



Safety Statement

Part 1

Corporate General Reference Information

Date: May 2014

Emergency Phone Numbers COPE Foundation Personnel

Emergency Contact Numbers – Working Hours	
Safety Officer	086 - 8502975
Facilities Manager -	086 –0228941
Assistant Director of Nursing (Southside City, West Cork)	086 – 8057749
Assistant Director of Nursing (North side City, North Cork, East Cork)	086 – 2458260
Transport Department	086 – 2600516
Nurse Manager – West Cork	086 – 8057757
Nurse Manager – North Cork	086 – 3880475
Nurse Manager /Evening City Community Hostels	086 – 8558216
Emergency Contact Numbers – Evenings	
Nurse Manager - Night - Montenotte	086 – 2334321
Nurse Manager - Night – Hollyhill	086 – 2334320
Maintenance Contractors: Out of Office Hours: Emergency Use Only(From Friday evening at 17:15 p.m. to Monday morning at 0900 hrs and after 1715hrs each day)	
Electrician on Call – ask for “COPE electrician on call”	076 – 106 23 26
Plumber on Call – ask “COPE plumber on call”	076 – 106 23 27
Painter /Glazing	086 – 27 570 37
Builders/Carpenters	087 – 222 53 29
Security Contractors: After Hours.	
Alarm Systems, monitoring, CCTV maintenance: ETS	076 – 106 23 26 with message.
Static guarding, mobile patrols: G4S	01 – 805 83 00 24 hr service.
Medical Contact Numbers	
Dr. E. Donovan	Camden Quay Surgery 021 - 4502838 Douglas Surgery 021 – 4893829 Mobile (emergency only) 087 – 2565797
Ambulance Emergency	
	999 / 112
Regional Ambulance Control Centre	021 – 4546633
Cork University Hospital	021 – 4546400 / 4922000
Mercy Hospital	021 – 4271971
South Infirmary Hospital	021 – 4926100
Poison Information Centre	01 – 8379964 / 66 or 01 – 8092566 / 68
Garda Contact Numbers:	
Mayfield	021 – 4558510
Anglesea Street	021 – 4522000
Gurrabraher	021 – 4946200
Togher – District HQ	021 – 4947120
Fire Department Contact Numbers	
Cork City Fire Brigade	999 or 112
	021 – 4966333 / 021 – 4966512
Local Authority Contact Numbers	
Cork Corporation	021 – 4966222 / 021 – 4966512
ESB	* Supply Failure:- Phone 1850 – 37 29 99
Bord Gais	1850 – 20 50 50
Eircom	Dial 1901



Index to Contents

Part I General Reference Information

Description	Page No
Foreword and Declaration of Policy	1.
Summary Information on the Act/Regulations	3
Glossary of Health and Safety Terms	7
Organisational Chart / Safety Structures	9
Resources Available	15
Outline of Role and Responsibilities	22
Consultation and Information Process with Employees	26
Hazard Identification and Risk Assessment Methodology	29
Training and Instruction	45
Records	46
Arrangements for Review of the Safety Statement	47
Internal Controls and Auditing of Safety Standards within COPE Foundation	48

COPE Foundation

Foreword and Declaration of Policy in relation to Safety, Health and Welfare within COPE Foundation

The Safety, Health and Welfare at Work Act 2005 requires every employer to prepare a safety statement, setting out the safety arrangements in operation to ensure the safety, health and welfare of all employees and others in the workplace

The Safety, Health and Welfare at Work Act 2005 builds upon the previous legislative approach by imposing general duties on employers, so as to ensure the safety and health of their employees and others at work.

COPE Foundation acknowledges its obligations under the 2005 Act and General Application Regulations in relation to safety, health and welfare in the workplace. It welcomes the safeguards necessitated by this legislation in the promotion of a positive safety culture throughout the Organisation.

The Safety, Health and Welfare at Work Act 2005 requires that employers, in so far as is reasonably practicable, provide safe place of work, safe systems of work, safe plant, machinery and equipment at work, and trained / competent personnel at work.

COPE Foundation seeks to abide by the provisions of this Act in providing a safe and healthy work environment for employees and others.

It is recognised that such a safe and healthy work environment can only be maintained through ongoing cooperation between management and employees.

Each employee also has an obligation to safeguard his/her own safety, that of the people in services he/she supports and others. To this end, each employee is required to comply with best work safety practice.

Cope Foundation, through its Safety Steering Committee is responsible for the implementation of the Safety Statement, through what is termed a Safety Management Programme. The safety management programme is co-ordinated by the Safety Officer with input from the 11 localised Safety Committees.

The Safety Management Programme will be implemented in consultation with Managers and employees will be actively encouraged to participate in the programme within their respective workplaces through the 11 Safety Committees.

The Safety Management Programme requires financial support for the employment of external expertise. It also uses internal expertise for improving training, practices and procedures within the Organisation.

Periodic safety audits will be undertaken by external experts, and will be complemented by an ongoing programme of internal audit to be coordinated at Centre level by the relevant Manager, which will be overseen by the Safety Officer.

The allocation of responsibilities for safety, health and welfare matters within the workplace is specified within this Safety Statement. The level of cooperation required from employees is also clearly outlined. COPE Foundation undertakes to provide instruction, information and training on health and safety matters to all employees to facilitate the optimum achievement of their designated roles within the Foundation.

A copy of this General Safety Statement, including risk assessment, as is required under Section 20 of the Safety, Health and Welfare at Work Act 2005, is available to employees at all COPE Foundation's 65 Centres throughout the City and County of Cork. In accordance with Section 19 of this Act, common place hazards at COPE Foundation are identified and assessed for risk ranking. Centre Managers, in consultation with the Safety Officer, are required to generate from the General Safety Statement a site-specific document, which outlines local hazard identification, risk assessment and control measures.

The Safety Statement and local site-specific versions thereof will be reviewed on an annual basis.

It is also required to be reviewed in response to altered local circumstances.

Employees are encouraged to put forward suggestions for improvements through the local safety committee and/or at unit centre meetings.

Working together as employees at all levels, we can ensure the success of the COPE Foundation Safety Management Programme, and in the process, improve each aspect of safety, health and welfare within our common workplace for employees, clients, and the general public alike.



Signed:.....

Colette Kelleher
Chief Executive

Reviewed:	May 2014
Next Review Date:	May 2015

Safety, Health & Welfare at Work Act, 2005 and Related Regulations

General Duties of Employer

Section 8 of the Act requires every employer to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all of his employees. The general duties of the employer set out in Section 8 broadly reflects in criminal law principle of the duty of care. The duties cover :

- The management and conduct of work activities;
- Preventing improper conduct and behaviour in the workplace;
- The design, provision and maintenance of i)safe workplaces ii)safe means of access to and egress from the workplace and iii)safe plant and equipment
- Ensuring safety and prevention of risks to employees from the use of any substance or articles, from noise, vibration, radiation or ionisation or other radiations or any other physical agent at work
- Providing safe systems of work;
- Providing adequate welfare facilities;
- Provision of adequate instruction, training and supervise and any necessary information;
- Preparing Risk assessments as required by Section 19 and 20 that take account of the general principles of prevention in Schedule 3 of the Act when implementing necessary safety, health and welfare measures
- Provision and maintenance of suitable personal protective equipment where risks cannot be eliminated, or where such equipment is prescribed
- The preparation and, where necessary the revision of adequate plans and procedures to be followed and measures to be taken in the case of an emergency or the presence of serious or imminent danger.
- To report accidents and dangerous occurrences, to the Health and Safety Authority as may be required in Regulations under the Act
- To obtain, where necessary, the services of a competent person to assist in ensuring the safety, health and welfare of his/her employees;

Account should be taken of the general principles of prevention set out in Schedule 2 of the 2005 Act when determining and implementing measures to manage safety, health and welfare at work(and in particular the risk assessment required by Section 9 and Safety Statement provided for in Section 20)

The duties of employers also extend to fixed term contract or temporary contract employees

Employers must also conduct their undertaking so that individuals at their place of work who are not their employees are not exposed to risks to their safety, health and welfare.

Any measures taken by the employer relating to safety, health and welfare must not result in financial costs to his or her employees.

Any temporary or fixed term worker is deemed by the 2005 Act to be an employee; therefore, all of the duties of employers to their employees apply also to these workers.

Employers cannot pass on to employees any financial costs associated with duties relating to safety, health and welfare at work.

Where employers share a place of work, they must cooperate with each other to:

- achieve compliance with safety and health legislation;
- co-ordinate their actions, and inform each other and their respective employees and safety representatives of any risks from their work activities;
- exchange safety statements or relevant sections of safety statements.

Employees

An employee is a person who works or worked under a contract of employment and includes a fixed term-employee, a temporary employee and a share fisherman. A self-employed person is both an employer and his or her own employee.

General Duties of Employees and Persons in Control of Places of Work

Section 13 provides for a range of duties on employees. An Employee must -

- Comply with health and safety legislation both in the 2005 Act and elsewhere,
- Take reasonable care to protect his or her own safety, health and welfare and that of any other person who may be affected by his or her acts or omissions at work
- Not be under the influence of alcohol or drugs or a combination of alcohol and drugs to the extent that he or she is likely to endanger his or her own safety health and welfare or that of any other person;
- If reasonably required by his or her employer, submit to any appropriate, reasonable and proportionate tests by or under the supervision of a registered medical practitioner who is a competent person, as may be required by Regulations made under 2005 Act for intoxicants in accordance with Regulations under the 2005 Act;
- Co-operate with his or her employer or any other person, as necessary, to assist that person in complying with safety and health legislation as appropriate
- Not engage in improper conduct or other behaviour, such as violence, bullying or horseplay, which could endanger another person at work or his or her safety, health and welfare.
- Where safety and health training related to a particular task is required by the employer or by safety and health legislation attend and undergo, as appropriate, any reasonable assessment required by his or her employer or as may be prescribed in Regulations,

- Taking account of the training and instruction given by the employer, correctly use any article or substance and protective clothing and equipment provided for use at work for his or her protection

An employee is required to report to the employer, or other appropriate person, as soon as they become aware of any instance –

- Where work being carried on, or likely to be carried on, in a manner which may endanger his or her safety, health or welfare or that of another person–
- Of any defect in the place of work, the system of work or in any article or substance likely to endanger him or her or another person and
- A breach of safety and health legislation, likely to endanger him or her or another person which comes to his or her attention

Where health and safety legislation requires certain training in relation to any work activity, then employees must not misrepresent themselves in regard to the level of training they have received, when entering into a contract of employment.

