



<b>TITLE: Health and Safety Risk Management Policy and Procedure</b>	<b>REFERENCE NO: GM-013</b>
<b>AUTHOR (OWNER):</b> Gráinne Sexton, Quality and Safety Manager	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD):</b> Siobhan Bryan, Interim Director of Services	<b>EFFECTIVE FROM:</b> 01/09/17
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**TITLE: Health and Safety Risk Management Policy and Procedure**

**SCOPE: Residential, Day Services and Outreach Services, All Areas**

**REVIEWED BY: Services Team 2017**

**AUTHOR(S)/(OWNER): Gráinne Sexton, Quality and Safety Manager**

**SIGNATURE(S):** *Gráinne Sexton*

**DATE: 01/09/2017**

**APPROVED BY/(LEAD): Siobhan Bryan, Interim Director of Services**

**SIGNATURE(S):**

**DATE: 01/09/2017**

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## 1.0 Policy

Gheel Autism Services undertakes the development, implementation and continuous improvement of an effective Health and Safety Risk Management process that shall be integrated throughout the organisation to provide a safe environment for staff, service users and visitors. The Health and Safety Risk Management process shall be both proactive and responsive in its applications and will incorporate the identification, assessment, management and ongoing review of health and safety risks.

The output of this process shall be:

- a Health and Safety Risk Register to assist the organisation in identifying and prioritizing the inherent health and safety risks associated with the provision of the services and
- a Safety, Health and Welfare Statement (GM-017)

The Health and Safety Management process shall operate as an element of the organisations overall Risk Management Strategy (see GM-007 Risk Management). It shall be overseen by the Quality and Safety Manager, with input from the Services Management Team and approval of the Director of Services.

The Health and Safety Management process shall work in conjunction with the Incident Reporting process (SS-007 Incident Reporting - Identification, Documentation, Rectification, Review and Communication). Incidents and trends shall be considered as a health and safety risk identification method and shall be incorporated into the Health and Safety Risk Management documentation as deemed appropriate to address ongoing risks.

## 2.0 Definitions

*Control:* The measure that is modifying risk (ISO Guide 73:2009).

*Impact:* The outcome of an event (ISO Guide 73:2009).

*Likelihood:* The chance of something occurring (ISO Guide 73:2009).

*Proactive:* Preventative – uses information to prevent harm or loss (HIQA, 2013b)

*Risk:* the likelihood of an adverse event or outcome (HIQA, 2013b).

*Risk Analysis:* The process to comprehend the nature of the risk and to determine the level of risk (ISO Guide 73:2009).

*Risk Evaluation:* The process of comparing the results of the risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable (ISO Guide 73:2009).

*Risk Identification:* The process of finding, recognizing and describing risks (ISO Guide 73:2009).

*Risk Level:* The magnitude of a risk or combination of risks, expressed in terms of the combination of consequences and their likelihood (ISO Guide 73:2009).

*Risk Management:* the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals (HIQA, 2013b).

*Risk Management Register:* A Risk Register is a register of risks. It is a tool commonly used to manage the risks throughout a service. It is a means of identifying, assessing, managing and monitoring all significant risks coherently. For each risk, it includes:

- a description of the risk
- the person responsible for the risk

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- the likelihood, impact and rating for the risk
- a summary of the controls (the arrangements in place to reduce the likelihood and/or impact of the event)
- a summary of the planned actions to further reduce the risk. (HIQA, 2013b)

*Residual Risk:* The risk remaining after the controls have been implemented (ISO Guide 73:2009).

### 3.0 Responsibilities

3.1 All Staff: Identification of health and safety risks in their area of work.

- Effective reporting on variations that may impact health and safety risk management outcomes.
- All staff shall be aware of their responsibilities in relation to Health and Safety Risk Management process and to their required commitment for its implementation. This may be detailed as part of their job descriptions.

