Does to Help	Why it Should be Used Anyway
"It takes too long"	Streamlines approval with clear steps and time limits (permits usually max 7 days)	Taking time upfront prevents Incidents, delays, and costly repairs later.
"It’s paperwork, not practical"	The permit is a working tool, not just a form — it guides safety on site	It keeps everyone clear on what needs to be done and who’s responsible.
"We know what we’re doing"	Requires confirmation that all safety measures are in place before starting	Even experienced people can miss hazards; this adds an important safety check.
"It slows down the work"	Preapproved plans and clear scheduling reduce interruptions	Helps avoid unplanned stops caused by unsafe conditions or emergencies.
"No one reads the permits"	Copies are kept on site and displayed near the work area for visibility	Encourages accountability and awareness for everyone involved or nearby.

Permit to Work Form	
_____ WORK BEING CARRIED OUT DETAILS	
Area in which work is being conducted	
Who authorised work/work order	
Work order details (brief)	
No. of persons onsite (is required to sign in and out at reception)	
Company name	
Company contacts number & onsite staff contact number	

Any potential hazards or outages	Working from heights/ ladders	Hot works	Electrical works	Internet/ Intranet	Telephone system	Barrier gate required
Does fire alarm detection system require disabling	Yes			No		
Is lift safe to use	Yes			No		
Company confirms they have all protective equipment required to do job safely, of required spec, certification e.g., safety boots, eye protection, hearing protection, high vis, gloves, barriers etc. are provided	Yes			No		
That Safety Systems are in place and communicated i.e., Barriers in place to prevent unauthorised entry to hazardous areas	Yes			No		
Please detail						
Commencement of works on	Date:			Time:		
Completion of works on	Date:			Time:		
Confirmation of job completion	Yes		No		Date:	
Date of revisit if job incomplete and why						
Any accident/incident have been reported	Yes		No		Initials:	
Signed by Contractor/Maintenance Dept.						
Contractor/Maintenance Dept. (print)					Date:	

APPENDIX 14 - SMH DUTIES (AS CLIENT) IN CONSTRUCTION

Section A 9.8 - Construction Works Records and Safety Management

Overview

SMH is committed to ensuring all construction works on or near our sites are conducted safely, in compliance with all legal requirements, and with minimal impact on our staff, service users, and the public. This section outlines the key records, roles, responsibilities, and monitoring activities required to achieve this.