Section 14 prohibits any person from intentionally or recklessly interfering with, misusing or damaging anything provided under safety and health legislation, or provided to protect the safety, health of persons at work, or to place at risk the safety, health or welfare of persons in connection with work activities without reasonable cause

Section.15 provides that where a person controls, to any extent, a non domestic place of work, where persons, other than his or her employees are working, the person in control must ensure, so far as reasonably practicable, that the means of access to and egress from the place of work, or any article or substance provided for use at that place of work are safe and not of risk to health

General duties of Designers, Manufacturers, Importers or Suppliers of Articles and Substances

Section 16 places duties on any person who designs, manufactures, imports or supplies any article used at work, to ensure so far as is reasonably practicable, that—

- The article is designed and constructed so that it can be used safely and without risk to health at work
- It complies with any relevant legislation which implements a Directive of The European Union;
- The article is properly tested and examined, so as to meet such requirements.

The person must also provide information, and any updating of information, about the safe use of the article to any person he or she supplies that article to.

The information must relate to the use for which the article has been designed, manufactured or tested and must include information on safe installation, use, maintenance, cleaning, dismantling or disposal without risk to safety or health.

Designers, manufacturers, importers or suppliers of articles who retain a responsibility under a rental, leasing or, other arrangement to do so, must maintain the article in a safe condition and in compliance with health and safety laws.

Designers or manufacturers must also carry out research to discover if articles give rise to risks to safety or health, with a view to eliminating those risks.

A Person who erects assembles or installs an article for use at a place of work must ensure that there is nothing in the way in which it is erected, assembled or installed that makes it unsafe.

Substances

A substance includes any natural or artificial substance, preparation or agent in solid or liquid form, or in the form of a gas or vapour, or as a micro-organism.

The same requirements apply in relation to the use of a substance at work as for articles, with the addition that information supplied must include its identification, any risk arising from its inherent properties, the results from any tests carried out which are relevant to its safe use, and any conditions necessary to ensure its safe use, handling, processing, storing, transportation or disposal.

The manufacturer or the importer (where the substance is manufactured outside of the State), must carry out or arrange for any necessary research, to discover and eliminate or minimise risks to safety or health to which a substance may give rise when in use.

Where the results of tests carried out on articles or substances can be relied upon, it is not necessary to repeat such tests, examination or research.

Visitors and passers-by:

Other people present in the place of work e.g. Visitors, must also be protected.

Visitors are also required to take reasonable care for their own safety and that of any others who may be affected by their acts or omissions.

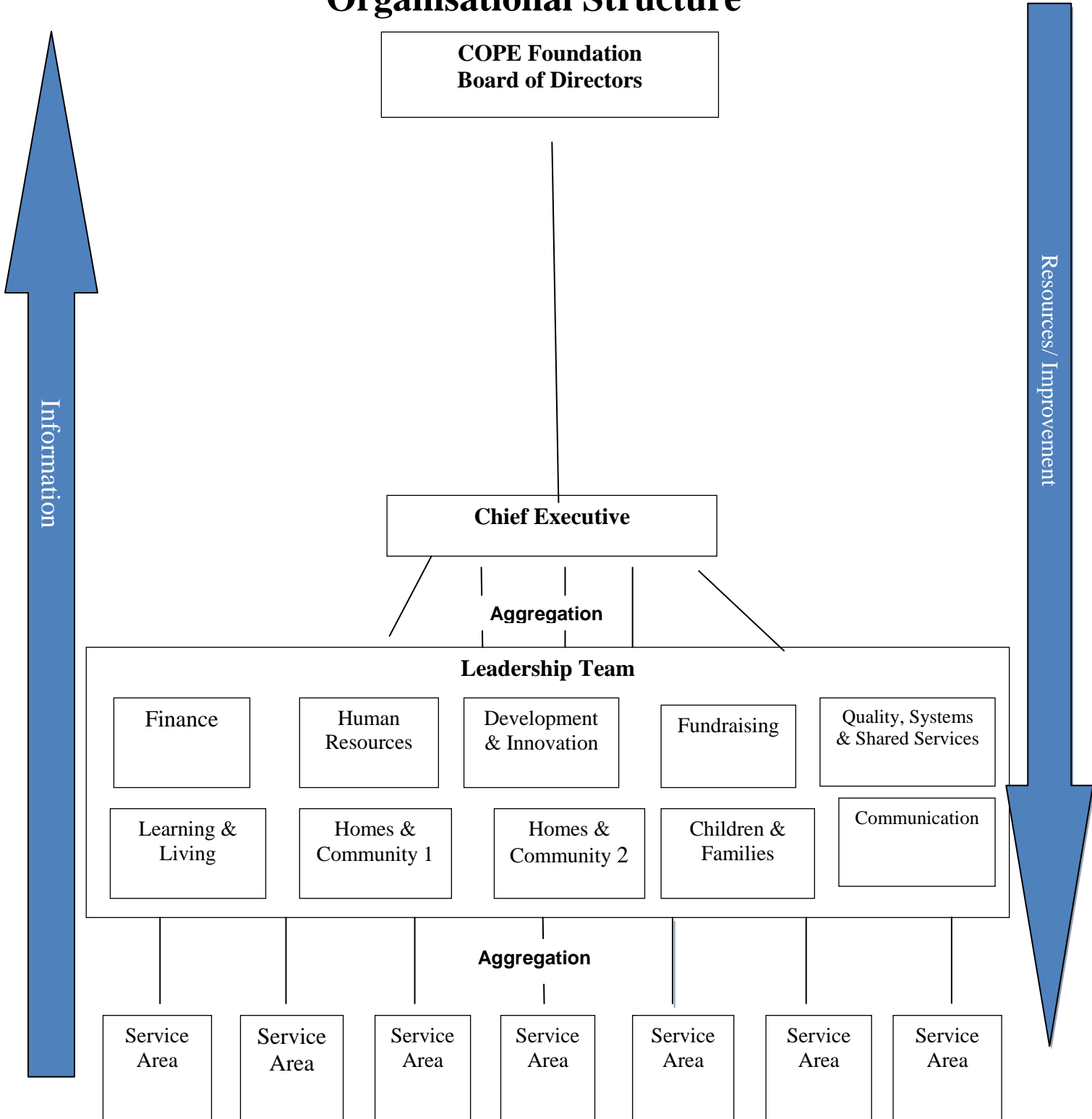
***This summary is not a legal interpretation
The information provided has been sourced from the following publications:***

- Guidelines on Risk Assessment and Safety Statements, Health and Safety Authority (HSA) publication Jan 2006
- Workplace Safety and Health Management, Health and Safety Authority (HSA) publication Jan 2006

Glossary of Health & Safety Terms	
<u>Term</u>	<u>Description</u>
<i>Article</i>	An article is - <ul style="list-style-type: none"> - any plant, machine, machinery, appliance, apparatus, tool, or any other work equipment for use or operation by persons at work, - any article designed for use as a component in, part of, or to control any of the foregoing, or any other work equipment, - any other product used by persons at work.
<i>Accident</i>	Accident means an accident arising out of, or in the course of employment which in the case of a person carrying out work, results in personal injury
<i>Codes of Practice</i>	Includes a standard, a specification, and any other written or illustrated form of practical guidance, instruction or control, issued or approved by the Health and Safety Authority
<i>Contract of Employment</i>	A contract of employment or service or of apprenticeship, whether it is expressed or implied, and (if it is expressed) whether it is oral or in writing.
<i>CCTV</i>	Closed Circuit Television Systems
<i>Contractor</i>	Provider of services to the organisation
<i>Employee</i>	Means any person who works for an employer under a contract of employment. This contract may be expressed or implied, and or oral or in writing. An Employee may be employed full-time or part –time, or in a temporary capacity.
<i>E.A.P.</i>	Employee Assistance Programme
<i>Employer</i>	Means any person or organisation by which an employee is employed under a contract of employment and includes a person under whose direction and control an employee works
<i>Hazard</i>	Means a source or a situation with the potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these
<i>Hazard Identification</i>	Hazard Identification means the process of recognising that a hazard exists and defining its characteristics.

H.S.A.	Health and Safety Authority – legal enforcement body for health and safety at work.
Incident	Means an unplanned event, with the potential to lead to an accident
Near- Miss	An occurrence where there is no injury to a client, visitor or employee, where the system and/or skillful management has detected a potential error, which would have in all probability become an incident.
Personal Protective Equipment (PPE)	All equipment designed to be worn or held by an employee for protection against hazards likely to endanger the employee's safety and health at work, and includes any addition or accessory designed to meet this objective.
Monitor	Continual Checking, supervising, critically observing or determining the status in order to identify change from performance level required or expected
“Reasonably Practicable”	Means that an employer has exercised all due care, by putting in place the necessary protective and preventive measures, having identified the hazards and assessed the risks to safety and health likely to result in accidents or injury to health at the place of work concerned, and where putting in place of any further measures is grossly disproportionate, having regard to the unusual, unforeseeable and exceptional nature of any circumstance or occurrence, that may result in an accident at work or injury to health at that place of work..
Risk	Risk can be defined as “the chance of something happening that will have an impact on the achievement of organisational stated objectives” or “the effect of uncertainty on objectives” (ISO 31000:2009).
Risk Assessment	Risk Assessment is the overall process of risk identification, risk analysis and risk evaluation (ISO 31000: 2009)
Safety	The state of being safe, the condition of being protected against physical, social, spiritual, financial, political, emotional, occupational, psychological or other types or consequences of failure, damage, error, accidents, harm or any event which could be considered not desirable.
Substance	A substance includes any natural or artificial substance, preparation or agent in solid or liquid form or in the form of a gas or vapour or as a micro-organism.
Work Equipment	Any machine, apparatus, tool or installation used at work (both mechanical and non-mechanical)
Workplace	Any place, and or other location where work is carried on, whether occasionally or otherwise e.g. premises, an installation on land or sea, a tent, temporary structure, a vehicle, vessel or aircraft.