3.2 Safety Representatives: A representative of the staff on matters related to safety, health and welfare at work. Staff select and appoint representatives to represent them at the place of work. Where relevant, the Safety Representatives responsibilities may include:

- Inspect the whole or any part of the place of work, after giving reasonable notice to the Director of Services, or immediately in the event of an accident, dangerous occurrence or imminent danger or risk to the safety, health and welfare of any person. The Safety Representative shall agree the schedule of inspections with the Director of Services.
- Investigate accidents and dangerous occurrences provided that they do not interfere with or obstruct the performance of any Health and Safety Authority (HSA), HIQA or other person under any of the relevant statutory provisions.
- Investigate complaints relating to safety, health and welfare at work made by any employee.
- Accompany an inspector who is carrying out an inspection other than an inspection for the purpose of investigating an accident or dangerous occurrence.
- At the discretion of the inspector concerned, accompany an inspector who is carrying out an inspection for the purpose of investigating an accident or dangerous occurrence.
- At the discretion of the inspector concerned, where an employee is interviewed by an inspector with respect to an accident or dangerous occurrence at a place of work, attend the interview where the employee so requests.
- Make representations to Gheel Autism Services on any matter relating to safety, health and welfare at the place of work.
- Make oral or written representations to inspectors on matters relating to safety, health and welfare at the place of work, including the investigation of accidents or dangerous occurrences.
- Receive advice and information from inspectors on matters relating to safety, health and welfare at the place of work.
- Consult and liaise on matters relating to safety, health and welfare at work with any other Safety Representatives.

3.3 Regional Manager/ Persons in Charge:

- Coordination of the Health and Safety Risk Management process.
- Ensure systems are in place to effectively manage risks, from an organisational and individual basis (HIQA 2013).
- Ensure there is a designated senior staff member to contact in the event of an emergency (HIQA 2013).
- Reference to the "Service Management Team" includes Regional Managers and Location Managers.

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- Ongoing review and evaluation of the Health and Safety Risk Management Policy, Safety, Health and Welfare Statement and Health and Safety Risk Management Register.
  - Communication of Health and Safety Risk Management findings, both internally and externally as deemed required.
  - Ensure that all relevant staff read and understand all relevant Health and Safety documentation relating to the relevant areas.
  - Ensure that all relevant staff are trained and have the necessary information, skill and experience to carry out their duties.
  - To monitor and manage resources allocated to implement the safety management system e.g. sufficient and adequate lifting aids, adequate staffing levels etc.
  - To ensure that all accidents/incidents/near misses are reported in a timely manner to facilitate follow up.
  - Informing the Safety Representative of any upcoming external inspection by the HSA.
  - Additional responsibilities include:
    - manage and conduct work activities so as to ensure the safety and health of staff and service users..
    - prevent improper conduct likely to put an employees safety and health at risk.
    - provide safe systems of work, e.g. operating procedures.
    - prevent risk to health from any article or substance (including plant, tools, machinery, chemical substances and equipment).
    - provide appropriate information, instruction, training and supervision, taking account of the employees capabilities, when an employee begins work or is transferred to new tasks, and when new technology is introduced.
    - provide suitable protective clothing and equipment where potential risks cannot be eliminated.
    - prepare and revise emergency plans.
    - designate staff to take on emergency duties.  
(HSA, 2006)
- 3.4 Quality and Safety Manager: Oversee the Development and ongoing update of the Health and Safety Risk Register, Statement and Policy in conjunction with the Director of Services.
- 3.5 Director of Services:
- Overall responsibility for the Health and Safety Risk Management Process.
  - Commitment to the Health and Safety Risk Management process through involvement and allocation of sufficient resources.
  - Approval of Health and Safety Risk Management Policy and Procedure.
  - Additional responsibilities include:
    - Providing a safe place of work which is adequately designed and maintained.
    - Providing safe means of access and egress.
    - Providing safe plant, equipment and machinery.
    - Providing and maintaining welfare facilities.
    - Providing, where necessary, a competent person to advise and assist in securing the safety, health and welfare of employees (as per Safety, Health and Welfare at Work Act, 2005).
    - Identify particular employees for specific tasks relating to health and safety.
    - Ensure that management understand their responsibilities and there are documented lines of communication and also reflecting accountability.  
(HSA, 2006)