Table 83 Key Components Table Construction

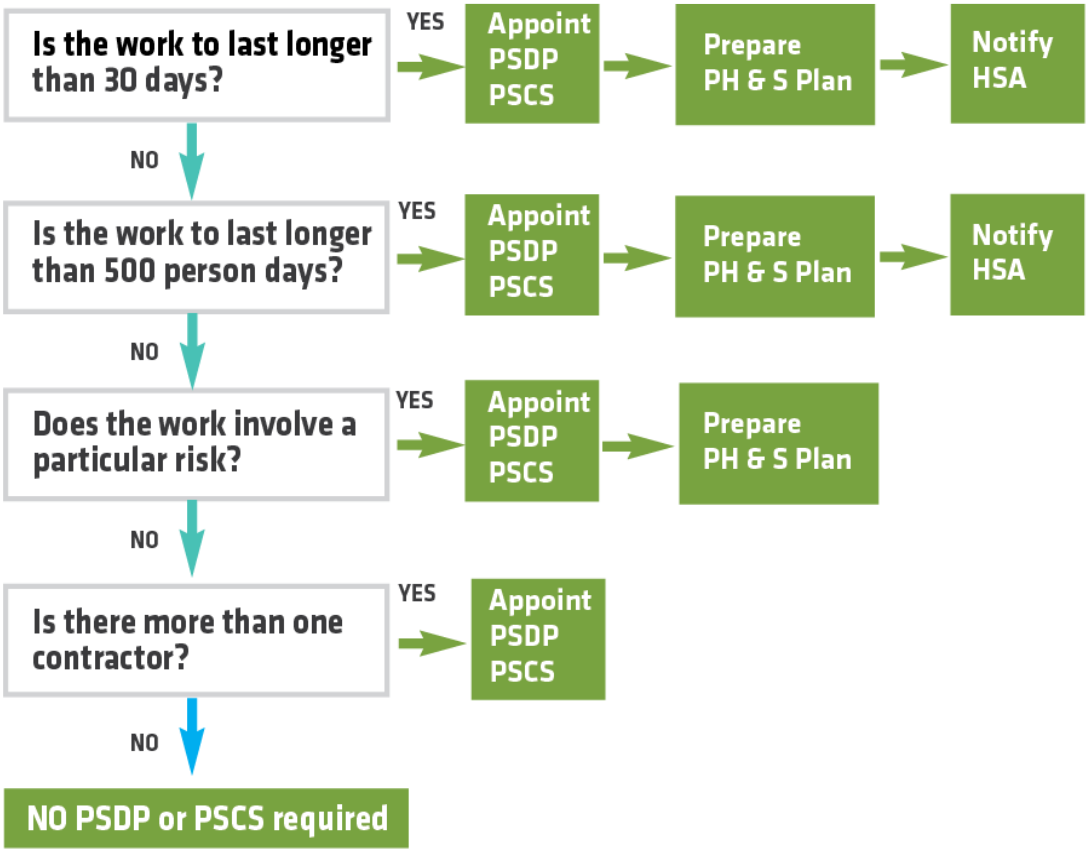
Requirement	Description	Rationale
Records of Assessments	All risk assessments, safety plans, and inspections related to construction works will be retained for no less than 5 years post completion.	Ensures traceability, legal compliance, and reference for future works or audits.
Health & Safety Professional Review	All Preliminary Health & Safety Plans, safety files, training records, and audits is required to be reviewed by a qualified H&S professional before work begins.	To ensure risks are properly identified and controlled, and compliance with regulations.
PSDP & PSCS Roles	Project Supervisor Design Process (PSDP) and Project Supervisor Construction Stage (PSCS) is required to be appointed where required, and their documents reviewed by H&S professionals.	Ensures safety oversight and coordination throughout all stages of construction.
HSA Construction Forms	All required forms from the Health & Safety Authority (HSA) are required to be completed and submitted prior to commencement.	Legal requirement: ensures all relevant authorities are informed and can inspect as needed.
Neighboring Site Impact	Any works on or adjacent to sites under SMH influence that may impact staff or service users is required to be assessed and controlled.	Protects vulnerable populations and maintains safe working environment.
Monitoring & Compliance	Regular site inspections and review of contractor performance. Any performance issues will be formally raised and addressed with set timelines.	Maintains high safety standards and ensures continuous improvement.
Escalation Procedure	If disagreements arise, SMH will engage PSDP or PSCS to reconcile issues; failure to resolve may result in project suspension.	

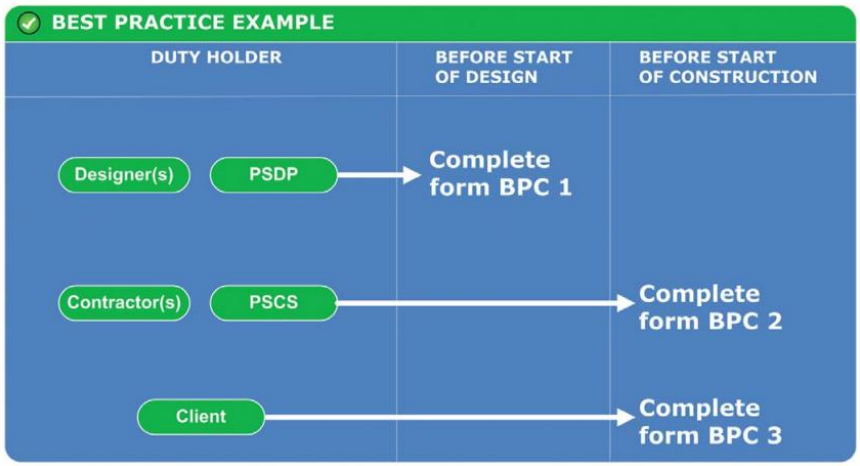
Incident Reporting & Investigation	All incidents or near misses are required to be immediately reported to SMH, documented, and investigated to identify root causes and corrective actions.	Prevents reoccurrence and protects all stakeholders.
Safety File Management	The client (SMH) holds responsibility for updating and retaining the Safety File post completion, and making it accessible to future contractors	Ensures all relevant safety information is available for ongoing or future works.
Approved Suppliers	Contractors is required to be on the SMH approved suppliers list prior to engagement.	Ensures quality and safety standards are met by competent contractors.
Public Safety Considerations	Contractor is required to implement controls to protect the public, report breaches, and cooperate with SMH investigations.	Protects the wider community from harm and ensures legal compliance.
Waste Management	Contractors is required to submit evidence of proper disposal of construction waste, ensure separation and recycling where possible, and prevent contamination.	Prevents environmental harm and complies with waste regulations.
Vehicle Use and Movement	Vehicle movements on site is required to be controlled and planned to avoid risks to staff, service users, and pedestrians. Speed limits and designated routes is required to be adhered to.	Minimizes risk of collisions and Incidents on site, protecting vulnerable individuals.
PPE and Equipment Use	Contractors is required to always wear appropriate personal protective equipment (PPE) and use suitable, well-maintained equipment for tasks. Evidence of PPE training and equipment inspection is required to be submitted.	Ensures contractor safety and reduces risk of injury during construction activities.