Organisational Structure



Safety Committee Structure and Secretarial Services Arrangements

	Committee	Responsible Person
1.	Administration Offices / Bonnington House	John Murphy
2.	Children Services	Mary Desmond
3.	Special Schools	Helen Guinan
4.	Learning and Living Supports	Derval McDonagh
5	Facilities Management	Marguerite O' Brien
6.	Homes and Community 1	Colette Fitzgerald
7	Homes and Community 2	Bernie O Sullivan
8	Catering	Marguerite O'Brien
9	Quality Systems and Shared Services	Marguerite O' Brien
10	LRPA and Therapy Pool	Terence McSweeney
11	Development & Innovation	Sean Abbott

**The Safety Officer is an ex-officio member of all Safety Committees,
and must be notified of all Safety Meetings**

SAFETY COMMITTEES BY AREA OF RESPONSIBILITY

	Committee	Responsible Person/s	Designated Areas	Staff Representatives
1.	Administration Offices /Bonnington House	Mr John Murphy	Admin Offices Human Resources Offices Fundraising Department Communications	John Daly Caroline O' Riordan Angela Lehane
2.	Childrens' Services	Ms Mary Desmond	a) Occupational Therapy Speech and Language Physiotherapy b) Le Cheile c) Early Intervention, Dietetics d) Social Work, Psychology/ ASD	Mary Sharkey, Ger Grennan Denise Banks, Orla Kelleher Dave Worrell, Paul Anthony Patricia Hetherington, Niamh Lenihan, Catriona Scannell Deirdre Burns, Sinead Barry, Deirdre Keenihan, Michelle Hurley Judy Moynihan, Ayla Farrell, AnnMarie McCarthy, Christian Ryan, Niamh McCarthy, Iris O' Sullivan
3.	Special Schools	Ms Helen Guinan	Scoil Eanna St. Paul's School Scoil Bernadette Scoil Aislinn	Marie O'Donoghue + Sandra Maguire Helen Guinan + Mary Mannix Ita Teegan + Fiona Grace Geraldine Prendeville + Yolanda Van Wijnen
4.	Learning and Living a) Rehabilitative Training	Derval McDonagh	Bonnington Training Centre Doras Nasc Tuath Nua	Sheila O Flynn, Mary Daly, Anna Froggatt
	Learning and Living b) Adult Services /supports	Derval McDonagh	QDS, Genio Project Mallow Day Centre Clonakilty Day Centre Ard na Gaoithe Day Centre Glasheen Day Services (JBC and Bays), Arts	Alan Craughwell, Paul Ryan, Jerry Mullane, Gerard Ahern, Eileen Lordan, Mary Fogarty, Eoin Nash. Ard na Gaoithe Day Service - To be nominated

SAFETY COMMITTEES BY AREA OF RESPONSIBILITY

	Committee	Responsible Person/s	Designated Areas	Staff Representatives
5	Facilities Management a) Horticulture and Grounds	Killian Kelly	Beech Hill Garden Centre, Kanturk Garden Centre, Grounds Maintenance areas of City & County Centres	Eddie Roche William Cronin Tom Murray
	b) Contractors	Killian Kelly	Electrical Plumbing Painting Building	Brendan Bermingham Michael Barry Peter Bracken Tim Cotter
6.	Homes and Community 1 a) Hollyhill and affiliated hostel	Ms Colette Fitzgerald	Hollyhill Complex, Lotamore	Lisa Fitzgerald, Laura O' Sullivan, Ger O' Donoghue, Phyllis Cremin, Alison Corcoran, Kelly Brady, Sylvia Murphy
	b) County Hostels (North)	Ms Colette Fitzgerald	Kanturk, Mitchelstown, Mallow, (Bellevue x 2, Glen Lodge),	Mary Kearney, Elaine McLoughlan, , Eilis Ryan, Caroline Boles, Cathleen O' Brien
	c) County Hostels (East)	Ms Colette Fitzgerald	Fermoy Midleton Cobh.	Margaret Kiely Eileen Cullinane Geraldine O' Connor
	d) Montenotte Residential Care centres & Community Hostels	Colette Fitzgerald	a) Ashville, Kinvara, SpringfieldHouse, Deerpark b) Ard Dara, Ennismore Lodge, Blackpool, Springfort 1, 2,3,4, Ashmount Court	Sarah Murphy, Noelle Dempsey Nuala Canty, Tessa Meade, Nicola Wall Ray Dennehy, Yvonne Barker, Rhonda Dillane, John O'Brien, Roberta O' Callaghan, Michael O'Brien, Louise O' Donovan, Brian Delea, Tony Healy, EllenMcSweeney, Paul McKeown, Catherine Hogan, Cliona Doyle, Mary Kate Moynihan, Donal Gleeson, Eamon Leahy,

SAFETY COMMITTEES BY AREA OF RESPONSIBILITY

	Committee	Responsible Person/s	Designated Areas	Staff Representatives
7	Homes and Community 2 a) Residential care Centres and Community Hostels b) County Hostels(West) c) Clinical Liaison	Mrs Bernie O’Sullivan Ms Bernie O’Sullivan Ms Bernie O’Sullivan	Riverview Centre For the Elderly , Silverheights Drive, Glasheen Hostel,Vicar’s Road, Rosbarra, Riverview Estate West side, Hartland’s Ave. Manor Hill Clonakilty - Teach Cairde, Clogheen Knockbrogan, Bandon Skibbereen - (Mill Road Townsend Street & Cork Street), Macroom Montenotte House , Parkview	Christine Lynch, Shane Murray, Marie O Brien, Nora Fitzgerald, Linda Cambridge Avril Keating, Mairead Howick, Margaret Campion Mary O’Grady, Patricia O’Donovan, Anne Crowley, Louise O Riordan, Diane O’ Leary and Kathleen O’ Driscoll Deirdre O’Connor, Elizabeth Murray, Mary O’Byrne
8	Catering Outlets located at large centres in the City and County	Lilian Zinkant	City 1 Hollyhill Glasheen QDS City 2 Heatherlee County Locations: Clonakilty(Clogheen) Mallow Day Centre Midleton Day Centre	Lillian Zinkant Ber Madigan Niamh McCormack Dean Reynolds Lillian Zinkant Mathew Kenneally Trisha Murphy Ber Keohane Paddy Cronin Lillian Zinkant Aileen Dulea Norma Leader Teresa Jermyn

SAFETY COMMITTEES BY AREA OF RESPONSIBILITY

	Committee	Responsible Person/s	Designated Areas	Staff Representatives
9	Quality Systems and Shared Services	Marguerite O'Brien	Health and Safety, Infection Prevention and Control, Transport, Stores , Fundraising, Information Technology	Mary Hinchliffe Majella Smith Noel Tyrrell Gerard O Rourke John Clifford
10	LRPA / Therapy Pool a) LRPA Activities b) Therapy Pool	Terence McSweeney Terence McSweeney	Dedicated recreational facilities throughout COPE Foundation Centres and Therapy Pool Therapy Pool	Ann Marie Grumbridge, Mary Cashman, Susan Murphy Mary Kenefick Helen O Callaghan Laura Nagle
11	Development & Innovation	Sean Abbott	Behavioural Support Dept. Practice Development Client Administration New Horizons An Cuan SBC Research	Pat O' Flynn Sandra Swanton Mary Fleming Moira Fulham Joe McDonald

Resource Allocation associated with COPE Foundation's Safety Management Programme

COPE Foundation is committed to providing the following necessary safety resources, which can be classified under 3 broad headings:

Human Resources

Full-time Safety Officer

Internal Specialist Training Personnel

Health Promotions Practitioner

Specialist Occupational Health Services

Employees with a site-specific safety responsibility

Specialist External Training Contractors

Specialist External Reviewers

Time cost of participants in training and induction courses

Time cost of facilitating the internal consultative process

Capital Resources

Development of new and existing physical infrastructure, including premises, equipment and vehicles

Pro-active approach to the incorporation of modern risk-reduction measures in all new facilities

Necessary redesign and upgrading of premises, plant and equipment, and systems of work to the appropriate safety standard.

Ongoing maintenances of the foregoing facilities to the required standard.

Other Resources

Supply of adequate stocks of suitable Personal Protective Equipment

Purchase of Safety Signs and necessary Safety Alert Systems

Training costs for employees attending external safety courses

Cost of emerging safety needs as reflected in ongoing risk assessment process recommendations

Board of Directors

COPE Foundation is constituted as a Company Limited by Guarantee, not having a share Capital.

The Company has a capacity of 50 Members, 12 of whom are currently elected from their midst as Board of Directors to oversee Corporate governance.

The Board is ultimately accountable for all operations of COPE Foundation.

Chief Executive: Colette Kelleher

Responsible directly to the Board of Directors for managing COPE Foundation services on a day-to-day basis.

This responsibility includes safeguarding, in as far as is reasonably practicable, the safety, health and welfare of clients, employees, contractors, visitors and the general public.

Part of the responsibility of the post is to ensure that the Safety Statement is circulated to and understood by Leadership Team, that all levels of employees are briefed on their roles and responsibilities, that adequate resources are assigned to manage health and safety matters, and that employees are provided with adequate information, training, instruction and supervision.

Without derogating from this overall responsibility, of necessity day-to-day responsibility for safety implementation is delegated to Managers.

The Chief Executive takes a lead role in the specification of safety standards to be incorporated in all new building developments being planned by COPE Foundation.

