



Review of the HSA Five-Year Plan for the Healthcare Sector 2010-2014

and Priorities for
Future Interventions

Our vision:

A country where worker
safety, health and welfare
and the safe management
of chemicals are central
to successful enterprise

Introduction.....	2
a) The HSA Five-year Plan for the Healthcare Sector 2010–2014	3
b) Health and Safety Profile in the Healthcare Sector	7
c) The Healthcare Work Environment	14
d) Current and Emerging Issues in the Healthcare Sector	16
e) The HSA Mandate and Strategy.....	18
Appendix 1: Review of actions taken under the plan 2010 – 2014	19
Objective 1	19
Objective 2	24
Objective 3	26
Objective 4	29
Objective 5	32
Objective 6	34

Introduction

From 2010 to 2014 the Health and Safety Authority (HSA) worked to a five-year plan with regard to the healthcare sector. The aim of the plan was to work with the sector in developing a culture of safety and in reducing injuries and illness among its workforce. To achieve this, we identified six key objectives and related actions for the HSA to implement or lead on during this time period. We have reviewed the implementation of this five-year plan. The details of the review and actions taken are shown in Appendix 1.

In determining the most appropriate course of action for the HSA from 2016 onwards which would have the greatest influence in this sector, we have taken into account:

- a) Our interactions with the sector in the past from 2010–2014 and developments in safety and health in healthcare in that period.
- b) The current safety and health profile of the sector.
- c) The healthcare work environment, including national reforms taking place in the healthcare sector and government initiatives (outside of the work of the HSA) which affect safety and health in the healthcare work environment.
- d) Current and emerging risks in the healthcare sector.
- e) The HSA's mandate and draft Strategy for 2016–2018.

Each of these points is addressed overleaf.

a) The HSA Five-year Plan for the Healthcare Sector 2010–2014

The 5-year plan for the healthcare sector was based on a review of the sector commissioned by the HSA which included a national and international literature review and a wide-ranging consultation process with key stakeholders in the sector. The plan identified six key objectives and actions necessary to implement these objectives. The objectives presented in the plan were:

- 1 To engage with key stakeholders to ensure a complementary, coordinated and consistent approach to occupational safety, health and welfare at work in the healthcare sector.
- 2 To ensure continued improvements in safety, health and welfare in the healthcare sector by providing targeted inspections, investigations and enforcement action, as appropriate.
- 3 To influence the content and uptake of education and training in relation to safety, health and welfare, both within the healthcare sector and in education courses which prepare entrants to the sector.
- 4 To produce guidance and implement appropriate intervention tools to assist in assessing and controlling risk associated with the healthcare sector.

- 5 To improve the quality of information and intelligence available on workforce safety, health and welfare in the healthcare sector to ensure effective interventions and most appropriate use of resources.
- 6 To raise awareness of occupational hazards, legal obligations and the importance of occupational safety, health and welfare in increasing productivity and reducing lost time at work.

The plan sets ambitious targets for the HSA and the healthcare sector. A brief overview of the key actions and outcomes is set out below. The key actions to implement the plan are detailed in Appendix 1.

Engagement was achieved mainly in two ways: (i) engaging in formal communication processes with the regulators in healthcare to facilitate a coordinated and consistent approach to regulation; and (ii) establishing formal communication processes with the healthcare providers (public, private and voluntary providers, large organisations and small healthcare providers are represented). This ensured that the HSA agenda for the healthcare sector was clarified for the sector; concerns and queries were addressed and the sector had an opportunity to influence our policy. Groups/sectors which previously had limited contact with the HSA were now included in the engagement process. In the course of our work, there were communications and consultations with a range of stakeholders in the sector, including employers, professional bodies, government agencies and other interest groups.

a) The HSA Five-year Plan for the Healthcare Sector 2010–2014

Enforcement activity by the HSA: From 2010 to 2013 there were over 400 inspections and investigations undertaken by the HSA in the healthcare sector each year and over 300 inspections/investigations in 2014. These inspections were carried out across all services, including hospitals and community services and in the voluntary, public and private healthcare sectors.

Enforcement activity by the HSA is shown below.

Number of inspections in NACE Q and enforcement action 2010–2014 and the comparable figure for all sectors combined

Source: HSA

Year	Inspections/ Investigations	Prohibition notice	Improvement notice	Written advice	Payment in lieu	% Enforcement (i.e. written advice, notices, payment in lieu) NACE Q	% Enforcement All sectors combined
2010	488	1	26	261	0	59	51
2011	442	1	13	236	0	57	45
2012	465	1	13	260	0	59	46
2013	428	0	17	231	2	58	49
2014	324	1	14	159	0	54	47

- In this time period there was one prosecution in 2013 taken against the HSE, resulting in a fine of €500,000.
- In just over half of the interventions, inspectors served notices or written advices with regard to safety, health and welfare issues requiring attention.
- The level of enforcement activity is slightly higher than the average for all sectors combined.

a) The HSA Five-year Plan for the Healthcare Sector 2010–2014

Enforcement activity (i.e. reports of inspection, serving notices, etc.) related to a wide range of issues due to the variation in services and issues arising in healthcare. Overall, the findings from the inspection programme indicate a good level of compliance with requirements relating to the presence of a safety statement and implementation of controls specified in the safety statement; having a safety consultation process in place; and an active system for reporting notifiable accidents to the HSA. The HSA annual reports provide more detailed information in this regard. More difficult to capture through data collection systems but evident from the inspection process and other communications with the sector, are difficulties with the quality and effectiveness of the risk assessments prepared in controlling risk; difficulties with access to safety and health expertise in certain areas and an inconsistent approach to safety and health performance monitoring, review and management. As mentioned above, the types of issues arising vary across the sector.

Education and training: The day-to-day implementation of the safety and health management system is mainly the responsibility of local managers, including department heads in healthcare. To support the sector, six modules of e-learning were produced and are hosted free on our website. This is a safety and health training programme for managers on how to manage safety and health in a healthcare environment. These programmes have attracted over 3,000 learners in the two years they have been available. Nursing undergraduate competitions were held using safety and health scenarios in the healthcare setting to promote awareness of safety and health in the undergraduate curriculum.