Table 84 Construction Responsibilities

Role / Party	Key Responsibilities
SMH Q**SR Dept.**	Review safety plans, monitor compliance, retain records, approve suppliers, review vehicle and waste management plans.
PSDP (Project Supervisor Design Process)	Manage safety during design phase; ensure risk mitigation measures are incorporated.
PSCS (Project Supervisor Construction Stage)	Oversee construction phase safety; coordinate contractor safety activities, including vehicle movements and waste disposal.
Contractors / Suppliers	Follow safety plans, complete forms, manage waste, control vehicle movements, wear PPE, and report incidents.
SMH Contracting Manager	Receive incident reports, coordinate investigations, manage supplier performance, verify PPE, and waste documentation.

A 14.5 Determine the Requirements for PSDP or PSCS





BPC1	Competency Assessment for PSDP / Designer
BPC 2	Competence Assessment for PSCS / Contractor
BPC3	Client Checklist

A 14.6 HSA Construction forms

BPC 1 Competency Assessment for PSDP/Designer

HEALTH AND SAFETY AUTHORITY

Client to assess competency, based on information submitted by the PSDP/Designer

Designer: _____ Project: _____

Tick duties being assessed: ◯ PSDP and Designer ◯ PSDP only ◯ Designer only

Where details or evidence is specifically requested, these must be attached to this questionnaire and submitted to the client. Questions marked "*" relate specifically to PSDP. All remaining questions must be answered by the Designer and PSDP.

Client ticks if response is adequate

Section 1:

If you answer "yes", proceed to Section 2. If you answer "no", respond to the remaining questions first.

1.1 Do you have a third-party accredited Safety Management System (e.g. OHSAS 18001)? ☐

◯ Yes ◯ No →

1.2 Provide an outline of your Safety Statement (e.g. table of contents) ☐
1.3 Provide evidence of how you manage health & safety on your projects ☐
1.4 Provide an example of how risk assessments are undertaken at design ☐
1.5 Detail how you take account of the General Principles of Prevention ☐
1.6 Provide an example of how you have designed out hazards ☐
1.7 Detail how you assess competency for persons engaged in a project ☐
1.8 Detail how you assess the health and safety resources required ☐
1.9 Detail how you assess time required for completion of a project* ☐
1.10 Detail how you take corrective action and issue directions* ☐

Section 2:

Answer all questions.

2.1 Provide details of similar projects previously completed ☐
2.2 Provide details of previous PSDP* and/or Designer appointments ☐
2.3 Provide details of experience of the staff you propose for this project ☐
2.4 Provide evidence of relevant qualifications and/or relevant safety training for staff ☐
2.5 Provide evidence of membership of professional bodies (e.g. RIAI, EI, ACEI) ☐
2.6 Detail how design safety is communicated and coordinated* ☐
2.7 Provide an example of a previous Preliminary Safety and Health Plan* ☐
2.8 Describe your processes for preparing a Safety File* ☐
2.9 Detail any accidents/incidents associated with your projects ☐
2.10 Detail any previous convictions/enforcement action by the Health and Safety Authority ☐

In accordance with the Statutory Declarations Act 1938, I/we attest to the completeness, accuracy and truthfulness of the statements I/we have made in completing this form and to any information I/we have attached.