The Chief Executive is Chairperson of the Safety Steering Committee

Head of Human Resources: Aine O' Callaghan

The Head of Human Resources Division is responsible for the Human Resource function within COPE Foundation;

The role incorporates responsibility for recruiting employees with the appropriate qualifications and experience to carry out the work required at the various centres;

The Head of Human Resources

- Co-ordinates the training and development of employees, in consultation with Divisional Managers and the Safety Officer;
- Ensures that Garda Clearance checks are carried out in respect of each employee, in advance of their appointment;

- Ensures that each employee is given a copy of the Employee Handbook, including any safety, health and welfare dimensions, at contract of employment stage;
- Receives reports on all accidents/near misses, and liaises with the Insurance Brokers in relation to same;
- Familiarises herself with all existing and emerging legislation impacting on safety, health and welfare matters, and ensures compliance with same.

Head of Finance: John Murphy

Makes provision through the budgetary process for safety, health and welfare dimensions throughout the organisation.

Arranges appropriate insurance cover for all risks being borne by all branches of the organisation.

Makes provision of funding, for new premises and facilities.

Head of Quality, Systems and Shared Services Marguerite O'Brien

Responsible for adoption of compliance with Health and Safety Systems, Risk management, Data Protection and Corporate Governance frameworks including auditing , monitoring and reports.

Develops and ensure effective and safe services for people with intellectual disability including transport, catering, and facilities management

Receives monthly reports on all accidents/near misses, from the Safety officer

Facilities Manager: Killian Kelly

Responsible to the Head of Quality, Systems & Shared Services

COPE Foundation does not itself directly employ its own maintenance employees, but instead utilises a contractor system of maintenance. This system covers all the dimensions of maintenance required to premises, plant, equipment and furnishings.

There are inputs by 4 main contractors augmented by additional minor contractors as required.

The Facilities Manager plays an active part in the implementation of the Safety Statement through the Safety Management Programme.

The safety, health and welfare aspects of the Facilities Manager's role can be categorised as follows:

1. Breakdowns and Emergencies Role (Reactive)

Responding in an appropriate prioritised manner to requisitions from Centre Managers, in relation to problems affecting premises, plant, equipment, and furnishings.

Directing the Contractors to complete the work and ensuring that the work is carried out to the appropriate standard.

Ensuring that any hazardous situations brought to his attention are rendered safe.

2. Planned Maintenance Role (Proactive)

- Working with Management and the Contractors in developing and implementing a planned maintenance approach.
- Carrying out periodic inspections of various COPE Foundation properties.
- Reporting back to Management on problems to be addressed.
- Drawing up specifications for the improvement works involved, procuring quotations, and following up to implementation.
- Maintaining and cataloguing working “as built” drawings in relation to all premises belonging to COPE Foundation.
- Maintaining all appropriate maintenance and inspection records.
- Ensuring that contractors maintain and implement proper and appropriate safety standards.

3. Security Role

- Ensuring that each building and its clients/employees are protected by appropriate alarm systems.
- Ensuring via the Electrical Contractor, that all Unit Heads and their employees are familiar with the operation of these alarm systems.
- Ensuring that emergency telephone numbers are available at each Centre for use by employees.
- Ensuring that contractors for their part have an on-call service on a 24 hour 365 day basis.
- Liaising with G4S as Keyholders and ETS as alarm systems monitoring and maintenance
- Liaising with MCM Security,
- Providing additional security cover if required during holiday shutdowns.
- Be contactable and available for call-out in the event of unforeseen emergencies.

4. Liaison Role

- Liaising with the Garda Siochana in relation to specific problems being experienced at various Centres.
- Liaising with the Safety Officer in relation to items of a safety concern, including issues regarding new and existing buildings, machinery, signage, access and egress etc.

Contractors

Contractors are employers in their own right and, as such, must each produce an individual Safety Statement

Contractors report directly to the Facilities Manager

Contractors Responsibilities

The Statement should cover all the main areas and dimensions of their area of expertise.

A copy of the Safety Statement must be submitted to COPE Foundation to satisfy the Safety Health and Welfare requirements of the organisation.

Regarding the underlying insurance dimension, contractors must maintain current appropriate insurances covering all their activities, and must indemnify COPE Foundation, and provide copies for inspection on an annual basis.

Contractors should only be recruited through the Facilities Manager with appropriate checking of references and credentials before allowing the work to begin.

The contractor must be made aware of the 'Child Care Act' requirements as they impact on agencies like COPE Foundation, and must undertake responsibility for recruiting, allocating, and supervision of their employees and any sub-contractors' employees on an ongoing basis.

It is normal practice within COPE Foundation that Managers of Units requisition maintenance or repair services through the Maintenance Dept.

The Facilities Manager in turn issues the appropriate instructions to the contractors to carry out the work, and asks that they report in to the Unit Manager prior to commencement, especially if there is any special safety or health issues in particular locations.

The contractors are responsible for ensuring that their work practices are up to the highest technical standards.

Contractors must ensure that any equipment in use meets the approved safety standards.

Personal protective equipment must be made available by contractors to their employees, and enforcement of their use should be followed up.

Particular attention should be paid to the use of safety signs to inform employees, clients and the public of potential risks associated with ongoing maintenance or repair work.

It is particularly important, in view of the vulnerability of the client group that contractors should adopt and maintain extremely strict on-site "housekeeping" measures, including safe storage of equipment and hazardous substances at all times.

Safety Officer: Majella Smith

Responsible to the Head of Quality, Systems & Shared Service, for advancing the objectives of safety, health and welfare at work throughout the Foundation, by the implementation of the Safety Statement through the Safety Management Programme.

Involved in the ongoing development and review of the Safety Statement, and responsible for its implementation.

The duties and responsibilities assigned to this role can be categorised as follows:

Advisory Role:

To provide advice and support on Health, Safety and Welfare to Management, without distracting from the managers primary responsibilities in relation to Health, Safety and Welfare within his/her assigned area.

To advise on present legal requirements affecting safety, health and welfare in the workplace, and emerging legislative changes.

To advise on hazard identification, risk assessment and implementation of safe systems of work and work practices.

To be alert to emerging public concerns and take appropriate action.

To advise on the provision and use of personal protective equipment and clothing.

To advise on necessary training to be undertaken by various grades of employees at various locations.

To provide specialist education and training as necessary.

To advise on the prevention of injury to personnel.

Coordinating Role

Coordinate the achievement of common standard of health, safety and welfare throughout the organisation.

Coordinate the provision of health, safety and welfare training courses to management and employees – using external or internal resources, or a mixture of both.

Monitoring / Auditing Role

Undertake periodic planned and unplanned visits to various COPE Foundation Centres:

- conduct hazard inspections
- monitor safety standards on site
- draw up improvement plans with managers.

Ensure that the fire procedures and emergency plans are developed and implemented.

Investigate and follow up on accident reports, near misses and associated paperwork.

Monitor trends emerging from the foregoing activities, analyse data. and feed back on trends
Undertake appropriate research and development on Safety, Health and Welfare matters.

Liaison/Information /Supporting/Consultative/Reporting Role

Liaise with Line Managers and Functional Managers in relation to health, safety and welfare matters.

Supply all relevant necessary documentation to managers and employees.

Be available to employees seeking support/facilitation arising from relationships/welfare issues within the workplace.

Be available to the various Safety Committees on a consultative basis on specific issues of relevance to their sphere of responsibility.

Liaise with the Facilities Manager on issues regarding new and existing buildings, machinery, signage, access, egress as required.

Liaise with the various safety training agencies and national advisory agencies and the HSA.
Provides monthly update reports to the Leadership Team

Communication Role

Receives reports on all accidents, incidents and near misses.

Consults with The Head of Human Resources and/or Head of Finances appropriately in relation to accidents, incidents and near misses and liaises with the Insurance Brokers,

Communicates relevant information on work related accidents, dangerous occurrences and fatalities to the Health and Safety Authority in accordance with regulation.

Provides trend information on all accidents, incidents and near misses occurring at Cope Foundation centres to the Leadership Team on a monthly basis and relevant trend information specific to identified requests by managers.

Outline of Roles and Responsibilities

Divisional / Centre / Functional / Line Managers

Managers are responsible for the day-to-day operation in their area of responsibility, in compliance with the central policies of COPE Foundation.

That responsibility incorporates responsibility for monitoring, controlling and managing all resources employed at the Centre i.e. employees, equipment, facilities.

It includes responsibility for ensuring the provision of quality services to clients, based on the agreed 'Activity Plan' for each Centre.

Incorporated in the foregoing elements is the responsibility for safety, health and welfare matters within their respective Centre(s).

Employers, and by delegation, Managers must ensure in so far as is reasonably practicable:

That all potential hazards from the activities of their Unit/Centre are identified.

That a risk assessment is carried out in relation to each hazard.

That all employees under their control are aware of these hazards and risks.

That appropriate risk control measures are put in place.

That the training needs of employees are identified.

That employees are properly inducted and trained on an ongoing basis.

That a log of training is maintained on each staff member in their area of responsibility.

That the building itself is physically and environmentally safe.

That equipment, plant, and furnishings comply with recommended safety standards.

That safe means of access and egress are maintained.

That safe systems of work are employed throughout the workplace.

That appropriate information, instruction, training and supervision is provided to ensure employee safety, health and welfare.

That 'Personal Protective Equipment' is supplied and utilised by employees, where it is not possible to reduce the risk to a safe level.

That plans are prepared and revised as appropriate in respect of procedures to be followed, and measures to be taken, in the case of an emergency or serious or imminent danger.

That fire drills and evacuations are carried out as required.

That accidents/incidents and near-misses are recorded, reported and investigated.

That welfare facilities are provided to the right standard.

That all dangerous substances are handled and used in accordance with the recommendations of the safety data sheet.

That regular safety inspections and regular checks are carried out.

The COPE Foundation Corporate Safety Statement will be augmented at local level by a site-specific document which outlines local hazard identification, risk assessment and control measures.