A range of **guidance, information**, checklists and e-tools were produced and made available on the healthcare section of the HSA website to support the sector in achieving compliance with legal requirements and to promote the implementation of best practice. Guidance produced has been in response to particular needs identified in the sector. The guidance produced is sector specific and addresses the following:

- Safety and health management issues in healthcare, for example a safety and health management information sheet and checklist for small healthcare providers such as GPs and dental practices; and for hospitals an e-tool on hospital-wide hazards.
- Biological hazards, for example a guide to the EU (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 and a guide to the protection of healthcare workers from exposure to TB in the workplace.
- Chemical hazards, for example an information sheet on controlling waste anaesthetic gases in healthcare settings; information on managing the risk from glove-related latex allergy.
- Psychosocial hazards, for example guides to managing the risk from violence and aggression in healthcare and lone working in healthcare.

a) The HSA Five-year Plan for the Healthcare Sector 2010–2014

- Ergonomic hazards, for example a guide to managing manual and patient handling in healthcare and an information sheet on safety with mobile patient hoists and slings.
- Physical hazards, for example a guide to the prevention of slips, trips and falls in the healthcare sector.

In addition to sector-specific guidance, a range of cross-sectoral advice and guidance has been made available at www.hsa.ie relevant to hazards in healthcare. These include guidance on preventing and managing work-related stress, work-related vehicle safety, night and shift work, and respiratory protective equipment.

With regard to **information and intelligence** available on safety and health in healthcare, the focus was (i) to examine and improve our own data quality; and (ii) to identify, access and utilise other data sources to ensure an evidence-based approach to future interventions. The targeting of the inspection programme in healthcare facilitated the collection of more useful data and the analysis of incidents and complaints added to the intelligence available.

Sources such as the Central Statistics Office, The Health and Occupation Research network, Department of Social Protection, Health Service Executive, Department of Health, European Agency for Safety and Health at Work, State Claims Agency, etc. were utilised to inform the programme of work.

All of the interventions above **raise awareness** of safety and health in the healthcare sector. In addition, we organised seminars addressing sector-specific hazards. We presented at healthcare seminars and conferences arranged by other agencies. The healthcare section of www.hsa.ie is available to all, is promoted to the healthcare sector and is regularly updated.

Our initiatives were planned and implemented in consultation with key stakeholders. This facilitated the HSA in ensuring the actions taken were addressing the needs of the sector.

b) Health and Safety Profile in the Healthcare Sector

Employment in the human health and social work activities sector (NACE Q)

The human health and social work sector is a significant employment sector in Ireland, accounting for 13% of all employed persons in 2014. The number of those employed in human health and social work has continued to increase, with 222,100 persons employed in the sector in 2007 and 249,500 persons employed in the sector in 2014 (CSO figures Q4 2007 and Q3 2014 respectively). The public health service has 97,000 whole-time equivalent employees, with the Health Service Executive employing 61,568 whole-time equivalent employees directly and the remaining 35,520 whole-time equivalent employees are employed in the voluntary services (HSE National Service Plan 2015).

Health Service Executive

The Health Service Executive (HSE) is the largest single employer in the human health and social work sector. The HSE Corporate Safety Statement 2014 outlines the safety, health and welfare responsibilities of managers at all levels, HSE employees and occupational safety, health and welfare practitioners. The Corporate Safety Statement confirms the commitment of the HSE to the management of safety, health and welfare and to ensuring that the HSE Safety Management Programme is comprehensive and integrated throughout all management functions and services across the HSE.

The HSE has a number of safety, health and welfare policies and guidelines dealing with work-related hazards, such as policies on lone working; prevention and management of stress in the workplace; manual handling and people handling, etc. There is also a number of occupational safety, health and welfare strategies, such as Linking Service and Safety Together Creating Safer Places of Service, 2008 and the HSE Integrated Employee Wellbeing and Welfare Strategy 2009–2014.

The HSE has in place a National Health and Safety Team, established in 2015 to provide 'an effective, consistent, high-quality and readily accessible health and safety support' within the HSE (HSE website August 2015). There is also a HSE Risk Committee which reviews the processes related to the management of non-financial risk in the HSE and promotes a risk management culture in the health system (HSE Corporate Safety Statement 2014).

b) Health and Safety Profile in the Healthcare Sector

Workplace injury and illness in the human health and social work sector

Workplace injury

In 2013 (latest available report) the injury rate recorded by the Central Statistics Office (CSO) for the human health and social work sector was 31 per 1,000, the fourth highest in comparison to other economic sectors and higher than the average rate for all sectors combined (see table 1).

Table 1: Number and rate of total injuries (any days lost) in the human health and social work sector relative to the number and average rate of total injuries for all sectors combined 2009–2013

Source: CSO Quarterly National Household Surveys. These are sample surveys and accordingly the data are estimates and liable to sampling error. The data is collected through household surveys using questionnaires.

	2009 Injury rate per 1,000	2010 Injury rate per 1,000	2011 Injury rate per 1,000	2012 Injury rate per 1,000	2013 Injury rate per 1,000
Human health and social work	24	22	29.2	29	31
All sectors	17	22	22.2	19	25

b) Health and Safety Profile in the Healthcare Sector

Certain categories of incidents are reportable to the HSA and include those incidents where the employee is injured at a place of work and cannot perform their normal work for more than 3 consecutive days ('over 3 day incidents').

The human health and social work sector reports the highest number of non-fatal incidents to the HSA in comparison with other economic sectors (see Table 2). This has been the case each year from 2010 to 2014 inclusive.

Table 2: : Injuries reported to the HSA by economic sector 2014 (source: HSA)

Sector	No. of reports	% of total no. of reported incidents
Human health and social work	1,475	19.8
Manufacturing	1,266	17.0
Wholesale and retail trade	1,024	13.8
Public administration and defence	859	11.6
Transportation and storage	832	11.2
Construction	442	5.9
Administrative and support service	337	4.5
Education	197	2.7
Accommodation and food	196	2.6
Water, sewerage and waste	190	2.6
Other service activities	158	2.1
Financial and insurance	123	1.7
All others are less than 100		
Total	7,431	100

b) Health and Safety Profile in the Healthcare Sector

The three main accident triggers reported year on year to the HSA (2010–2014) from the human health and social work sector are manual handling, slips, trips and falls and violence and aggression. These three accident triggers accounted for 64.8% of the incidents reported from the sector in 2014 and account for approximately two-thirds of all accidents reported from this sector each year (see Table 3).