Signed by Designer/PSDP: _____

Date: _____

Submission approved, signed by Client: _____ Date approved by Client: _____

BPC 2 Competency Assessment for PSCS/Contractor

Client to assess competency, based on information submitted by the PSCS/Contractor

HEALTH AND SAFETY AUTHORITY

Contractor: _____ Project: _____

Tick duties being assessed: ◯ PSCS and Contractor ◯ PSCS only ◯ Contractor only

Where details or evidence is specifically requested, these must be attached to this questionnaire and submitted to the client. Questions marked "*" relate specifically to PSCS. All remaining questions must be answered by the Contractor and PSCS.

Client ticks if response is adequate

Section 1:

If you answer "yes", proceed to Section 2. If you answer "no", respond to the remaining questions first.

1.1 Do you have a third-party accredited Safety Management System (e.g. Safe-T-Cert)? ☐

◯ Yes ◯ No →

1.2 Provide an outline of your Safety Statement (e.g. table of contents) ☐
1.3 Provide evidence of how you manage health & safety on your projects ☐
1.4 Provide an example of how you assess risks for construction activities ☐
1.5 Detail how you take account of the General Principles of Prevention ☐
1.6 Provide an example of how you managed hazards for a similar project ☐
1.7 Detail how you assess competency for persons engaged in a project ☐
1.8 Detail how you assess the health and safety resources required ☐
1.9 Detail how you implement and manage time constraints for a project* ☐
1.10 Detail how you take corrective action and issue directions* ☐

Section 2:

Answer all questions.

2.1 Provide details of similar projects previously completed ☐
2.2 Provide details of previous PSCS* and/or Contractor appointments ☐
2.3 Provide details of experience for the staff you propose for this project ☐
2.4 Provide evidence of relevant qualifications and/or relevant safety training for staff ☐
2.5 Provide evidence of membership of trade associations (e.g. CIF, CIOB) ☐
2.6 Detail how safety is communicated and coordinated* ☐
2.7 Provide an example of a previous Safety and Health Plan* ☐
2.8 Describe how you coordinate the implemetation of safe working procedures* ☐
2.9 Detail any accidents/incidents associated with your projects ☐
2.10 Detail any previous convictions/enforcement action by the Health and Safety Authority ☐

In accordance with the Statutory Declarations Act 1938, I/we attest to the completeness, accuracy and truthfulness of the statements I/we have made in completing this form and to any information I/we have attached.

Signed by Contractor/PSCS: _____

Date: _____

Submission approved, signed by Client: _____ Date approved by Client: _____

HEALTH AND SAFETY AUTHORITY

Safety, Health and Welfare at Work (Construction) Regulations, 2006

Approved Form (AF 1)

Regulation 10

Particulars to be notified by the Client to the Health and Safety Authority before the design process begins

NOTE:

This form is to be used to notify of any project covered by the Safety, Health and Welfare (Construction) Regulations 2006, which will last longer than 30 days or 500 person days. It can also be used to provide changes in appointments since initial notification of projects.

Any day on which construction work is carried out (including holidays and weekends) should be counted, even if the work on that day is of short duration. A person day is one individual, including supervisors and specialists, carrying out construction work for one normal working shift.

This Notification is to be made by Registered Post to HSA, Metropolitan Building, James Joyce Street, Dublin 1; or as may be directed by the Authority.

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1 **Client:** Provide name, full address, telephone number and e-mail address for the Client. If more than one Client, please attach details of all Clients on a separate sheet.

Name:			
Address:			
Telephone:		E-Mail:	

2 **Project Supervisor Design Process and Health & Safety Coordinator:** Provide name, full address, telephone number and e-mail address for the PSDP and Health & Safety Coordinator for the Design Process.