#### 4.0 Health and Safety Risk Register

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- 4.1 The Health and Safety Risk Management Register is a database of potential health and safety risks to the organisation as a whole and during the provision of services.
- 4.2 The Health and Safety Risk Management Register shall include a cover page detailing the following:
- Next scheduled review date
  - Initial Development date / Date Review completed
  - Created by (must list all service users and staff that were involved in the risk management process)
  - Signature (of all those listed above)
  - Approval by:
    - The Director of Services
- 4.3 The Health and Safety Risk Management Register Index is detailed in Appendix 1 of this document.

## **5.0 Prerequisites to commencing the Health and Safety Risk Management Process**

- 5.1. The following shall be implemented as part of the planning of Health and Safety planning activities:
- Agreeing safety and health targets with managers and relevant employees.
  - Making management decisions that reflect the safety and health policies as set out in the Safety, Health and Welfare Statement.
  - Appropriate design of tasks, processes, equipment, products and services, and safe systems of work.
  - Development and implementation of procedures to deal with emergencies and serious and imminent danger.
  - Effective co-operation with subcontractors.
  - Setting standards against which performance can be measured.
  - Ensuring co-operation between managers so that safety and health obligations are complied with.
- (HSA, 2006)
- 5.2 The organisation shall ensure that a Safety, Health & Welfare Statement has been created, kept up to date and that the current version is signed and dated by the Director of Services (HSA, 2012). The Safety, Health and Welfare Statement is detailed in GM- -017

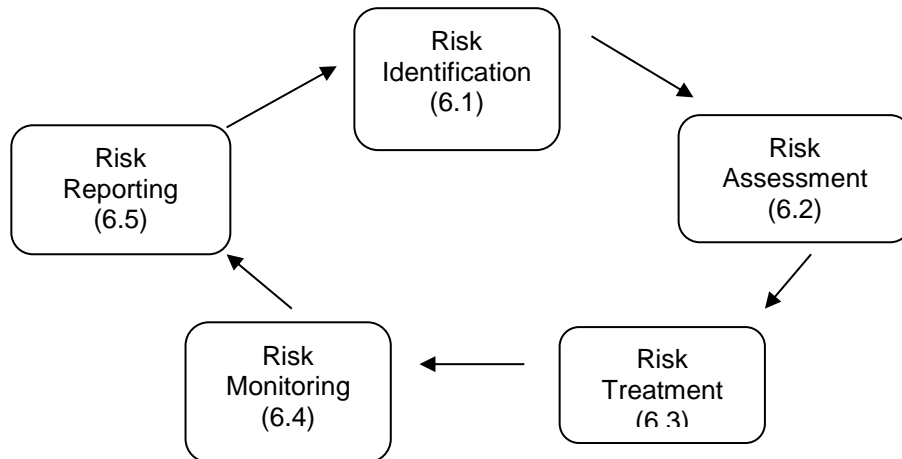


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## 6.0 Risk Management Framework for implementation

Figure 1.0 illustrates the Risk Management Process to be implemented within Gheel Autism Services:



**Figure 1.0: Risk Management Process (HIQA, 2013b)**

### 6.1 Identification of Potential Risks

- 6.1.1 Risk identification determines what might happen that could affect the organisation as a whole, or a service user, staff or visitor during the provision of services and care and how those things might happen. The identification of risk carries a duty to do something about it, namely risk management (HIQA, 2013b).
- 6.1.2 Identification of potential risk involves a balanced approach, which looks at what is and is not a possible health and safety risk. Not every possible health and safety risk requires risk management. Depending on the situations involved, the risk may be minimal and no greater than that of any other organisation (HIQA, 2013b).
- 6.1.3 To identify the potential health and safety risks, the Services Management Team shall ensure that the views of the service users, their relatives/representatives and/or advocates are all taken into account in identifying risk while also applying their own expertise and experience.
- 6.1.4 Information gathering and sharing is critical to the health and safety risk identification process. Information may arise from:
- observation,
  - staff workshops,
  - incidents,
  - complaints,
  - QIP's,
  - staff comments
  - safety committee meetings or
  - audit findings
- (HIQA, 2013b).