The reported number of incidents of violence and aggression has increased significantly, from 125 incidents in 2010 to 250 in 2014, and there has been no significant change in the overall numbers of incidents reported from the sector, with 1,422 incidents reported in 2010 and 1,473 incidents reported in 2014 (see Table 4).

Table 3: Reported non-fatal injuries by trigger from human health and social work sector and the comparable figure for incidents reported from all sectors combined, 2014 (source: HSA)

Accident trigger	Human health and social work no. of incidents reported by trigger	% of incidents reported by trigger for human health and social work	% of incidents by trigger for all sectors combined
Manual handling	433	29.4	32
Fall on the same level (slip, stumble, etc.)	271	18.4	19
Aggression, shock, fright or violence	250	17	5
All other triggers	364	24.7	31
Total	1,473	100	100

b) Health and Safety Profile in the Healthcare Sector

Table 4: Reported non-fatal injuries by trigger from human health and social work sector 2010–2014 *(source: HSA)*

	2010	2011	2012	2013	2014
Manual handling	486	494	457	425	433
Fall on the same level (slip, stumble, etc.)	315	263	251	278	271
Aggression, shock, fright or violence	125	221	219	221	250
All other triggers	496	404	385	313	364
Total	1,422	1,382	1,312	1,435	1,473

b) Health and Safety Profile in the Healthcare Sector

Work-related illness

In 2013 (the latest available report) the work-related illness rate (any days lost) recorded by the Central Statistics Office (CSO) for the human health and social work sector was 49, the highest rate when compared with other economic sectors and higher than the average rate for all sectors combined (see Table 5).

Table 5: Number and rate of total illness (any days lost) in the human health and social work sector relative to the number and rate of total illness in all sectors combined 2009–2013

Source: CSO Quarterly National Household Surveys. These are sample surveys and accordingly the data are estimates and liable to sampling error. The data is collected through household surveys using questionnaires.

	2009 Illness rate per 1,000	2010 Illness rate per 1,000	2011 Illness rate per 1,000	2012 Illness rate per 1,000	2013 Illness rate per 1,000
Human health and social work	26	20	34.3	31	49
All sectors	16	21	26.8	27	29

b) Health and Safety Profile in the Healthcare Sector

The Health and Occupation Research network

The Health and Occupation Research network (THOR) in Ireland enables dermatologists, chest physicians and occupational physicians to report cases of work-related illness. The THOR report relating to the period 2005–2014 indicates the following in healthcare:

Mental ill-health and musculoskeletal disorders are significant contributors to the work-related illness cases reported to THOR from the human health and social work sector. With regard to mental ill-health, 'factors intrinsic to the job' and 'interpersonal relationships' are the significant causative agents identified, and with regard to musculoskeletal disorders, 'lifting/carrying/pushing/pulling' and accidents are the significant causative agents. The number of cases of reported contact dermatitis was also notable in the human health and social work sector.

c) The Healthcare Work Environment

In determining how best we can influence the healthcare sector, it is necessary to consider government initiatives and the reforms taking place in healthcare.

Reform of the Health Service in Ireland

The programme for government promises 'the most fundamental reform of our health services in the history of the State' as is outlined in *Future Health – A Strategic Framework for Reform of the Health Service 2012–2015* (Department of Health 2012). This strategic framework identifies the major challenges facing the healthcare service, including significantly reducing budgets; long waiting lists; capacity deficits; an ageing population; and a significant growth in the incidence of chronic illness. These challenges influence the healthcare work environment and in turn the health and safety of employees working in the sector. The reform programme aims to deal with these challenges.

The core of the government's reform programme is a single-tier health service, supported by universal health insurance. The implementation of the reform programme is underway; Hospital Groups were established in 2014 and the Community Healthcare Organisations are being set up in 2015. The reform programme is built on four key interdependent pillars of reform: health and wellbeing; service reform; structural reform; and financial reform.

Healthy Ireland

Healthy Ireland 2013–2025 is a national framework for action to improve the health and wellbeing of the people of Ireland. With regard to workplaces, reference 1.6 of the framework document states 'all public sector organisations and workplaces will be required by government to promote and protect the health and wellbeing of their workforce, their clients and the community they serve. These commitments are to be detailed in corporate, strategic and /or business plans' (Reference 1.6, pg. 20 of *Healthy Ireland*).

The HSE *Healthy Ireland in the Health Services National Implementation Plan 2015–2017* makes reference to the large workforce and extensive number of workplaces in the HSE, providing a challenge and an opportunity for the HSE to be 'an exemplar employer protecting the health and wellbeing of its workforce' (Reference pg. 21 of Health Services National Implementation Plan).

Workplaces directly influence the physical, mental, economic and social wellbeing of workers and, in turn, the health of their families, communities and society. Therefore, the workplace offers an ideal setting and infrastructure to support the promotion of health of a large section of the public. The HSA is a member of the Healthy Ireland Cross Sectoral Group and participates in the Healthy Workplaces Framework Subgroup, convened by the Department of Health.

Ireland's National Corporate and Social Responsibility Plan 2014–2016

The government produced a *National Plan for Corporate and Social Responsibility (CSR) 2014–2016*. The plan highlights the various roles of the public sector in corporate and social responsibility (CSR), which are as follows:

- Endorsing and promoting CSR.
- Enforcing legislation which promotes CSR, for example health and safety legislation, employment rights legislation.
- Being an exemplar in demonstrating best practice in CSR.

One of objectives in the *National Plan on CSR* is to 'anchor CSR practices in public bodies in the context of their own operations' (see pg. 15 of the *National Plan on CSR*).

Compliance with safety, health and welfare legislation is a minimum requirement for success in implementing both *Healthy Ireland* and the *National Plan on CSR* in any organisation.

d) Current and Emerging Issues in the Healthcare Sector

In addition to the changes in the healthcare work environment referred to above, the European Agency for Safety and Health has identified trends and changes that will have an impact on healthcare and its workforce in the European Union.

Current and Emerging Issues in the Healthcare Sector, including Home and Community Care 2014 identifies societal and demographic trends and changes that have an impact on the healthcare sector. Below is a summarised section of the report relating to positive and negative changes and developments that could impact on safety and health in healthcare in future years (see pgs. 113–115 of the report).

Positive expected changes:

- **More attention to sharps injuries:**

Due to the implementation of Council Directive 2010/32/EU implementing the Framework Agreement on the prevention of sharps injuries in the hospital and healthcare sector.