PSDP Name:		H&S C. Name:	
Address:		Address:	
Telephone:		Telephone:	
E-Mail:		E-Mail:	

3 **Project Supervisor Construction Stage and Health & Safety Coordinator, if known:** Provide name, full address, telephone number and e-mail address for the PSCS and Health & Safety Coordinator for the Construction Stage.

PSCS Name:		H&S C. Name:	
Address:		Address:	
Telephone:		Telephone:	
E-Mail:		E-Mail:	

4 **Information on Construction Work:** Please provide your details of the following.

Description of Project:			
Exact Address of Construction Site:			
Signed:		by or on behalf of the Client	
Position:		Date:	

A 14.7 Construction Work Checklist

BPC 3 Client Checklist

Client can use this checklist to track progress and health and safety compliance

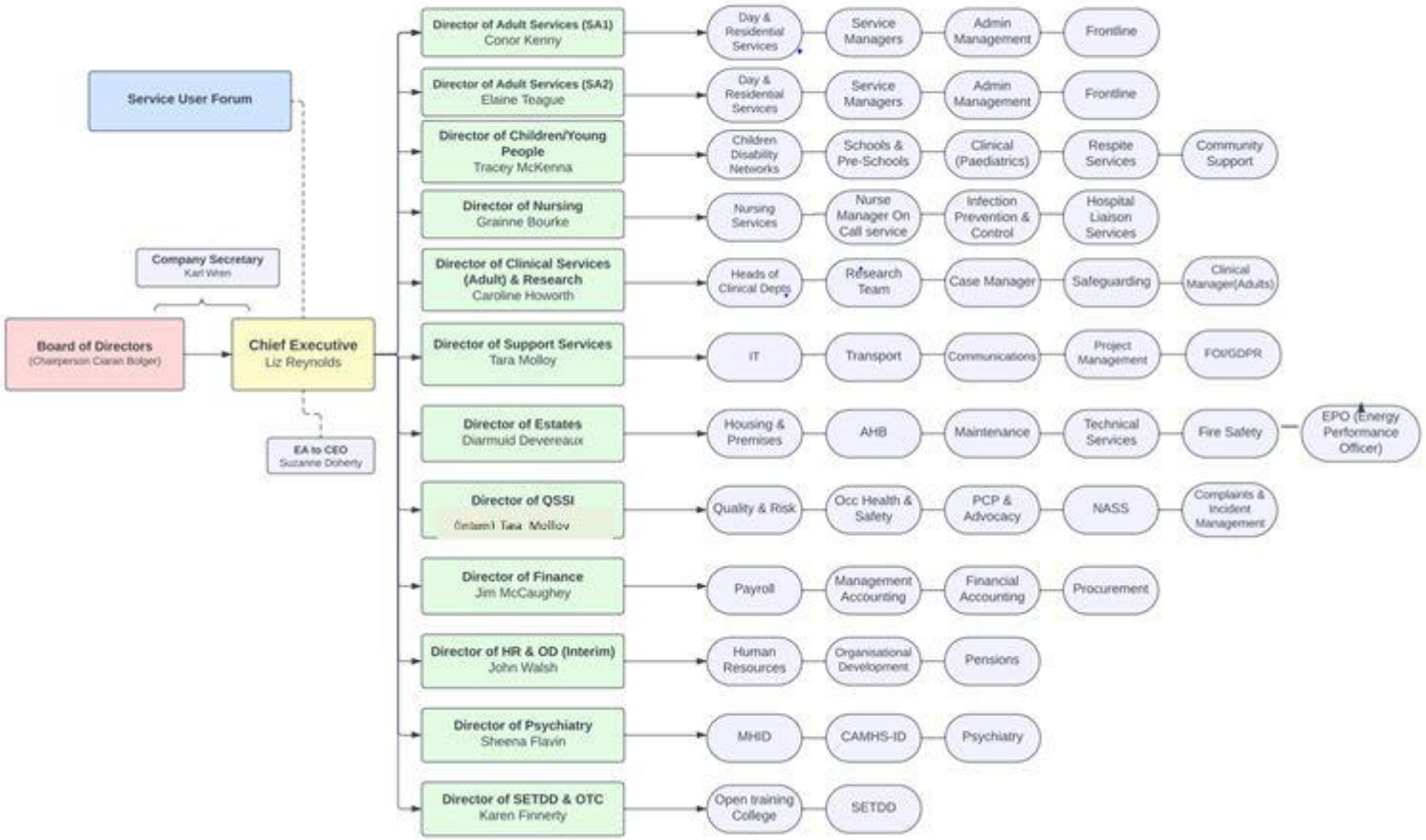
HEALTH AND SAFETY AUTHORITY

Client: Project:

Tick the appropriate box as tasks are completed. Note you may need to discuss some of these tasks with the PSDP and/or PSCS.