The Health and Safety Risk Management Register Index, Appendix 1 provides suggested areas that may harbour potential risks.

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6.1.5 Once the potential risk is identified this should be detailed in the “Potential Risk” column of the Health and Safety Risk Management Register template for evaluation.

## 6.2 Assessment of Risk: Analysis & Evaluation

6.2.1 Risk assessment is the overall process of risk analysis and risk evaluation. Its purpose is to develop agreed priorities for the identified risks. It involves collecting information through observation, communication and investigation and making a judgement on any potential harm and measures to reduce this. The assessment of risk highlights both the negative and positive aspects of any situation (HIQA, 2013b).

6.2.2 Once a potential health and safety risk has been identified, the Services Management Team shall attempt to understand the risk through detailing the control measures that **currently** exist. These measures may include:

- Current processes / current controls in place
- Procedures
- Contracts/Service Level Agreements
- Current Skills / Training provided
- Observations

The information used and recorded must be as comprehensive and accurate as possible (HIQA, 2013b).

6.2.3 Once the existing controls have been identified these should be detailed in the “Current Controls” column of the Health and Safety Risk Management Register.

6.2.4 To evaluate the risk, the Services Management Team must consider the risk level of a scenario based on the current controls. They must consider whether the current controls are deemed sufficient, including whether they have been effective to date.

As part of this process, the Services Management Team should consider:

- Who is exposed to the potential risk?
- Is the potential risk likely to cause injury/impact on the organisation, the service user, the employees or others?
- How serious would the impact/ injury be?
- Is the potential risk well controlled currently?
- Is the level of supervision adequate?
- What are the exposure levels?
- Who needs to be considered in relation to the potential risk?  
(HSA, 2006)

The risk is then evaluated based on the **Impact** and the **Likelihood** of the risk occurring. By combining the levels allocated to these elements, an overall **Risk Level** can be allocated. This is the Services Management Teams’ opinion on the potential of the risk actually occurring.

### 6.2.5 Impact Scoring

Impacts shall be rated from Negligible (1) to Catastrophic (5) depending on the possible impact on the service user/organisation should the potential risk identified actually occur – see Table 1.0 below.

*Table 1.0 Impact Scoring Table*

1: Negligible	2: Minor	3: Moderate	4: Major	5: Catastrophic
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(HSE, 2014)

See Appendix 2 for Impact table with examples of impacts associated to a potential risk.



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Once the Impact level has been identified, this should be detailed in the “I” column of the Health and Safety Risk Management Register.

#### 6.2.6 Likelihood Scoring

The likelihood scoring is allocated from Rare (1) to Almost Certain (5), see Table 2.0 below. Likelihood scoring is based on the actual frequency or probability of the risk occurring, bearing in mind the current controls that are in place. Scoring by the Services Management Team shall be based on their expertise, knowledge and actual experience.

*Table 2.0 Likelihood or Occurrence Scoring Table*

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)	
Actual Frequency	Probability	Actual Frequency	Probability	Actual frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Occurs every 5 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bimonthly	75%	At least monthly	99%

(HSE, 2008; HSE, 2013b)

Once the likelihood level has been identified, this should be detailed in the “L” column of the Health and Safety Risk Management Register.

#### 6.2.7 Identification of Risk Level

Once the Services Management Team have allocated the Impact and Likelihood scores, the Risk Level can be allocated using the Risk Level Matrix detailed in Table 3.0 below. The Risk Level = Likelihood x Occurrence.