- **Managing health and safety at work:**

More occupational health specialists are expected in healthcare.

More treatment being delivered in the homes of older people may improve service provision and outcomes.

An improvement in the management of clinical risk may also lead to an improvement in the management of occupational safety and health risks.

- **Legislation and inspection:**

The fulfilment of the legal framework, a strengthening of inspection bodies and an increase in awareness are expected.

Negative expected changes:

- **Economic climate:**

The effects of a poor economic climate may result in further pressure on resources and less money to invest in occupational safety and health.

Workloads will continue to increase.

The mean age of the workforce in healthcare in some EU countries will increase.

- **New agents:**

New strains of infectious agents will need to be managed in healthcare.

The risk of using nanomaterials in medicines and medical devices will increase.

- **The shift towards homecare:**

More attention will have to be paid to occupational safety and health in homecare settings and the different risks that will present due to a different work environment and a different way of working.

- **Lack of personnel:**

The recruitment and retention of sufficient nurses and doctors will continue to be a challenge in the future.

- **Ageing:**

Further increase of older people and the necessity of better and more expensive healthcare for them.

The proportion of elderly and those living with chronic health impairment will reach a paramount level, while the working-age generation will shrink.

- **Other:**

If there are further increases in the number of overweight/obese patients, this may have implications for safe patient handling.

There may be an increase in psychiatric patients as a result of stress at work and in private life.

e) The HSA Mandate and Strategy

Our mandate includes regulating and promoting the safety, health and welfare of people at work and those affected by work activities (Draft Strategy 2016–2018).

Our strategic priorities 2016–2018 (Draft HSA Strategy 2016–2018)

- Health: increase the focus on work-related health risks.
- Safety: maintain and develop the advances achieved in the management of work-related safety risks.
- Chemicals: focus on the risks to human health and safety arising from chemicals used at work and by the general public.
- Accreditation: provide an impartial, internationally recognised accreditation service, responsive to market demands, through the Irish National Accreditation Board.
- How we work: continue to change and transform the way we work.

HSA plan for the healthcare sector 2016 onwards

It is against this backdrop that the priorities for the HSA's activities for the healthcare sector from 2016 have been identified. These will be continuously appraised and formally reviewed at the end of 2018.

It is proposed that over the next three years the programmes of work for the healthcare sector will be developed around the following priorities:

- (i) Work with the HSE at a national level to support the implementation of a robust HSE safety management system that demonstrates good governance and compliance with safety, health and welfare legislation. This will be achieved through established formal communication processes with the HSE at senior management level and through our inspection and enforcement activities.
- (ii) Continue to plan inspection programmes which are evidence-based and directed to the areas of highest risk and to take enforcement action for failures to comply with legal requirements.
- (iii) Engage with working groups and provide guidance for the sector through the government's initiatives (Healthy Ireland and CSR) to promote and support healthy and safe workplaces in healthcare.
- (iv) Maintain and develop initiatives that have been successful in supporting the healthcare sector in securing compliance (e-learning, engagement processes and consultation with key stakeholders, public seminars, guidance published to the website, etc.).
- (v) Provide information and guidance on new and emerging risks in the healthcare sector (for example safety and health in the community and homecare work environment; managing the risk from biological hazards at work). This will involve research and engagement with experts and stakeholders.

Review of actions taken under the plan 2010–2014

Objective 1

Engagement: To engage with key stakeholders to ensure a complementary, coordinated and consistent approach to occupational safety, health and welfare at work in the healthcare sector.

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
1.1	Liaise with key regulatory agencies – HIQA, Mental Health Commission, IMB, FSA etc. – to agree how such organizations can best work together to ensure that the safety and health of staff, patients and the general public are optimized, e.g. development of complementary standards around staff safety and health.	Agreed. In liaising with key regulatory agencies, the aim will be to ensure a complementary and coordinated approach, taking account of the different statutory obligations of the various regulators.	<p>Memoranda of understanding were developed between the HSA and HIQA, EPA and NERA agreeing ways of working in relation to areas of mutual interest.</p> <p>We participated on the Health and Social Care Regulatory Forum, a forum for all regulators in health and social care to share experiences, harmonise certain business processes and facilitate coordination in the areas of safety and quality.</p> <p>We consulted with relevant regulatory bodies on HSA initiatives, including consultation when preparing legislative proposals and guidance for the healthcare sector, to ensure a consistent and coordinated approach.</p> <p>Meetings were held with regulatory bodies in the sector to discuss roles, programmes of work and approaches.</p> <p>We participated in consultations arranged by other regulators facilitating a coordinated and consistent approach and promoting the HSA's agenda as appropriate.</p> <p>In addition to liaison with the key regulatory agencies and in keeping with our statutory remit, we supported the minister of our parent department with the transposition of Council Directive 2010/32/EU of 10 May 2010 which was transposed into Irish law by the EU (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014. We consulted with the sector, provided guidance and advice with regard to the provisions of the Directive and produced guidance documents on the Directive and the Regulations to support the sector with compliance. We are the enforcing Authority for these Regulations.</p>

Appendix 1

Review of actions taken under the plan 2010–2014 Objective 1 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
1.2	<p>Establish formal channels of communication with the HSE, as a key stakeholder in the sector.</p> <p>Gain HSE commitment to a programme which reduces days lost through work-related injury and illness. Work with the HSE in development of clear criteria to ensure that risk-assessment systems fully take into account staff safety, health and welfare issues.</p>	<p>Agreed. The HSA will consult with the HSE with regard to the actions recommended.</p>	<p>On launching the 5-year plan, a meeting was held between the CEOs of the HSA and the HSE to gain commitment to the implementation of the plan.</p> <p>Contact points were established between the organisations for future interactions at a national level.</p> <p>Meetings were held between HSE Corporate and the HSA to address occupational safety, health and welfare issues requiring attention at national level.</p> <p>We participated in the HSE Health and Safety Advisors' Forum to facilitate communication between the organisations and to support the HSE in its work to demonstrate good governance with regard to occupational safety, health and welfare.</p> <p>Incident statistics collated by the HSA relating to the sector were made available so key accident triggers were identifiable.</p>
1.3	<p>Explore ways of engaging with existing national and partnership structures in the healthcare sector (e.g. Health Service National Partnership Forum, National Healthcare Risk Managers' Forum, Dublin Hospitals' Group Risk Management Forum and HSE National Health and Safety Advisors' Group) to ensure that they are aware of the staff safety and health priorities being pursued by the HSA.</p>	<p>Agreed. The HSA is currently represented on the HSE National Health and Safety Advisors' Group.</p>	<p>We formed the HSA Healthcare Steering Group to facilitate communication with the various groups and structures. The steering group includes representation from the HSE, the Voluntary Hospitals' Group, the Healthcare Risk Managers' Forum, the Irish College of General Practitioners, the National Federation of Voluntary Bodies, the Irish Dental Association, Nursing Homes Ireland and the Private Hospitals' Group.</p> <p>Other forms of engagement included formal and informal consultations with stakeholders in healthcare on legislative proposals and initiatives to be undertaken by the HSA.</p>