	Client ticks if task is completed
Section 1: This section relates to procurement of the design team and PSDP.	
1.1 Have you assessed the health and safety competencies and resources of each Designer?	☐
1.2 Have you appointed each Designer in writing?	☐
1.3 Have you assessed the health and safety competency and resources of the PSDP?	☐
1.4 Have you appointed the PSDP in writing?	☐
1.5 Has the PSDP confirmed acceptance of the PSDP role in writing?	☐
1.6 Does the project need to be notified to the Health and Safety Authority?	☐
1.7 Have you completed AF1 form and issued this to the Health and Safety Authority?	☐
Section 2: This section relates to the design process.	
2.1 Have you issued the existing Safety File (if it exists) to the design team and PSDP?	☐
2.2 Have you issued all relevant information to the design team and PSDP?	☐
2.3 Have the design team and PSDP identified and assessed particular risks?	☐
2.4 Has the PSDP prepared the preliminary Safety and Health Plan?	☐
Section 3: This section relates to procurement of the contractor and PSCS.	
3.1 Has the preliminary Safety and Health Plan been issued to the tenderers?	☐
3.2 Have you assessed the health and safety competencies and resources of the Contractor?	☐
3.3 Have you appointed the Contractor in writing?	☐
3.4 Have you assessed the health and safety competency and resources of the PSCS?	☐
3.5 Have you appointed the PSCS in writing?	☐
3.6 Has the PSCS confirmed acceptance of the PSCS role in writing?	☐
3.7 Has the PSCS completed AF2 form and issued this to the Health and Safety Authority?	☐
Section 4: This section relates to the construction stage.	
4.1 Has the PSCS developed the Safety & Health Plan?	☐
4.2 Is health and safety managed on site and discussed at site meetings?	☐
4.3 Is there checking and corrective action taken on site?	☐
4.4 Has the format for the Safety File been agreed with the PSDP?	☐

APPENDIX 12: ORGANISATIONAL SAFETY CHART



APPENDIX 13: RISK FACTORS (TILEO) - NON-EXHAUSTIVE REFERENCE/CHECK LIST FOR USE WITH LOCAL RISK ASSESSMENT FORMS.

This table is a non-exhaustive checklist to support local risk assessments for manual handling, service user mobility, and task design. It should be used alongside the Risk Management Policy, Safety Statement, and person-centred planning approaches, including FREDA principles and the HIQA National Standards.

Table 85 Risk Factors (TILEO)

TILEO Category	Risk Factor	Rationale / Example	Related Guidance
T – Task	Repetitive or prolonged task	Repetitive bending or lifting without breaks can lead to fatigue or injury	HSA Manual Handling Code of Practice
	Twisting or unstable movement	Lifting a load with trunk rotation or from uneven surface	ISO 11228 – Ergonomics Manual Handling
	Lifting excessive weight or awkward loads	E.g., moving beds, wheelchairs or filled laundry bags	SHWWA 2005, General Application Regs
	Fast or fixed pace imposed by routine	Tasks rushed due to time pressure (e.g., tight morning routines)	Human Factors – Task Design
	No breaks or recovery	Continuous work without recovery increases cumulative strain	HSA Ergonomics Toolkit
I – Individual	Staff physically unsuited to the task	Lack of strength, height, or flexibility needed for the movement	HSA Manual Handling Training Standard
	Pregnancy or return-to-work risk	Post-surgery or postnatal	Pregnancy Risk Assessment Template