*Table 3.0 Risk Level Matrix*

Likelihood score	1	2	3	4	5
	<i>Rare</i>	<i>Unlikely</i>	<i>Possible</i>	<i>Likely</i>	<i>Almost Certain</i>
<b>5 Catastrophic</b>	5 Medium	10 High	15 Very High	20 Very High	25 Very high
<b>4 Major</b>	4 Medium	8 High	12 High	16 Very high	20 Very high
<b>3 Moderate</b>	3 Low	6 Medium	9 High	12 High	15 Very high
<b>2 Minor</b>	2 Low	4 Medium	6 Medium	8 High	10 High
<b>1 Negligible</b>	1 Low	2 Low	3 Low	4 Medium	5 Medium

(Dougherty and Lister, 2011)

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The Risk Levels are colour coded for visual impact, but the numerical values shall dictate the level of action required. Table 4.0 details the required responses.

*Table 4.0 Risk Level Responses*

<b>Colour</b>	<b>Numeric rating</b>	<b>Risk Level</b>	<b>Required response</b>
<b>Green</b>	1-3	Low	As Low as Reasonably Practical. Accept the potential risk. Ensure continued monitoring of the risks.
<b>Yellow</b>	4-6	Medium	Implement Corrective/Preventive Controls to reduce likelihood of occurrence based on cost to benefit ratio and severity of risk to the service user/organisation.
<b>Amber</b>	8-12	High	Implement additional Corrective/Preventive Controls to reduce likelihood of occurrence based on cost to benefit ratio and severity of risk to the service user/organisation.
<b>Red</b>	15-25	Very High	Intolerable level of risk, requires urgent action. Activity must cease immediately until likelihood of risk is reduced. Escalation to Senior Management and the Board.

(Dougherty and Lister, 2011)

The Risk Level of each potential risk shall be detailed in the “Risk Level” column in the Safety Risk Management Register. Should conflict arise in relation to the impact, likelihood or Risk Level, the Operational Manager/ Person in Charge shall carry the final decision.

### 6.3 Treatment

6.3.1 Following identification of the risk level the organisation must take steps to implement any controls or improvements considered necessary relating to the safety, health and welfare of the service users, employees and visitors. Controls may be preventive, responsive, or supportive to promote the potential benefits of taking appropriate risks and to reduce the potential negative consequences of risk (HIQA, 2013b).

Medium or high risks must be treated by implementing one or more controls, examples include:

- Avoiding the potential risk by deciding not to initiate or continue with the activity that gives rise to the risk.
- Removing the potential risk source.
- Changing the likelihood of the risk occurring.
- Changing the consequences should the risk occur.
- Sharing the potential risk with an external party (including contractors).
- Retaining the potential risk occurring by informed decision.

6.3.2 The selection of one control over another may be based on cost / benefit analysis. The Services Management Team will consider whether the control will be sufficiently effective in addressing the risk while ensuring continued safe services. The needs of the service users shall be given primary consideration during this process.

6.3.3 Once the control details have been identified these shall be detailed in the “Required Controls” column of the Health and Safety Risk Management Register. A person responsible and a timeline for completion shall also be documented against the “Required Controls” to assist in follow up and review.

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#### 6.3.4 *Status Updates and Residual Risks*

As the required controls are implemented, their status should be updated in the “Status” column of the Health and Safety Risk Management Register. Once the control has been implemented, Gheel Autism Services shall reassess the Impact and Likelihood based on the Residual Risk remaining, i.e. the potential of the risk occurring once the additional controls has been implemented.

*NOTE: In the majority of cases, the impact of a potential risk will remain the same; however, the likelihood should be reduced following implementation of the additional controls.*

### 6.4 Risk Monitoring

6.4.1 The occurrence of an externally notifiable health and safety incident (e.g. incident reportable to the HSA or HIQA (health and safety related)), or a health and safety incident with a high risk rating, shall initiate an immediate review of the Health and Safety Risk Management Register. The Register must also be reviewed in line with all Incident Trending Reports to ensure continued accuracy in relation to health and safety issues. Incident reporting shall be completed in accordance to SS-007 Incident Reporting - Identification, Documentation, Rectification, Review and Communication.

6.4.2 The Health and Safety Risk Management Policy and Procedure and the Health and Safety Risk Management Register and the Safety, Health and Welfare Statement shall be reviewed immediately in the following instances:

- Should a significant change occur in the matters to which it refers;
- If there is reason to believe aspects are no longer valid.