Review of actions taken under the plan 2010–2014 Objective 1 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
1.4	Ensure that the HSA is effectively represented on all relevant fora (e.g. the Health and Social Care Regulatory Forum and the HSE National Health and Safety Advisor's Group).	Agreed. The HSA are represented at the Health and Social Care Regulatory Forum and the HSE National Health and Safety Advisors' Group. The HSA will examine the potential to participate in other relevant fora.	<p>We participated in the Health and Social Care Regulatory Forum and in the National Health and Safety Advisors' Forum. Together with the HSA Healthcare Steering Group, these were the main groups in healthcare in which we participated.</p> <p>There was a range of other groups, committees and fora that we participated in which focused on particular issues/topics which affect this sector.</p>
1.5	Work with cross-border and international bodies to share learning on international best practice in the area of safety and health of healthcare staff.	Agreed. The HSA will work with related agencies in England and Northern Ireland (including Health and Safety Executive, England, and Health and Safety Executive, Northern Ireland) and attend relevant European Union meetings (including EU Advisory Committee on Safety and Health at Work) to share learning and contribute to international best practice in the area of safety and health in healthcare.	<p>We used the focal point network, which facilitates communication between the EU agencies with responsibility for safety and health at work.</p> <p>We liaised with labour inspectorates in HSE UK and HSE NI on health and safety matters arising.</p> <p>We participated in EU health and safety groups and committees, including the EU Advisory Committee on Safety and Health at Work and related working parties and the Senior Labour Inspectors' Committee.</p>

Appendix 1

Review of actions taken under the plan 2010–2014 Objective 1 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
1.6	Explore ways to support safety and health for staff and managers in the sector in developing preventative strategies that minimise risks to staff, taking into account the realities of different healthcare settings and building on identified priority risk areas.	Agreed. Through interaction with the sector and as a function of the proposed Healthcare Health and Safety Technical Group, opportunities to support those developing health and safety interventions in healthcare will be explored.	<p>Through the HSA Healthcare Steering Group and other communication fora and consultation processes, we explored the means by which the HSA can support the sector. Various initiatives were identified and implemented including:</p> <ul style="list-style-type: none"> - The use of the web to communicate information on key health and safety issues: we developed a healthcare section on the HSA website for healthcare-specific information. - E-learning: we developed and host a 6-module e-learning programme on managing health and safety in healthcare for department heads and managers, available free of charge to users. - E-tools: we developed e-tools to assist employers and employees to identify hazards and controls in hospital and nursing-home settings. - We prepared information sheets and guidance focused on sector-specific high-risk areas which were made available to download. - We held seminars and briefing sessions on specific topics for healthcare. <p>We supported the work of the HSE through the HSE Health and Safety Advisors' Forum.</p> <p>We supported safety and health personnel and managers through our Workplace Contact Unit where queries and requests for information are addressed.</p>

Review of actions taken under the plan 2010–2014 Objective 1 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
1.7	Liaise with relevant organisations, including professional organisations, to share information and to brief representatives on relevant developments affecting the health and safety of healthcare staff.	Agreed. Liaison will include organisations representing professional groups in healthcare. The aim will be to share information, provide sector-specific information and promote safety and health.	<p>We liaised with statutory regulatory bodies for professionals, professional bodies and other healthcare representative groups via the HSA Healthcare Steering Group.</p> <p>We consulted with relevant organisations on the preparation of information and other initiatives for the healthcare sector to ensure consistency and relevance, e.g. Irish Medicines Board (HPRA), Health Protection Surveillance Centre, Health Information Quality Authority.</p> <p>We presented at workshops and conferences arranged by healthcare-related organisations, e.g. Healthcare Risk Mangers' Forum, Institute of Occupational Health and Safety, National Federation of Voluntary Bodies, State Claims Agency and the Health Protection Surveillance Centre.</p> <p>We sought support from professional bodies in promoting HSA activities and guidance, e.g. Continuing Professional Development (CPD) credits awarded by INMO for completion of HSA e-learning modules.</p>

Appendix 1

Review of actions taken under the plan 2010–2014

Objective 2

Compliance: To ensure continued improvements in safety, health and welfare in the healthcare sector through the provision of targeted inspections, investigations and enforcement action, as appropriate.

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
2.1	Provide sector-specific information and training to inspectors in healthcare to support in assessing compliance with legislation and best practice.	Agreed. This is part of an ongoing process which has been expanded with regard to healthcare in 2009 and will continue in the work programme for 2010.	We provided sector-specific and hazard-specific information/training for inspectors in preparation for targeted inspection programmes. We held annual update and planning meetings with inspectors in healthcare to agree and review our interventions with the sector.
2.2	Ensure access to a range of healthcare specialists to provide expert back-up support to HSA inspectors and to assist them in carrying out inspections in larger, more complex healthcare settings or risk areas. The potential to develop a teamwork approach with specialist inspectors in other healthcare regulatory bodies should also be explored.	Agreed. The potential to expand the range of specialist healthcare expertise available will be explored with a view to providing additional support and information to inspectors. Liaison with other healthcare regulators will facilitate a review of the potential for a teamwork approach to inspections.	Access to healthcare professional expertise was made available to inspectors by arranging presentations and briefing sessions on sector-specific topics and through our occupational health contracted doctors. Support was provided to inspectors through the Healthcare Policy Unit and other HSA policy units. We liaised with other regulators in healthcare to ensure a consistent approach to inspection and to avoid duplication of effort.