That liaison is maintained with the Safety Officer and Facilities Manager on relevant issues and topics.

That they and their staff are familiar with the workings of the alarm and emergency systems, and that they are maintained in good working order.

That all contractors, visitors, clients adhere to the requirements of the Safety Statement.

That staff and other relevant parties are facilitated in relation to consultation on safety issues, and that all have access to the Safety Statement.

Employees must ensure

- To comply with health and safety legislation to protect his or her safety, health and welfare, and that of others who may be affected by their acts or omissions;
- To ensure that he /she is not under the influence of an intoxicant to the extent of endangering his or her own or any other person's safety and health;
- To Submit to any appropriate, reasonable and proportionate tests for intoxicants, in accordance with Regulations under the 2005 Act;
- To co-operate with the employer and any other person to enable them to comply with safety and health legislation;
- Not to engage in improper conduct or other behaviour, such as horseplay, that is likely to endanger his or her safety, health and welfare or that of any other persons;
- To attend any training and undergo assessment of the training required by his employer or that is required by safety and health legislation;

- Following training and instruction, to make correct use of any article or substance provided for the protection of his/her safety and health, including any personal protective equipment.
- To report to the manager any defect in the place or system of work, or with any article or substance used which might endanger the safety and health of employees or any other person;
- To report to the manager any contravention of safety and health legislation, which may endanger the safety and health of employees or any other person.

Where health and safety legislation requires certain training in relation to any work activity, then employees must not misrepresent themselves in regard to the level of training they have received, when entering into a contract of employment.

Employees are obliged not to intentionally or recklessly interfere with, misuse or damage anything provided for securing the safety and health of persons at work, or in connection with work activities place the safety and health of any person at risk.

Employees must familiarise themselves with relevant COPE Foundation policies/guidelines in relation to safety, health and welfare in the workplace, and implement/comply with these on an ongoing basis.

Given the nature of the client group being cared for, employees must be especially vigilant in relation to issues of safety, health and welfare which might impact on COPE Foundation clients.

To this end, employees must report for work suitably prepared to meet both the physical and psychological demands of their respective roles, and be suitably attired.

Must participate fully in the consultative process in relation to safety issues.
Must participate in the safety education and training programme.

A comprehensive, but not an all-encompassing list of responsibilities is given above

Safety Steering Committee

COPE Foundation has established a restructured Safety Steering Committee to oversee safety, health and welfare at work matters.

Membership of this Committee to be comprised of:

- Chief Executive(as Chairperson)
- Head of Quality Systems and Shared Services
- Head of Children and Families or delegate
- Head of Development & Innovation or delegate
- Head of Homes and Community 1 or delegate,
- Head of Homes and Community 2 or delegate ,
- Head of Finance
- Head of Human Resources
- Head of Learning and Learning or delegate
- Safety Officer,
- Health Promotion Practitioner,
- Facilities Manager

The Safety Steering Committee to meet on a quarterly basis to:

- oversee developments,
- receive reports from the Safety Officer,
- decide on policy issues,
- plan for future developments and improvements,
- monitor reports from the Safety Committees,
- monitor legislation and new standards,
- set priorities, and decide on resource issues etc.

The quarterly Safety Steering Committee meetings are convened by The Chief Executive as Chairperson

The Chief Executive reports to the Governance Board of Directors of COPE Foundation on required safety matters

Safety, health and welfare matters are implemented through the existing divisional management structure, so that compliance and implementation are achieved through the same system of management and control as exists for all other day-to-day functions.

On a day-to-day basis, the Safety Officer works within the guidelines of COPE Foundation policy as expressed in the Safety Statement, and as interpreted by the Steering Committee.

The Safety Officer and the Facilities Manager play a vital and complementary role in relation to communicating, advising, monitoring and eliminating occupational risks from the workplace

Arrangements for Consultation in relation to Safety, Health and Welfare matters

COPE Foundation recognises that consultation is an important aspect of safety management and welcomes the views of employees on the subject.

The Foundation takes into account representations made by employees on the subject of safety insofar as is reasonable and practicable.

The Foundation has established the following structure to facilitate consultation in relation to safety matters.

Safety Steering Committee

Membership of this Committee to comprise of Chief Executive (as Chairperson) Head of Quality Systems and Shared Services, Head of Children and Families or delegate ,Head of Development & Innovation or delegate ,Head of Homes and Community 1 or delegate, Head of Homes and Community 2 or delegate , Head of Finance Head of Human Resources, Head of Learning and Learning or delegate ,Safety Officer, Health Promotion Practitioner, Facilities Manager

The role and functions of this Committee are outlined in detail under the “Responsibilities” section preceding this section.

Safety Committees

Responsibility for the consultative process on safety matters has devolved to separate Safety Committees, each of which is chaired by the Leadership Manager or Centre Manager in charge of the service in that area. (See lists of the membership of the Safety Committees.)

The Safety Officer is an ex-officio member of all Safety Committees.

Safety Representatives

COPE Foundation Safety Committees facilitate formal representation of employees as safety representatives of their colleagues.

Consultation with Frontline staff

Health and Safety is included as an agenda topic for discussion at all centre meetings

Suggested Standard Agenda for Meetings of the Safety Committee Structure

1. Minutes
2. Matters Arising
3. Correspondence
4. Review Safety Statement and Guidelines
5. Site-Specific Safety Audit
6. Site-Specific Risk Assessments
7. Employee Training
8. Client related Safety and Welfare Issues
 - a) Children First National Guidelines for the Protection & Welfare of Children – Department of Health & Children 2011
 - b) Trust in Care Policy
9. Any Other Business
10. Date of Next Meeting

Minutes of Meeting of -(Insert Location)--- Safety Committee - held on (Insert Date and Time) at (Insert Venue)

Present: (INSERT)

Apologies: (INSERT)

S A M P L E

<u>Topic for Discussion</u> * Sample Topics	General Discussion / Action to be Taken (specific, precise, relevant information) <u>Sample description</u>	<u>Person Responsible</u> (Sample)	<u>Current Status</u>	<u>Date of Completion</u>
<ul style="list-style-type: none"> ▪ Alarm System: 	J.X confirmed that since the last meeting the alarm system has been serviced. A further service is required in six months and P. Tippins has been informed.	J.X.		
<ul style="list-style-type: none"> ▪ Risk Assessments ▪ Electrics/Cables ▪ Fire Drill ▪ Showers ▪ Evacuation Drills ▪ Safety Minutes ▪ Date of Next Meeting 	<p>M. S advised that Risk Assessments should be carried out by all Managers using the Safety Statement as a guide</p> <p>All are adequate at present</p> <p>It was agreed by those present that it would be necessary to have a fire drill at some stage. Chairperson agreed to discuss this matter with M. S</p> <p>Crack noted on shower tray – M. Z. agreed to contact Pat Tippins in regard to same.</p> <p>Up-dated procedures for Evacuation Drills to be forwarded to all employees</p> <p>A copy of the minutes of this Meeting are to be forwarded to M. S, and</p> <p>The next meeting of this Committee will be held on (Insert Date) (M. S be informed of the date of the next Meeting)</p>	<p>Manager at location</p> <p>Chairperson</p> <p>M.Z</p> <p>D. T.</p> <p>Minute Secretary</p> <p>Minute Secretary</p>		

Hazard Identification Risk Assessment Methodology

Section 20 of the Safety, Health and Welfare at Work Act 2005 requires the Safety Statement to be based on the identification of hazards, and an assessment of the risks to safety, health and welfare at the workplace.

Hazard

A source or a situation with the potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these

A Risk means:

Risk can be defined as “the chance of something happening that will have an impact on the achievement of organisational stated objectives (HSE 2008) or “the effect of uncertainty on objectives” (ISO 31000:2009).

Risk Assessment is the overall process of risk identification, risk analysis and risk evaluation (ISO 31000: 2009)

The hazard identification and risk assessment process at COPE Foundation is undertaken systematically at local level by the centre managers and/or appointed delegate.

Risks which cannot practicably be addressed locally or are outside the scope of personnel at local level is escalated to the Leadership Team for inclusion on the Corporate Risk Register. This process is supported on an ongoing basis by the Safety Officer.

Risk Assessment will be augmented through scheduled safety audits, to be initiated by the Safety Officer. The audits involve visiting each work area/department, examining the work environment, equipment, procedures and consulting with supervisors and employees.

Employees who detect a hazard are required to report same without unreasonable delay to the Line Manager

The Cope Foundation Risk Assessment Tool (See Overleaf) is used to calculate a risk rating based on a scoring Matrix for **Likelihood** and **Impact** for each risk and ranked as Low, Medium or High

Depending on the risk rating and the adequacy of the current controls in place an evaluation is made whether to accept the risk or treat the risk by

- a) Avoiding the risk,
- b) Transferring the risk or
- c) Controlling the risk



Risk Assessment Tool and Guidance (Including guidance on application)

DOCUMENT CONTROL			
Document reference number		Document developed by	<i>Adapted from HSE</i>
Revision number		Document approved by	<i>Marguerite O' Brien</i>
Revision date	<i>February 2015</i>	Responsibility for implementation	<i>All COPE Foundation Employees</i>
Review date	<i>February 2015</i>	Responsibility for review and audit	<i>Marguerite O' Brien</i>