6.4.3 The Health and Safety documentation shall be monitored, reviewed and updated as deemed required by the Operational Manager/Person in Charge or the Services Management Team, but annually at a minimum. This review shall incorporate a review of how effective the Health and Safety risk management process has been to date and to ensure that all proposed strategies and controls have been incorporated. The review process shall consider the following:

- Were the aims in the Health and Safety Risk Management documents relevant and appropriate?
- Did they identify the significant potential Health and Safety risks, assess their risks and set out the necessary preventive and protective safety measures?
- Were Health and Safety Risk Management outputs proactive in identifying potential issues well as responsive to issues that occurred?
- Was the Health and Safety Risk Safety Risk Management Register reflective of the actual risks that a service user/staff/visitors was exposed to?
- Were the identified required controls implemented within their timeframe?
- Were new work practices or processes introduced since the last review and if so were they risk-assessed?
- Were appropriate measures put in place to comply with the relevant statutory provisions?
- Did Gheel Autism Services comply fully with the regulatory requirements?
- Are there areas where Gheel Autism Services and the services provided are deemed inadequate?
- Has the data been analysed to find out the immediate and underlying causes of any injuries, illness or incidents? Have any trends and common features been identified?
- Were adequate financial, physical, human and organisational resources committed to the quality and safety of the service provided?
- What improvements in health and safety performance need to be made?

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(HSA, 2006)

- 6.4.4 Where updates to the risk management documents are required, the documents must be updated and approved by a team with a skill base reflective of the original approvers.

## 6.5 Risk Reporting

- 6.5.1 On completion of the Health and Safety, Health and Welfare Risk Management Register, the document shall be signed by all those who participated in the activity. If anyone involved in the process does not agree with the outcomes they shall be requested to document their concerns and reasons for same.

Following sign off, the Health and Safety Risk Management Register receives final approval from the Director of Services.

- 6.5.2 All incidents relating to service and care provision and corporate management shall be reported as per SS-007 Incident Reporting – Identification, Documentation, Rectification, Review and Communication. All serious incidents or adverse events involving the provision of services and care shall be identified, recorded and investigated and learned from (S.I. No. 367 of 2013). Learning from incidents and implementing improvements is an essential element in risk management (HIQA, 2013b).
- 6.5.3 All reportable incidents and adverse events shall be notified to the relevant authorities as detailed within GM-003 Internal and External Communication Processes Policy and Procedure.

## 6.6 Communication of the Health and Safety Risk Management Policy and Procedure, the Safety, Health and Welfare Statement and the Health and Safety Risk Management Register

- 6.6.1 The Health and Safety Risk Management Policy and Procedure, the Safety, Health and Welfare Statement and the Health and Safety Risk Management Register shall be:
- Communicated to all employees, including temporary and relief employees, in a language that is reasonably likely to be understood.
  - Brought to the attention of all employees, including temporary and relief employees, on an annual basis at a minimum and following any amendments.
  - Communicated to all newly recruited employees, including temporary and relief employees, upon commencement of their employment.
  - Communicated to any other persons who may be exposed to any specific risks identified within the risk management documentation. This may include any contracted service provider.
  - Communicated to the service users and their representatives, where appropriate. (Safety, Health and Welfare at Work Act, 2005)
- 6.6.2 The Operational Manager/ Person in Charge shall ensure that there is an effective and supportive mechanism in place for reporting of any current or perceived risk in relation to service users.
- 6.6.3 The Operational Manger/ Person in Charge shall consider any representations made by the Safety Representative, or any employee, in relation to matters relating to the safety, health and welfare at work of his or her employees and, so far as is reasonably practicable, take any action that he or she considers necessary (Safety, Health and Welfare at Work Act, 2005).