Review of actions taken under the plan 2010–2014 Objective 2 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
2.3	<p>Agree a work programme for inspectors in the healthcare sector for 2010–2011, based on identified prioritised risk areas and aimed at ensuring an appropriate balance between the needs and requirements of different sub-sectors and healthcare settings as well as taking into account agreed relationships and understandings with other regulators, especially HIQA. This should include deciding on the target number and type of inspections required in and across the sector.</p>	<p>Agreed. A programme of work for inspectors for 2010–2011 will be agreed, including a review of the number and focus of inspections carried out. Available information will be reviewed to identify priority areas for inspection. Where agreed understandings with other regulators impact on this work, they will be taken into account.</p>	<p>We doubled the number of inspections in the sector (from 200 to 400) each year from 2010 to 2013. We made available the high-level findings from our inspection programmes each year.</p> <p>We implemented an evidence-led programme of work each year, based on prioritised risk areas.</p> <p>We prepared guidance for inspectors to support the inspection programme and facilitate a consistent approach.</p> <p>We liaised with HIQA as appropriate to facilitate a consistent approach to inspections.</p>
2.4	<p>Agree key hazards and risks to be focused on by inspectors that take into account the full range of healthcare settings and consider the pros and cons of developing a standards-based approach to such work.</p>	<p>Agreed. Available information will be reviewed to identify priority areas for inspection. The potential for the development of standards with regard to the control of specific hazards in healthcare will be reviewed.</p>	<p>Using data and information sources available and in communication with the compliance inspectors, a programme of work for healthcare inspections was agreed each year. This took account of the key hazards and risks to be focused on and service types to be included.</p> <p>The focus of inspections has been communicated to healthcare providers in advance of the inspection programme each year, through the HSA Healthcare Steering Group and HSA Programme of Work.</p> <p>The <i>'HSA Guide to Health and Safety Management in Healthcare'</i>, and the accompanying audit tool for the healthcare sector, identify the criteria against which occupational safety, health and welfare performance can be assessed. This has been reviewed and is still considered relevant and appropriate.</p>

Appendix 1

Review of actions taken under the plan 2010–2014

Objective 3

Education and training: To influence the content and uptake of education and training in relation to safety, health and welfare, both within the healthcare sector and in education courses which prepare entrants to the sector.

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
3.1	Work with relevant educational and training organisations to promote the inclusion of staff safety and health training into undergraduate and pre-entry level courses and programmes that feed into the healthcare sector.	Agreed. In the first instance this will be explored with the sector and the relevant educational establishments with a view to identifying key stakeholders and developing a plan of action.	We consulted with third-level institutions preparing entrants to the sector on the supports required to promote safety and health at undergraduate level. In consultation with the third-level institutions, we hosted an annual competition focusing on occupational safety and health issues in healthcare to promote the inclusion of safety and health in undergraduate nurse training.
3.2	Support the development of training programmes for those with responsibilities for safety, health and welfare in healthcare.	Agreed. To support the sector in this regard, the HSA will provide information and advice as appropriate.	We responded to requests for information and advice with regard to training initiatives. <i>See reference to e-learning and e-tools in 3.3 below.</i>
3.3	Support the development of education and training tools that raise awareness of the importance of staff safety and health in the healthcare sector.	Agreed. In consultation with the sector, different intervention types will be explored with a view to developing and piloting interventions to raise awareness of safety and health.	Following consultation with key stakeholders, we prepared and hosted a 6-module e-learning programme on managing occupational safety, health and welfare, addressing sector-specific hazards, for line managers in healthcare. We made this free to end-users and it facilitates individual and group learning. We developed e-tools relating to occupational hazards in hospitals and nursing homes, to provide guidance for managers on the risk-assessment process.

Review of actions taken under the plan 2010–2014 Objective 3 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
3.4	<p>Work with employers across the sector to ensure that line managers, both clinical and non-clinical, are fully trained in relation to their responsibilities for staff safety and health and on the implications of the Safety, Health and Welfare at Work Act 2005.</p> <p>Ensure that mandatory safety and health training is carried out and is implemented on the job.</p>	<p>Agreed. While the responsibility for the provision of training for managers is with the employer; the HSA will support this by providing information and advice as appropriate. The HSA will continue to raise awareness of the implications of the 2005 Act and related legislation through seminars, workshops, provision of information and through communications with the sector. Compliance with mandatory training requirements will be promoted and assessed, as appropriate, through the inspection process.</p>	<p>We promoted the importance of information, training and supervision and employers' and managers' responsibilities through seminars and presentations and through our published guidance and e-learning.</p> <p>We enforced and encouraged compliance with the legal requirements through our inspection process.</p>
3.5	<p>Work with relevant professional organisations to increase understanding of the specific needs and requirements of different healthcare settings from a staff safety and health perspective (e.g. Engineers Ireland, Institute of Architects).</p>	<p>Agreed. Where requested and within our remit, the HSA will provide advice to professional organisations with regard to safety, health and welfare legal requirements as they relate to the healthcare setting.</p>	<p>We communicated with professional bodies in healthcare as outlined in no. 1.7 above and responded to requests for information and advice concerning legal requirements.</p>

Appendix 1

Review of actions taken under the plan 2010–2014 Objective 3 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
3.6	Work with employers to ensure that continuous training, development and follow-up support are available for staff, supervisors and managers, especially those working in high-risk areas.	Agreed. While the provision of staff training and follow-up support is the responsibility of the employer, the HSA will support this by providing information and advice with regard to the requirements of the legislation relating to safety and health training and by promoting the importance of this requirement through the inspection process.	<p>We responded to requests for information and advice with regard to legal requirements relating to the provision of information, training and supervision.</p> <p>We promoted the importance of information, training and supervision through seminars and presentations and through our published guidance.</p> <p>We enforced and encouraged compliance with the legal requirements relating to information, training and supervision through our inspection process.</p>
3.7	Work with the sector to identify interventions that will encourage and facilitate improved compliance with training requirements (e.g. e-learning and training passport system).	Agreed. Support will be given to the sector in identifying initiatives/interventions that will improve compliance with training requirements.	See 3.3 above.

Review of actions taken under the plan 2010–2014

Objective 4

Guidance and intervention tools: To produce guidance and implement appropriate intervention tools to assist in assessing and controlling risk associated with the healthcare sector.