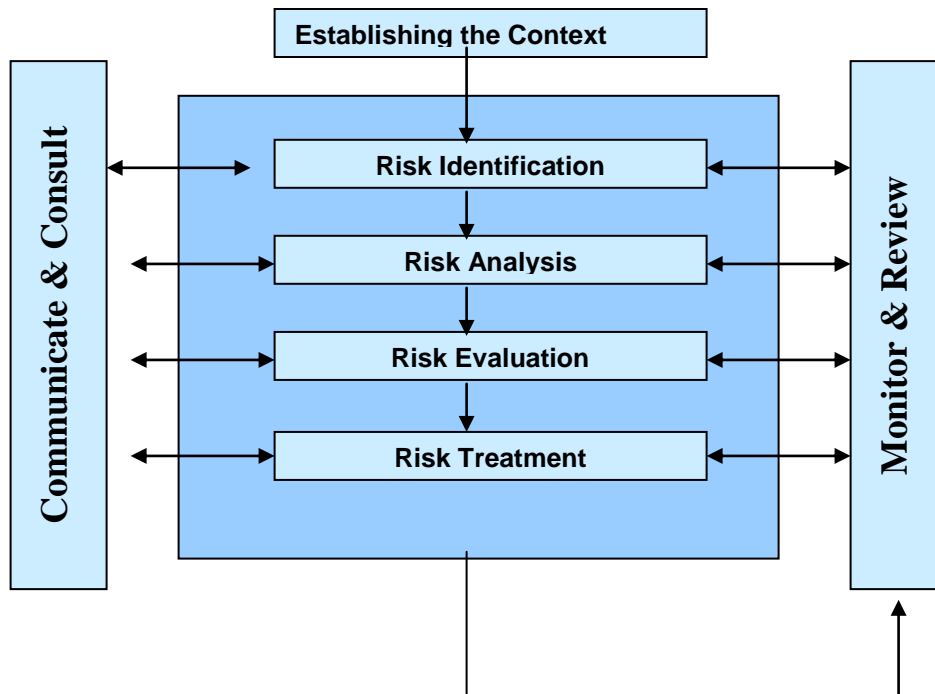
Introduction

Risk assessment is an essential part of risk management and is the overall process of risk identification, risk analysis and risk evaluation (ISO 31000: 2009)

The management of risk is integral to the business process of all levels in Cope Foundation. and is central to the Cope Foundation's system of internal control.

Risk Assessment Process – Overview

1



For management to ensure that the time spent on managing risks is proportionate to the risk itself, services should have in place efficient assessment processes covering all areas of risk. Cope Foundation has adopted the HSE Risk Assessment Tool to support this process. This tool should be applied uniformly to all processes where risk assessment is required e.g. health and safety risk assessment, risk assessment for the purpose of developing and populating risk registers, project management etc. It is not intended that this tool replace the risk assessment process used in specific clinical or care situations e.g. falls, tissue viability etc.

Guidance on Risk Assessment and the use of the Risk Assessment Tool

1. Risk Identification

Risk can be defined as “the chance of something happening that will have an impact on the achievement of organisational stated objectives” or “the effect of uncertainty on objectives” (ISO 31000:2009).

This step in the risk assessment process seeks to identify the risks to be managed. A risk assessment may concentrate on one or more area of impact relevant to the organisation or activity i.e. it may be specific to a particular project or hazard area e.g. biological hazards or it may be conducted on a more general basis e.g. for the purpose of developing a service or organisational risk register. It is essential that the employees identifying risks are knowledgeable about the policy, service area, process or activity being reviewed.

When areas of risk have been identified, it is important that these are described in a manner that accurately and comprehensively ensures that the exact nature and magnitude of the risk is captured.

To assist with this the following approach should be used.

The ‘ICC approach’ to risk description (Impact, Cause, Context)

- Risk is inherently negative, implying the possibility of adverse impacts. Describe the potential **Impact** if the risk were to materialise.
- Describe the **Causal Factors** that could result in the risk materialising.
- Ensure that the **Context** of the risk is clear, e.g. is the risk ‘target’ well defined (e.g. staff, patient, department, hospital, etc.) and is the ‘nature’ of the risk clear (e.g. financial, safety, physical loss, perception, etc.)

Examples:

Injury to staff and service users (Impact) due to poor maintenance of flooring (Causal Factor) in the reception area (Context).

Project overruns resulting in financial loss (Impact) due to the unavailability of key project staff (Causal factor) within Procurement (Context).

2. Risk Analysis

Risk analysis is about developing an understanding of the risks identified. In subjecting a risk to analysis it is essential that account is taken of the existing control measures.

2.1 Describe of the existing control measures

These include all measures put in place to eliminate or reduce the risk and include processes, policies, procedures, guidelines and engineering controls, training, emergency arrangements, preventative maintenance controls, protocols, team working, etc.

2.2 Make a judgment on the adequacy of the existing control measures.

When examining the existing control measures, consideration should be given to their adequacy, method of implementation and level of effectiveness in minimizing risk to the lowest reasonably practicable level.

2.3. Rate the risk in terms of determining the likelihood and the impact of the risk occurring.

Risk is measured in terms of **likelihood** and **impact** i.e. the likelihood of an event occurring combined with its impact (consequence). The methodology for measuring risk in this way plots a single ascribed value of likelihood against a single ascribed value of impact and therefore reduces risk to a single, easily comparable value.

This process, except in the relatively rare case where statistical data are available, uses informed but subjective judgement in assigning the values for likelihood and impact. If different risks are to be compared across Cope Foundation, it is necessary to minimise the variation in the judgement applied to the values of likelihood and impact assigned to a risk. This requires the adoption of a Cope Foundation-wide, standardized approach to the assignment of likelihood and impact.

Two elements are determined when assessing the level of risk posed by the risk that has been identified;

- (i) The likelihood that a risk may occur or reoccur.
- (ii) The impact of harm to service users, staff, services, environment or the organisation.

Likelihood Scoring

The likelihood table (table 1) is used to assess the likelihood of the risk occurring

TABLE 1: LIKELIHOOD SCORING

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%

Likelihood scoring is based on the expertise, knowledge and actual experience of the group scoring the likelihood. In assessing likelihood, it is important to consider the nature of the risk. Risks are assessed on the probability of future occurrence; how likely is the risk to occur? How frequently has this occurred?

It should be noted that in assessing risk, the likelihood of a particular risk materialising depends upon the effectiveness of existing controls. In assessing the likelihood, consideration should be given to the number and robustness of existing controls in place, with evidence available to support this assessment. Generally the higher the degree of controls in place, the lower the likelihood.

The assessment of likelihood of a risk occurring is assigned a number from 1-5, with 1 indicating that there is a remote possibility of its occurring and 5 indicating that it is almost certain to occur.

Impact Scoring

In developing a single risk matrix Cope Foundation considered a range of types of harm that can occur across the organisation. The following areas of risk must be managed to prevent or minimise harm occurring.

- **Injury to Service User/Staff/Public Risks**
Risks which may contribute to the physical or psychological harm of an individual.
- **Service User Experience Risks**
Risks which threaten the delivery of service to service users in terms of quality, in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and to feel in control; being listened to and talked to as an equal; being treated with honesty, respect and dignity.
- **Compliance with Standards (Statutory, Clinical, Professional and Management) Risks**
Risks associated with compliance with requirements in relation to the standards set out in relation to the organisation and delivery of high quality services i.e. Statutory, Clinical, Professional and Management Standards.
- **Objectives and Project Risks**
Risks relating to the procedures/technologies etc employed to achieve particular objectives and projects.
- **Business Continuity Risks**
Risks which threaten the organisation's ability to deliver its services and serve the Community.
- **Adverse Publicity/Reputation Risks**
Risks to the public reputation of the organisation and their effects.
- **Financial Loss Risks**
Risks relating to procedures/systems/accounting records which expose the organisation to financial risks, including risks to assets.
- **Environment Risks**
Risks which threaten the prevention, limitation, elimination, abatement or reduction of Environmental pollution and the preservation of a quality environment.

To determine the **impact** of this harm should it occur, each risk area has been assigned descriptors over 5 levels ranging from negligible to extreme harm. In scoring **impact**, the anticipated outcome of the risk is grade from 1-5, with 5 indicating a more serious Impact, as defined in the table 2 below.

TABLE 2: IMPACT SCORING

Score	Impact
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Each area of risk, in relation to the impact scoring, is outlined in table 3 on the next page.

Table 3

2. IMPACT TABLE	Negligible	Minor	Moderate	Major	Extreme
Injury	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.
Service user Experience	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
Compliance with Standards(Statutory, Clinical, Professional & Management	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.
Objectives/Projects	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged
Business continuity	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
Adverse publicity/Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in the Dáil. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dáil. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
Financial Loss(per local contact)	<€1k	€1k – €10k	€10k – €100k	€100k – €1m	>€1m
Environment	Nuisance Release	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

How to use the Impact scoring table

Step 1

Choose the most appropriate Risk Category(s) into which the risk identified falls e.g. Injury to patient, staff or public. In many instances, you will be able to score the risk under a number of categories (e.g. the risk of a serious medication incident may result in injury to a patient, be a result of non-compliance with an internal clinical standard and have the potential to attract adverse media attention). All areas should be considered when scoring.

Step 2

Assess the impact of that risk being realised for each risk area. Working along the table, select the Impact that most closely matches each e.g. minor. In instances where several of the risk categories are appropriate, all of these risks should be scored separately and the highest impact category score is the score given to that risk e.g. if it scored moderate for injury and minor for compliance with standards, the overall impact assigned should be moderate (being the higher of the two)

Step 3

Assign an impact score. This is the number assigned to the impact chosen and appears at the top of the selected column i.e. in the case of a moderate impact the scoring is 3.

Guidance on the Initial Risk Rating

Having established the likelihood and impact scores, the scores should be plotted on the Risk Matrix (see table 4) and to determine the rating of the risk being assessed in terms of a colour and a numerical score for the risk (e.g. a moderate impact 3 and a possible likelihood 3 will result in a rating of an amber 9).

- **The High risks** are scored between 15 and 25 and are coloured Red.
- **Medium risk** are scored between 6 and 12 and are coloured Amber.
- **Low risks** are scored between 1 and 5 and are coloured Green.

Table 4: Risk Matrix (Combining Impact and Likelihood)

Risk Matrix	Negligible(1)	Minor(2)	Moderate(3)	Major(4)	Extreme(5)
Almost Certain(5)	5	10	15	20	25
Likelihood(4)	4	8	12	16	20
Possible(3)	3	6	9	12	15
Unlikely(2)	2	4	6	8	10
Rare/Remote(1)	1	2	3	4	5

Example 1: Likelihood of 3 (Possible) x Impact of 2 (Minor) = 2 x 3 = 6 (Amber)

Example 2: Likelihood of 2 (Unlikely) x Impact of 3 (Moderate) = 3 x 2 = 6 (Amber).