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- 6.6.4 Specific training will be provided to employees relating to the consequences of the choice of equipment and working conditions and the working environment for the safety, health and welfare of employees (Safety, Health and Welfare at Work Act, 2005).
- 6.6.5 No employee shall be penalised for acting in accordance with safety and health laws or for reporting complaints regarding safety and health matters at work.
- 6.6.6 An up to date copy of the Health and Safety Risk Management Policy and Procedure, Health and Safety Risk Management Register (or relevant extract of it) and Safety, Health and Welfare Statement shall be available for inspection or review by employees near every place of work to which it relates (Safety, Health and Welfare at Work Act, 2005).
- 6.6.7 The implementation and development of the Health and Safety Risk Management process shall act as a performance measure and shall be presented as part of the residential centres overall performance management.

#### **6.7 Escalation of risk**

Where it is identified that there has been a failure by the allocated responsible person to implement required controls within the timescale agreed within the Health and Safety Risk Management Register, this shall be immediately brought to the attention of the Operational Manager/ Person in Charge by the identifier. The Operational Manager/ Person in Charge is then responsible for the necessary action to be taken and/or produce progress reports as required (HIQA, 2013b).

#### **7.0 Records**

- Safety, Health and Welfare Statements
  - Health and Safety Risk Management Registers
- Additional forms and templates that may be utilised within the Health and Safety Risk Management process include:

#### **8.0 Audit and Evaluation**

An annual audit shall be undertaken to determine compliance to this procedure. This shall be carried out by the Director of Services in conjunction with the Human Resources Manager via a review of records. The evaluation shall aim to determine adherence to this procedure including:

- The continued suitability of the Risk Management Policy and Procedure and the Safety, Health and Welfare Statement.
- The adequacy of the Health and Safety Risk Management Register in relation to the potential risks.
- The accuracy of the Impact, Likelihood and Risk Levels allocated to the risks identified.
- The implementation of the required controls identified within the Health and Safety Risk Management Register.
- The monitoring, review and update activities completed on the Health and Safety Risk Management documents.

#### **9.0 References**

ES-005 Management of Internal Emergencies (including Fire Evacuation)  
 ES-006 Fire Safety Management  
 ES-007 First Aid Treatment  
 GM-003 Internal and External Communication Processes  
 GM-007 Risk Management Policy and Procedure

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HD-008 Management of Smoking Policy and Procedure  
 HR-009 Staffing Levels, Rotas and Working Hours (in Draft)  
 HR-011 Dignity at Work & the Prevention of Bullying/Harassment  
 HR-016 Use of Personal Protective Equipment (in Draft)  
 PC-019 Security and Business Access including the Use of CCTV  
 SS-007 Incident Reporting - Identification, Documentation, Rectification, Review and Communication  
 SS-010 Infection Control and Prevention  
 SS-011 Food Safety Policy & Procedure  
 SS-012 Cleaning Management Policy  
 SS-017 Education and Practice of Hand Hygiene Techniques  
 SS-018 Prevention and Control of Legionella (in Draft)  
 SS-024 Management of Clinical and Non-clinical Waste  
 GM-017 Safety, Health and Welfare Statement  
 GM-FR-040 Health and Safety Risk Management Register

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Health and Safety Authority (2015) *Templates, Forms and Checklists*, (Available Online) <https://besmart.ie/learn-more/templates-and-checklists/> [Accessed 21<sup>st</sup> January 2015]

Health Service Executive (2008) *Risk Assessment Tool and Guidance (Including guidance on application)*. Dublin.

Health Service Executive (2013), Risk Assessment Tool and Guidance (Including guidance on application. OQR012. Quality and Patient Safety Directorate.

Safety, Health and Welfare at Work Act 2005.

I.S. ISO 31000:2009 Risk Management – Principles and Guidelines.

ISO Guide 73:2009 Risk Management – Vocabulary.