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
4.1	Develop guidance and intervention tools focused on reducing injury and illness in known key risk areas for staff in the sector. These should address the risks that arise throughout the sector (such as manual handling; slips, trips and falls; and violence and aggression) and should take account of the specific settings in which they arise.	Agreed. Information sheets, guidance documents and intervention tools will be developed and made available with regard to sector-specific hazards.	<p>We developed and published guidance addressing work-related hazards, taking account of the different workplace settings. In developing guidance we consulted with key stakeholders in healthcare to avail of their expertise and ensure we were addressing the needs of the sector.</p> <p>Guidance produced included the following:</p> <ul style="list-style-type: none"> - <i>Get a Grip – stop, slips and trips in healthcare (2010).</i> - <i>Health and Safety Management in Healthcare (2010).</i> - <i>Guidance on Safety with Mobile Patient Hoists and Slings in Healthcare Establishments (2011).</i> - <i>Management of Manual Handling in Healthcare (2011).</i> - <i>Tuberculosis – Protecting Healthcare Workers from Workplace Exposure (2011).</i> - <i>Controlling Legionnaires’ Disease in Healthcare Settings (2011).</i> - <i>Guidance on Lone Working in the Healthcare Sector (2011).</i> - <i>Health and Safety at Work in Residential Care Facilities (2012).</i> - <i>Guide to the EU (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014. (2014).</i> - <i>Controlling Waste Anaesthetic Gases in Healthcare Settings (2014).</i> - <i>Managing the Risk Work-related Violence and Aggression in Healthcare (2014).</i> - <i>Prevention of Glove-related Latex Allergy in Healthcare Workers (2014).</i> <p>Other intervention tools are mentioned above, including e-tools and e-learning modules.</p>

Appendix 1

Review of actions taken under the plan 2010–2014 Objective 4 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
4.2	<p>Develop good practice case-study initiatives focused on reduction of key risk areas for staff, in cooperation with existing structures.</p> <p>Pilot interventions within a limited number of specific sites. Based on the outcome of pilot interventions, consider setting targets and developing and implementing related action plans for such reductions, in cooperation with other stakeholders.</p>	<p>Agreed. Best-practice initiatives will be piloted in specific sites in cooperation with the healthcare sector. The outcomes will be reviewed to determine the best use of the information arising from the intervention.</p>	<p>We invited the healthcare sector to share examples of best practice initiatives through the groups we participate in and through the website. We received a limited response.</p> <p>We made available the Irish case studies received on our website.</p> <p>We made available on our website EU good practice case studies from the European Agency for Safety and Health at Work (EU OSHA) relating to healthcare.</p>
4.3	<p>Produce guidance on developing and implementing a safety management system targeted specifically at smaller-sized healthcare providers/ establishments (e.g. customise the Healthcare Safety and Audit Tool and implementation guidelines for healthcare organisations with fifty or less employees).</p>	<p>Agreed. Guidance for the smaller healthcare provider with regard to safety management systems will be developed in consultation with the various sectors.</p>	<p>We produced a '<i>Health and Safety Management in Healthcare</i>' information sheet for smaller sized establishments and a safety and health management checklist for small healthcare facilities.</p> <p>Be SMART for small healthcare employers was made available to enable employers develop their safety statement based on risk assessment.</p> <p>We produced a guide for residential care homes (<i>Health and Safety at work in Residential Care Facilities</i>) with a checklist to monitor performance, along with an e-tool (<i>Occupational Hazards in Nursing Homes</i>) to assist with risk assessments.</p>

Review of actions taken under the plan 2010–2014 Objective 4 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
4.4	<p>Establish a Healthcare Health and Safety Technical Group (comprising internal Health and Safety Technical Group with internal and external stakeholders) to provide expertise and support in the development and implementation of guidance for priority areas of intervention by the HSA in the sector.</p>	<p>Agreed. The HSA will establish a Healthcare Health and Safety Technical Group with internal and external stakeholders; the initial focus of the group will be to identify and support the implementation of best-practice initiatives in pilot sites.</p>	<p>We established the HSA Healthcare Steering Group in 2010, we invited representation from healthcare providers and occupational health and safety and health research expertise. This group comprises internal and external stakeholders. The healthcare providers represented on the group are referred to in 1.3 above.</p> <p>The group provided support and expertise to the HSA to assist and guide their work in the healthcare sector. The group provides a communication forum for discussion on safety and health issues. Three meetings of the group were held per year. Following a review of the group in 2013, it was agreed to continue with the group.</p>

Appendix 1

Review of actions taken under the plan 2010–2014

Objective 5

Enhanced information and intelligence: To improve the quality of information and intelligence available on workforce safety, health and welfare in the healthcare sector to ensure effective interventions and the most appropriate use of resources.

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
5.1	Review the existing data-collection systems in the HSA to identify what changes can be made to improve the quality and usefulness of the data received. Make greater use of this data, both internally and externally, to identify key risk areas and to monitor the impact of actions taken to reduce such risks.	Agreed. Data collection with regard to the sector will be reviewed to determine how best the provision of useful information to the HSA and to the sector can be facilitated.	<p>We reviewed and refined our internal data-collection systems to maximize the quality and usefulness of data collected.</p> <p>We analysed HSA data to inform the programme of work for healthcare including data gathered during inspections, investigations and enforcement action, incident reporting, complaints, requests for information, etc.</p> <p>A wide range of external data sources were reviewed to inform the programme of work for healthcare. This included The Health and Occupation Research reports, data from the Central Statistics Office, information from the State Claims Agency, Department of Social Protection, HSE and Department of Health reports and review of data made available at EU level such as information from EU OHSA and other EU groups on safety and health matters.</p> <p>We made high-level information on data analyses available on our website and in our annual statistics reports and to healthcare employers directly through our established communication channels and on request as appropriate.</p> <p>Work was undertaken with the ESRI analysing data relating to occupational injury and ill health across all sectors, including healthcare (two reports published on www.hsa.ie in 2015). The findings will inform our interventions.</p>