3. Evaluate the Risks

The purpose of risk evaluation is to make decisions based on the outcome of the risk analysis regarding which risks require treatment and the priorities of that treatment. Depending on the risk rating and the adequacy of the current controls in place an evaluation is made whether to:

- accept the risk or
- treat the risk by:
 - i) Avoiding the risk,
 - ii) Transferring the risk or
 - iii) Controlling the risk.

Criteria used to make decisions regarding accepting or treating the risk should be consistent with the defined internal, external and risk management contexts and taking account of the service objectives and goals.

Accepting the risk

A risk is called acceptable if it is not going to be treated. Accepting a risk does not imply that the risk is insignificant. Risks in a service may be accepted for a number of reasons,

- The level of the risk is so low that specific treatment is not appropriate within available resources (based on, for example, a cost benefit analysis)
- The risk is such that no treatment option is available. For example, the risk that a project might be terminated following a change of government is not within the control of the HSE.
- The opportunities presented outweigh the threats to such a degree that the risk is justified.

Steps 1-3 above conclude the Risk Assessment process, it is however essential that in terms of managing assessed risks that a treatment (action) plan is put in place against those risks that have been evaluated as requiring treatment.

4. Treat the Risks

There are three basic methods of treating (actioning) the risk, these are:

4.1. Avoid the Risk

This is achieved by either deciding not to proceed with the activity that contains an unacceptable risk, choosing an alternate more acceptable activity, which meets the objectives and goals of the organisation, or choosing an alternative and less risky methodology or process within the activity.

4.2. Transfer the Risk

Risk transfer transmits the organisation's risk to an outside party. The most common method of risk transfer is the purchase of insurance or indemnity. The cost and conditions of such a transfer will be dependant on the level of assurance the organisation can provide to the insurer in terms of the likelihood of a claim occurring.

The insurer would require information on type of risk, the robustness of the systems that the organisation has in place and the claims history to date. An example of this is clinical, public and employee liability coverage.

4.3. Control the Risk

This is the most commonly used treatment option as it is focused on reducing the likelihood of the risk occurring or the impact of the risk if it occurs, or both. Note that there is a trade off between the level of risk and the cost of reducing those risks to an acceptable level. The most effective methods of risk control are those which redesign the systems and processes so that the potential for an adverse outcome is reduced.

When considering additional controls the following hierarchy should apply:

- If practicable, eliminate the risks altogether, or combat the risks at the source, e.g. use a safe substance instead of a dangerous one
- If elimination of the risk is not practicable, try to reduce the risk at the source by substituting the material or process with a less hazardous one or installing or using additional equipment, e.g. by use of a low voltage electrical appliance, changing the drug packaging
- Finally, reduce the risk via administrative controls and safe systems of work e.g. policies, procedures and guidelines or by, use of personal protective equipment (PPE). Use of PPE is the weakest control measure on the hierarchy and should, if being employed, be used in
- Conjunction with other control measures.

In order to ensure that treatment plans are implemented the following should be documented and subjected to ongoing monitoring and review as part of the normal business process of the service/area in which the risks are to be treated.

The treatment plans should include:

- Proposed actions
- Resource requirements
- Person responsible for action
- Timeframes (date for review and dates for actions to be completed)

References

1. Irish Standard ISO 31000:2009 Risk management – Principles and guidelines
2. HSE Developing and Populating a Risk Register - Best Practice Guidance (2009)

2. IMPACT TABLE	Negligible(1)	Minor(2)	Moderate (3)	Major(4)	Extreme(5)
Injury	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, Gardai (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 Counseling 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.
Service user Experience	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
Compliance with Standards(Statutory, Clinical,Professional & Management	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.
Objectives/Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over –run.	Inability to meet project objectives. Reputation of the organization seriously damaged
Business continuity	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
Adverse publicity/Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in the Dáil. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
Financial Loss(per local contact)	<€1k	€1k – €10k	€10k – €100k	€100k – €1m	>€1m
Environment	Nuisance Release	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

LIKELIHOOD SCORING

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%

Risk Matrix (Combining Impact and Likelihood)

3. Risk Matrix	Negligible(1)	Minor(2)	Moderate(3)	Major(4)	Extreme(5)
Almost Certain(5)	5	10	15	20	25
Likelihood(4)	4	8	12	16	20
Possible(3)	3	6	9	12	15
Unlikely(2)	2	4	6	8	10
Rare/Remote(1)	1	2	3	4	5

Risk Assessment Document Template

Location

Date of Assessment

Risk Unique ID

Primary Risk Category

Name of Risk Owner

Status

Risk Description	Impact/Vulnerabilities	Existing Control Measures	Additional Controls required	Person Responsible for Action	Due Date

INITIAL RISK			STATUS
Likelihood	Impact	Initial Risk Rating	

Risk Register Document Version Control Template

Risk Register –Location Name

Document Version Control

DATE	AUTHOR	VERSION	CHANGES

Escalated Risk(s) Feedback Form

	Date Considered	Submitted by:	Submitted to:	Risk Description	Accept Amend Reject	Comments/Feedback (Discussion/Outcome)
1						
2						
3						
4						

Training and Instruction

COPE Foundation provides new employees with an Induction Training Programme.

This involves training on necessary aspects of safety, health and welfare in the workplace, covering topics such as challenging behaviour, management of people we support with epilepsy, manual handling, control of infection, and the management of clients with Hepatitis B and MRSA.

Apart from the safety dimensions, the Induction Training Programme deals with the origins and culture of COPE Foundation, the philosophy of care, the standard of care, the delivery of care and policies and procedures of COPE Foundation.

Ongoing site-specific induction training is provided to new employees in each Centre by the Centre Manager or delegate.

A manual handling course is provided for employees, covering COPE Foundation's policy on the handling of people we support and inanimate objects, the use of hoists and other mechanical aids, and training on safe handling techniques.

An adapted version of the Manual Handling course has been designed and implemented for clients in our services who are involved in manual handling activities.

First Responder and CPR Training is provided as part of essential training for staff at all centres

MAPA training programme is provided to employees dealing with people we support who display behaviour that is challenging. This course is augmented by on-site training on positive behavioural strategies, in relation to emergency alarm system devices, emergency response procedures, and other contingency plan

Fire safety training is provided for all by an external appointed Fire & Safety Company. Onsite Fire Safety Training is coordinated through the Safety Officer.

Fire safety and evacuation drills are carried out at each Centre on a mandatory rota basis, involving external and internal trainers.

Training is provided to employees and clients who use forklifts, and training is also given in relation to the use of all other site-specific equipment.

Relevant refresher training courses are planned and implemented on a systematic basis throughout the Foundation.

Apart from the specific courses and topics mentioned above, COPE Foundation is committed to honouring its duty in relation to providing ongoing training to existing employees and training in relation to new/modified equipment introduced into the service.

Records

COPE Foundation maintains appropriate records associated with the following dimensions of the Safety Health and Welfare at Work Act 2005, and other relevant legislation:

Specifications

Purchases

Premises

Equipment

Vehicles

Operational Policies

Operational Guidelines

Work Practices

Employee Training

Health Surveillance

Maintenance

Accidents

Incidents

Dangerous Occurrences

Fatalities

Near Misses

Accident investigations

Material Safety Records

Internal Audit

External Audit

Arrangement for Review of the Safety Statement

It is envisaged that the Safety Statement will be formally reviewed each year in the month of March by the Steering Committee.

The review will take account of the views of the Head of Quality, Systems and Shared Services and Shared Services, Safety Officer, Facilities Manager, Safety Committees, Employee Representatives and any external expert advice.

If any matter of significance with a bearing on safety, health and welfare manifests itself in the intervening period between annual reviews, it will be dealt with appropriately on an immediate basis with communication to appropriate employees.

The review will also incorporate the recommendations of an external safety expert, if deemed appropriate and practicable.

Date of next annual review – May | 2015

Internal Controls and Auditing of Safety Standards within COPE Foundation

The Safety Officer and the Facilities Manger to undertake systematic auditing of all of COPE Foundation's premises, the primary purpose of which is to ensure that arrangements in respect of safety, health and welfare in the workplace meet with statutory requirements.

The methodology used will comprise of completion of a standard checklist (copy attached) across all dimensions, which when completed will be discussed with the relevant Manager.

Managers will be advised that all significant deficits will have to be addressed within a given timetable, and that ongoing advice/assistance will be available from both visiting parties to achieve this objective.

Internally, it is an ongoing responsibility of Managers to continuously monitor the safety, health and welfare dimensions of the day-to-day operations of their respective departments.