## **10.0 Appendices**

- 10.1 Appendix 1: Index for Health and Safety Risk Management Register
- 10.2 Appendix 2: Impact Scoring Table



<b>TITLE: Health and Safety Risk Management Policy and Procedure</b>	<b>REFERENCE NO: GM-013</b>
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10.3 Appendix 3: Health and Safety Management Checklist for Small Healthcare Facilities

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### 10.1 Appendix 1 Index for Health and Safety Risk Management Register

<b>Element</b>	<b>Sub-element</b>	
1. Infection control	<ul style="list-style-type: none"> <li>Management of communicable diseases</li> <li>Specimen Handling</li> <li>Legionella Controls</li> <li>Waste Management</li> </ul>	<ul style="list-style-type: none"> <li>Laundry Management</li> <li>Facility Cleaning Management</li> <li>Hand Hygiene</li> <li>Sharps &amp; Needlestick injuries</li> </ul>
2. Facilities	<ul style="list-style-type: none"> <li>General premises</li> <li>Premises: Window controls</li> <li>Premises: Air Conditioning system</li> <li>Premises: Pest Control</li> <li>Access/Egress Security</li> <li>New Facility / Facility Development</li> <li>Sanitary- Toilets and Washing Facilities</li> </ul>	<ul style="list-style-type: none"> <li>Communal Space Outdoor Area Controls / Space / Vehicle Movements</li> <li>Premises: Water Feature</li> <li>Premises; External sheds/storage facilities</li> <li>Premises: Safety Requirements</li> </ul>
3. Equipment	<ul style="list-style-type: none"> <li>Equipment available for use in service provision</li> <li>Correct and appropriate Use of Equipment</li> <li>Implementation of Equipment infection controls</li> </ul>	<ul style="list-style-type: none"> <li>Specific Equipment Controls</li> </ul>
4. Personal Protective Equipment	<ul style="list-style-type: none"> <li>Availability and use of PPE</li> </ul>	
5. Occupational Risks	<ul style="list-style-type: none"> <li>Fire Management</li> <li>Chemical Management</li> <li>Manual handling</li> <li>Management of Slips and falls risks</li> </ul>	<ul style="list-style-type: none"> <li>Management of Latex</li> <li>Use of Electricity</li> <li>Glass Controls</li> </ul>
6. Staff Welfare	<ul style="list-style-type: none"> <li>Safety, Health and Welfare Statement</li> <li>Allocation of Safety representatives</li> <li>Implementation of Safe Systems of work</li> <li>Prevention of Bullying, harassment, aggression and violence in the workplace</li> <li>Effective work management / appropriate work culture</li> <li>Sufficient rest periods allocated</li> <li>Appropriate support of Pregnant, Post-Natal and Nursing Employees</li> <li>Provision and Management of Maternity Leave</li> <li>Provision and Management of Paternity Leave</li> <li>Provision of Parental and Adoptive Leave</li> </ul>	<ul style="list-style-type: none"> <li>Provision of Annual Leave and Entitlements</li> <li>Provision of a Career Break</li> <li>Provision of Carers Leave Management and Entitlements</li> <li>Provision of Force Majeure Management and Entitlements</li> <li>Provision of Compassionate Leave</li> <li>Provision of Sick Leave Management and Entitlements</li> <li>Disciplinary Management</li> <li>Management of Suspected Alcohol and Substance Abuse</li> <li>Management of Staff Grievance</li> <li>Rotas and shift work Management</li> <li>Supporting Staff wellbeing</li> <li>Application of Ergonomics</li> </ul>
7. Management of Smoking	<ul style="list-style-type: none"> <li>Smoking Policy and Application</li> </ul>	



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## 10.2 Appendix 2: Impact Scoring Table

	Negligible	Minor	Moderate	Major	Extreme
<b>Injury</b>	Adverse event leading to minor injury not requiring first aid.  No impaired Psychosocial functioning.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay  Impaired psychosocial functioning greater than 3 days less than one month.	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling  Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public  Permanent psychosocial functioning incapacity.
<b>Service user Experience</b>	Reduced quality of service user experience related to inadequate provision of information.	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable.	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week).	Unsatisfactory service user experience related to poor treatment resulting in long term effects.	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision.
<b>Compliance with Standards (Statutory, Clinical, Professional &amp; Management)</b>	Minor non-compliance with internal standards. Small number of minor issues requiring improvement.	Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management.	Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc.) Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations.  Severely critical report with possible major reputational or financial implications.
<b>Business Continuity</b>	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved.	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect.

(HSE, 2014)



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