		conditions may increase vulnerability	
	Inadequate knowledge or training	Staff unsure of correct technique, use of hoist, or infection risk	SMH Training Plan; HSE Core Safety Programme
	Younger or older employees	Age-related risks such as inexperience or musculoskeletal decline	Risk assessment must consider diversity
L – Load	Inanimate loads – e.g., equipment, laundry	Too heavy, poorly shaped, or unstable contents increase injury risk	Use handling aids where possible
	Load far from the body	Carrying files or boxes at arm's length increases back stress	ISO 11228 Ergonomics
	Person loads (service users) – Complex care needs	Includes weight-bearing uncertainty, medical devices (catheters), mental health or physical disability, cultural needs	Person-centred risk assessments; HIQA; SCA Guidance
	History of falls or behaviour issues	Additional care required for transfers and support	Safeguarding RA; Falls Prevention Strategy
E – Environment	Narrow corridors, uneven floors, or poor layout	Manual handling in tight spaces or slippery surfaces increases likelihood of injury	Building Regulations; SHWWA 2005
	Inadequate lighting, temperature, or ventilation	Poor visibility or uncomfortable conditions reduce task safety	Building & Workplace Regs

	Obstructions or trip hazards (e.g., cables, poor housekeeping)	Contributes to slips, trips, and falls	Work Environment
Other Factors	Inappropriate PPE or restrictive clothing	PPE that limits movement, or incorrect footwear increases risk	General Application Regs; Risk Assessment Template
	Inadequate equipment	No access to hoists or transfer aids	Equipment registers; Manual Handling Hierarchy
	Staffing levels	Risk increased where tasks require two people but only one available	Risk Assessment must note resourcing needs
	Lack of planning or supervision	Unsafe practice can develop if tasks are left unmonitored	Supervision and Safety Statement – Duties of Managers

Integration Points:

- Use alongside your Manual Handling Risk Assessments, Service User Plans, and Pregnancy Risk Assessments.
- Review TILEOO factors after any incident, as part of Root Cause Analysis (RCA) or an After-Action Review (AAR).
- Consider human factors like fatigue, shift work, sensory distraction, or stress when reviewing ergonomics.

Appendix 14: SMH Safety Statement Compliance with HSE Requirements

Table 86 SMH Safety Statement and HSE Compliance

HSE Safety Practice / Requirement	SMH Safety Statement Alignment	Section(s)
Legal Compliance	Fully compliant with SHWW Act 2005, General Application Regulations, Fire Services Act, etc.	Sections 6.0, 7.2, 8.1.2
SMS	Based on Plan–Do–Check–Act–Review cycle	Section 4.0
Risk Assessment	Uses HSE Risk Matrix, SMART goals, hierarchy of controls	Sections 5.1.3, 21.6–21.7
Roles & Responsibilities	Clearly defined for all staff, managers, contractors, and Board	Section 8.0
Incident Reporting & Learning	Aligned with HSE NIMF, SCA, HIQA, RSA, Tusla	Section 9.7, Appendix 4
Training & Competency	Statutory training matrix, refresher timelines, blended learning	Section 16.0
Contractor Management	Permit to Work system, vetting, RAMS, asbestos protocols	Section 9.9, Appendix 13

HSE Safety Practice / Requirement	SMH Safety Statement Alignment	Section(s)
Employee Wellbeing	EAP, stress management, return-to-work supports	Section 10.0, Appendix 11
Infection Prevention & Control (IPC)	Integrated into general safety, aligned with HSE/HPSC	Sections 4.0, 9.5, 9.15
Vulnerable Groups	PEEPs, GEEPs, trauma-informed care, lone working	Sections 9.11, 12.0, 18.8
Governance & Oversight	Executive Quality & Safety Committee, Board accountability	Sections 7.0, 8.21
Continuous Improvement	Audits, feedback loops, SMART objectives	Sections 20.2, 21.0
Communication & Consultation	Safety Reps, Champions, Committees, Just Culture	Sections 15.0, 19.0
Emergency Preparedness	Fire safety, PEEPs, BCP, AEDs, emergency plans	Section 18.0
Environmental & Waste Management	EPA-aligned, clinical waste segregation, radon testing	Sections 9.13, 9.21, Appendix 2–3

HSE Safety Practice / Requirement	SMH Safety Statement Alignment	Section(s)
Inclusive Language & Accessibility	FREDA principles, plain English, service user involvement	Throughout