Safety Audit Checklist

Centre Inspected: _____

Date: _____

Personnel Involved: _____

Premises Condition	Good	Needs Attention	Recommendations
A Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	
B Storage Facility	<input type="checkbox"/>	<input type="checkbox"/>	
C1 Glazing General	<input type="checkbox"/>	<input type="checkbox"/>	
C2 Protection where required	<input type="checkbox"/>	<input type="checkbox"/>	
D Wear & Tear	<input type="checkbox"/>	<input type="checkbox"/>	
E Trip Hazards	<input type="checkbox"/>	<input type="checkbox"/>	

Premises Condition	Good	Needs Attention	Recommendations
Electricity			
1. Wiring	<input type="checkbox"/>	<input type="checkbox"/>	
2. Fuse board – marking	<input type="checkbox"/>	<input type="checkbox"/>	
3. Trip devices	<input type="checkbox"/>	<input type="checkbox"/>	
4. Earthing	<input type="checkbox"/>	<input type="checkbox"/>	
5. Voltage - portable equipment	<input type="checkbox"/>	<input type="checkbox"/>	
6. Sockets	<input type="checkbox"/>	<input type="checkbox"/>	
7. Cable ducting	<input type="checkbox"/>	<input type="checkbox"/>	
8. Systems for electrical checks	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting			
1. General	<input type="checkbox"/>	<input type="checkbox"/>	
2. Task lighting	<input type="checkbox"/>	<input type="checkbox"/>	
3. Absence of glare	<input type="checkbox"/>	<input type="checkbox"/>	
4. Blinds to windows as required	<input type="checkbox"/>	<input type="checkbox"/>	
5. Emergency lighting	<input type="checkbox"/>	<input type="checkbox"/>	
6. External illumination	<input type="checkbox"/>	<input type="checkbox"/>	
Heating			
1. Gas, Oil, ESB	<input type="checkbox"/>	<input type="checkbox"/>	
2. Protecting of tanks bunding	<input type="checkbox"/>	<input type="checkbox"/>	
3. Boilers	<input type="checkbox"/>	<input type="checkbox"/>	
4. Shut off facility	<input type="checkbox"/>	<input type="checkbox"/>	
5. Leakage	<input type="checkbox"/>	<input type="checkbox"/>	
6. Explosion	<input type="checkbox"/>	<input type="checkbox"/>	
7. Pipe marking - gas	<input type="checkbox"/>	<input type="checkbox"/>	
8. Thermostatic controls	<input type="checkbox"/>	<input type="checkbox"/>	
9.. Planned maintenance schedule	<input type="checkbox"/>	<input type="checkbox"/>	

Premises Condition	Good	Needs Attention	Recommendations
Manual Handling			
A. Client	<input type="checkbox"/>	<input type="checkbox"/>	
B. Inanimate Objects	<input type="checkbox"/>	<input type="checkbox"/>	
C. Aids	<input type="checkbox"/>	<input type="checkbox"/>	
1. Client Aids	<input type="checkbox"/>	<input type="checkbox"/>	
2. Aids for inanimate objects	<input type="checkbox"/>	<input type="checkbox"/>	
D. Ergonomic adaptations	<input type="checkbox"/>	<input type="checkbox"/>	
E. Information training and supervision	<input type="checkbox"/>	<input type="checkbox"/>	
F. Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Office Hazards			
A. VDU's - position Adjustment, anti-glare facility	<input type="checkbox"/>	<input type="checkbox"/>	
B. Design of workstations	<input type="checkbox"/>	<input type="checkbox"/>	
1. Space	<input type="checkbox"/>	<input type="checkbox"/>	
2. Desk	<input type="checkbox"/>	<input type="checkbox"/>	
3. Seat	<input type="checkbox"/>	<input type="checkbox"/>	
4. Window position	<input type="checkbox"/>	<input type="checkbox"/>	
5. Footrest	<input type="checkbox"/>	<input type="checkbox"/>	
6. Wrist pad	<input type="checkbox"/>	<input type="checkbox"/>	
C. Lighting levels	<input type="checkbox"/>	<input type="checkbox"/>	
D. Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	

Premises Condition	Good	Needs Attention	Recommendations
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Welfare Arrangements

A. Toilets - Washing facilities	<input type="checkbox"/>	<input type="checkbox"/>	
B. Canteen arrangements	<input type="checkbox"/>	<input type="checkbox"/>	
C. Rest facilities	<input type="checkbox"/>	<input type="checkbox"/>	
D. Staff support systems	<input type="checkbox"/>	<input type="checkbox"/>	

**Security Personnel/
Premises**

A. Burglar alarms	<input type="checkbox"/>	<input type="checkbox"/>	
B. Monitors	<input type="checkbox"/>	<input type="checkbox"/>	
C. Security Personnel	<input type="checkbox"/>	<input type="checkbox"/>	
D. Lock-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	
E. Personal alarms	<input type="checkbox"/>	<input type="checkbox"/>	

**Occupational Health
Hazards**

Health Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	
A. Infectious diseases	<input type="checkbox"/>	<input type="checkbox"/>	
B. Noise	<input type="checkbox"/>	<input type="checkbox"/>	
C. Dust	<input type="checkbox"/>	<input type="checkbox"/>	
D. Fumes	<input type="checkbox"/>	<input type="checkbox"/>	
E. Stress	<input type="checkbox"/>	<input type="checkbox"/>	
F. Ophthalmic problems VDU related	<input type="checkbox"/>	<input type="checkbox"/>	

Premises Condition	Good	Needs Attention	Recommendations
Personal Protective Equipment			
1. Industrial environment	<input type="checkbox"/>	<input type="checkbox"/>	
2. Clinical environment	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cleaning activities	<input type="checkbox"/>	<input type="checkbox"/>	
Workshops			
A. Machinery	<input type="checkbox"/>	<input type="checkbox"/>	
1. Guarding	<input type="checkbox"/>	<input type="checkbox"/>	
2. Emergency cut out facility	<input type="checkbox"/>	<input type="checkbox"/>	
3. Isolation	<input type="checkbox"/>	<input type="checkbox"/>	
4. Electrical fault detector	<input type="checkbox"/>	<input type="checkbox"/>	
5. Identification signs	<input type="checkbox"/>	<input type="checkbox"/>	
B. Chemical	<input type="checkbox"/>	<input type="checkbox"/>	
1. Storage facility	<input type="checkbox"/>	<input type="checkbox"/>	
2. Material safety data file and adherence to stipulated rules for use	<input type="checkbox"/>	<input type="checkbox"/>	
3. PPE	<input type="checkbox"/>	<input type="checkbox"/>	
4. Supervision of client use	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance			
Mandatory checks on:-			
1. Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>	
2. Burglar alarms	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lifts	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hoists	<input type="checkbox"/>	<input type="checkbox"/>	

Premises Condition	Good	Needs Attention	Recommendations
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Aggression / Violence

A. By intruder	<input type="checkbox"/>	<input type="checkbox"/>	
B. By client	<input type="checkbox"/>	<input type="checkbox"/>	
1. Emergency response procedure	<input type="checkbox"/>	<input type="checkbox"/>	
2. Personal protective alarm	<input type="checkbox"/>	<input type="checkbox"/>	
3. Staff attire	<input type="checkbox"/>	<input type="checkbox"/>	
4. Information and training for staff	<input type="checkbox"/>	<input type="checkbox"/>	
C. Policy	<input type="checkbox"/>	<input type="checkbox"/>	

First aid arrangements	<input type="checkbox"/>	<input type="checkbox"/>	
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Policy on purchase Of new equipment	<input type="checkbox"/>	<input type="checkbox"/>	
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Premises Condition	Good	Needs Attention	Recommendations
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Training Needs

A. Mandatory

1. Manual handling	<input type="checkbox"/>	<input type="checkbox"/>	
2. Forklift	<input type="checkbox"/>	<input type="checkbox"/>	
3. Abrasive wheels	<input type="checkbox"/>	<input type="checkbox"/>	
4. Use of chemicals	<input type="checkbox"/>	<input type="checkbox"/>	
5. Horticulture equipment	<input type="checkbox"/>	<input type="checkbox"/>	
6. Dealing with aggression & Violence	<input type="checkbox"/>	<input type="checkbox"/>	
7. Fire equipment	<input type="checkbox"/>	<input type="checkbox"/>	
8. First aid	<input type="checkbox"/>	<input type="checkbox"/>	

B. Desirable (Job specific)

1. Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
2. PPE	<input type="checkbox"/>	<input type="checkbox"/>	
3. Procedures	<input type="checkbox"/>	<input type="checkbox"/>	

Premises Condition	Good	Needs Attention	Recommendations
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Fire Controls

A. Alert

1. Alarm – clear panel of zones	<input type="checkbox"/>	<input type="checkbox"/>
2. Break glass units	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke detectors /heat detectors	<input type="checkbox"/>	<input type="checkbox"/>
4. Systems for alerting Fire Brigade	<input type="checkbox"/>	<input type="checkbox"/>

B. Fire fighting Equipment

1. Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>
2. Hose reels	<input type="checkbox"/>	<input type="checkbox"/>
3. Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>

C. Emergency Evacuation

1. Identification signs	<input type="checkbox"/>	<input type="checkbox"/>
2. Identifies emergency exists	<input type="checkbox"/>	<input type="checkbox"/>
3. Documentation of evacuation drills	<input type="checkbox"/>	<input type="checkbox"/>
4. Layout of building/ marked exists	<input type="checkbox"/>	<input type="checkbox"/>
3. Notice of evacuation procedure	<input type="checkbox"/>	<input type="checkbox"/>

D. Staff information & Training provision

<input type="checkbox"/>	<input type="checkbox"/>
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Premises Condition	Good	Needs Attention	Recommendations
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Access / Egress

A. Internal

1. Corridors	<input type="checkbox"/>	<input type="checkbox"/>	
2. Doorways	<input type="checkbox"/>	<input type="checkbox"/>	
3. Floor Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
4. Stairways	<input type="checkbox"/>	<input type="checkbox"/>	
5. Lifts	<input type="checkbox"/>	<input type="checkbox"/>	
6. Step ladders / kick steps	<input type="checkbox"/>	<input type="checkbox"/>	
7. Windows	<input type="checkbox"/>	<input type="checkbox"/>	
8. Obstacles / trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	
9. Cables	<input type="checkbox"/>	<input type="checkbox"/>	
10. Aisle way marking Industrial areas	<input type="checkbox"/>	<input type="checkbox"/>	

B. External

1. Driveway integrity	<input type="checkbox"/>	<input type="checkbox"/>	
2. Speed ramps	<input type="checkbox"/>	<input type="checkbox"/>	
3. Driveway markings	<input type="checkbox"/>	<input type="checkbox"/>	
4. Parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	
5. Walkways, gates front/rear	<input type="checkbox"/>	<input type="checkbox"/>	
6. Wheelchair access to buildings	<input type="checkbox"/>	<input type="checkbox"/>	
7. External fire escapes	<input type="checkbox"/>	<input type="checkbox"/>	

Signed: _____
Date: _____

Date: _____

Signed: _____