Review of actions taken under the plan 2010–2014 Objective 5 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
5.2	Discuss and agree with the HSE and other relevant organisations in the sector how best to analyse and feedback relevant information collected across the sector (e.g. on risk registers and through inspections).	Agreed. Discussions in this regard to be undertaken initially with the HSE with a view to supporting the actions listed in 5.1.	<p>High-level information and data on safety and health performance has been shared between the HSA and HSE.</p> <p>We communicated with the State Claims Agency, Department of Social Protection and the Central Statistics Office regarding data collection and sharing.</p> <p>The Steering Group and the HSA website are some of the principal fora we have used to communicate information on data collected across the healthcare system.</p>
5.3	Monitor trends in the sector with regard to service provision and their safety, health and welfare implications to inform the ongoing work of the HSA.	Agreed. Trends in service provision that impact on the work of the HSA will be kept under continuous review by considering information from the HSE, related healthcare organisations and professional bodies – national and international. The feasibility of undertaking a formal review of trends nationally and internationally will be considered at the end of 2011.	See 5.1 above.
5.4	Begin to build a profile of new and emerging sub-sectors in the healthcare sector and on trends in the roles and responsibilities of key occupations in the sector and on occupational injuries and illnesses.	Agreed. Trends will be addressed as referred to in 5.3 above. With regard to occupational injuries and illnesses, trends in the sector will continue to be reviewed using the information available. The HSA has reviewed data-collection systems with regard to occupational illnesses and will work with other key stakeholders towards improvements in this area.	See 5.1 above.

Appendix 1

Review of actions taken under the plan 2010–2014

Objective 6

Awareness raising: To raise awareness of occupational hazards, legal obligations and the importance of occupational safety, health and welfare in increasing productivity and reducing lost time at work.

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
6.1	Promote the implementation of a system of ongoing auditing as part of the safety and health management in healthcare (e.g. HSA audit tool or other appropriate audit tool) through the inspection process and through communications with key sector stakeholders.	Agreed. The implementation of a safety management system, including auditing (the HSA audit tool is the audit tool of choice for the HSE), will be supported by the HSA through the inspection process, in communications with the sector and by making available further guidance in this regard for the smaller healthcare provider.	We maintained a focus on systems for monitoring and review of safety and health performance in our inspection programme for healthcare each year. Through ongoing communications and work with the HSE national leads for safety and health, we promoted auditing of safety and health performance. To support small healthcare providers, we produced checklists on managing safety and health which facilitate monitoring health and safety performance (see 4.3 above).

Review of actions taken under the plan 2010–2014 Objective 6 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
6.2	Consider the potential for further development of ongoing HSA initiatives in the area of occupational health within the sector (e.g. Work Positive Pilot Project).	Agreed. Following on from the Work Positive Pilot Project, hazard identification, prevention and reduction strategies will be identified and made available to the healthcare sector.	<p>Irish norms for the Work Positive Risk Assessment were developed for the healthcare sector and the use of the Work Positive pilot project was promoted by the HSA in the sector.</p> <p>We produced and promoted guidance on specific areas relating to occupational health matters, including:</p> <ul style="list-style-type: none"> - <i>Prevention of Glove-related Latex Allergy in Healthcare Workers (2014).</i> - <i>Driving for Work – Driver Health Guidelines (2013).</i> - <i>Guidance for Employers and Employees on Night and Shift Work (2012).</i> - <i>Work-related Stress – A Guide for Employers and an Information Sheet for Employees (2011).</i> - <i>Tuberculosis – Protecting Healthcare Workers from Workplace Exposure (2011).</i> - <i>Controlling Legionnaires' Disease in Healthcare Settings (2011).</i> - <i>Intoxicants at Work Information Sheet (2011).</i> - <i>Workplace Health Toolkit to Assist Small Businesses (2010).</i> - <i>A Guide to Respiratory Protective Equipment (2010).</i> - <i>A range of other publications relating to Chemical and Biological Agents and preventing work-related illness.</i> <p>The guidance focuses on preventive and protective measures to reduce the risk of work-related ill-health.</p>

Appendix 1

Review of actions taken under the plan 2010–2014 Objective 6 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
6.3	Promote the mandatory reporting of incidents to the HSA to improve compliance by all healthcare areas, through the inspection process and in communications with the sector.	Agreed. An ongoing review of incidents reported to the HSA indicates that there is a need to promote mandatory reporting in the sector. This will be addressed through the inspection process and through communications with the sector.	We promoted awareness of the legal requirements and the importance of reporting and following up on work-related injuries and dangerous occurrences. This was done through inspections, seminars, communications with the various agencies in the sector and guidance documents.
6.4	Monitor trends in staff illness across the sector, explore the reasons behind such trends and agree actions aimed at addressing these concerns in cooperation with other stakeholders, in recognition of the significantly high rate of illness in this sector.	Agreed. The HSA has reviewed data-collections systems with regard to occupational illness and will work with other key stakeholders towards improvements in this area. In consultation with the sector, the available data will continue to be monitored with a view to targeting interventions.	<p>We used a wide range of data sources for monitoring trends in occupational ill health, including data from the European Agency for Safety and Health at Work – European Risk Observatory, Central Statistics Office and State Claims Agency, Department of Social Protection and reports from The Health Occupational Reporting system (THOR reports). An initiative was undertaken to increase the number of GPs reporting to THOR.</p> <p>Work was undertaken with the ESRI to analyse data regarding injury and ill health with a view to targeting interventions as referred to in 5.1 above.</p> <p>The HSA made resources available to employers and employees on occupational health issues, including managing the risk from work-related stress and preventing back injuries.</p>

Review of actions taken under the plan 2010–2014 Objective 6 (Cont'd)

No.	Five-year plan recommended actions 2010–2014	HSA comment	Key actions taken 2010–2014
6.5	Develop the HSA website with regard to sector-specific information.	Agreed. Information sheets, guidance, research, etc. developed for the sector will be placed on the HSA website.	Our website has a section dedicated to the healthcare sector. Information such as healthcare-related statistics, presentations, guidance documents published, e-tools, etc. developed for this sector are put on the website. We regularly review and update the website.
6.6	In conjunction with other related agencies, hold workshops and other information events on key risk areas for healthcare staff and other sector-specific safety, health and welfare topics (e.g. Institution of Occupational Safety and Health Healthcare Section, Federation of Voluntary Bodies, Nursing Homes Ireland).	Agreed. Information events will be held in conjunction with other related agencies to raise awareness and provide information on healthcare-specific safety and health topics.	We have presented at events organised by other agencies for the healthcare sector (see 1.7 above). The HSA have hosted seminars and workshops on safety and health topics affecting the healthcare sector, such as work-related stress, asbestos, chemical safety, lone working, prevention of sharps injuries, driving for work and BeSMART events. Experts from other agencies have presented with the HSA at these events.

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