



An tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority



**Health and
Social Care
Advisory
Committee
(HSCAC)
Action Plan
2025 – 2027**



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Foreword from the Co-Chairs



David Hughes



Terry O'Niadh

The Health and Social Care sector in Ireland plays a crucial role in the wellbeing and overall quality of life for all people living in Ireland.

The sector addresses immediate health needs of the population, contributes to long-term health outcomes and is vital for sustaining a healthy society. Furthermore, the COVID-19 pandemic has shown how essential and important this sector is in safeguarding public health.

This sector is most important in terms of employment and accounts for 13.7% of all persons employed in Ireland, approximately 376,600 people (CSO Labour Force Survey, Q2 2024). Health and social care work settings are many and diverse, including hospitals, primary care centres, offices, private practices, and workers providing care for people in their own homes. There is a wide variety of occupations such as nurses and midwives, doctors and dentists, a range of health and social care professionals, management and administrative workers, and technical and support staff.

There are significant challenges facing the sector, including the growth in demand for services linked to the changing demographics of the Irish population. The population is growing, aging, and becoming more diverse. In addition, there are challenges for the sector with staff recruitment and retention.

Workers in health and social care are exposed to a wide range of occupational hazards, such as exposure to violence, harassment and traumatic events; ergonomic hazards from lifting loads and prolonged standing; exposure to biological agents and chemical agents, and physical hazards such as slips, trips and falls, and ionising radiation.

The Health and Social Care sector reports the highest number of incidents to the Health and Safety Authority (HSA) when compared to all other economic sectors (HSA, 2023). It has the highest rate of work-related illness and the sixth highest rate of work-related incidents when compared to all other economic sectors (Central Statistics Office, 2022). Reducing the rate of work-related injury and illness among health and social care workers is necessary to fulfil moral, ethical and legal obligations. Providing a safe and healthy work environment is a fundamental responsibility of employers and no worker should suffer ill health or injury because they care for others. Risk assessment must fully comprehend patient and worker safety, health and welfare in every workplace. It is in all our interests to protect the health and safety of this essential workforce.

It is with great pleasure that we as Co-Chairs of the Health and Social Care Advisory Committee present this first Action Plan 2025 – 2027 which we believe will support the sector in reducing the risk of work-related injury and illness in the sector along with improving positive health and safety culture for the sector. We look forward to working with the members of the Committee and the HSA by implementing the actions outlined and achieving the goals set out in the Action Plan.

We would like to thank all the members of the Advisory Committee and our Stakeholders for their continued support for the work of the Advisory Committee.

David Hughes and Terry O'Niadh

Co-Chairs

Health and Social Care Advisory Committee

Message from Interim Chief Executive Officer



Mark Cullen
Interim Chief Executive Officer
Health and Safety Authority

It is with great pleasure that I introduce the first Action Plan from the Health and Social Care Advisory Committee (HSCAC).

This initiative is focused on improving occupational health and safety for all workers in the health and social care sector. The workforce in this sector report significant rates of occupational injury and illness when compared with other economic activity sectors. It is essential, if we wish to have an efficient health and social care system, that the workforce who provide this service are protected while at work.

The HSCAC was established by the HSA at the end of 2023 with the first meeting of the Committee in 2024. The Committee is comprised of representatives from a wide range of health and social care settings and includes a diverse array of experience and knowledge of the sector (Membership of the HSCAC, Appendix 1). The role of the HSCAC is to advise and support the HSA in promoting occupational health and safety in this sector through the actions identified in the Action Plan. The HSCAC represents a collaborative effort between employers, employees, government representatives and health and safety experts.

Through a series of meetings and engagements, the HSCAC identified five goals that it aims to achieve in the three-year period from 2025 to 2027. The goals focus on a number of key areas that are critical to securing improvements in health and safety standards and legal compliance in the sector.

The overall aim is to foster a culture of workplace safety that protects workers and ensures compliance with health and safety legislation. I invite all stakeholders to join us in this endeavour, recognising that the health and safety of our health and social care working population is a shared responsibility that demands collective action.

The HSA has a dedicated team of Inspectors who focus on regulating and promoting occupational health and safety in the sector. Through their significant efforts, hundreds of inspections are undertaken annually across all health and social care settings focusing on improving occupational health and safety and compliance with legal requirements. The HSA provides a wide range of information, advice and supports for this sector. I am confident that the work of the HSCAC will support the ongoing work of the HSA in driving positive change across this sector.

Mark Cullen
Interim Chief Executive Officer
Health and Safety Authority



Sector profile

The health and social care sector is a significant employer in Ireland and any improvements in safety, health and welfare performance in this sector have the potential to influence a sizeable proportion of the workforce.

The sector accounted for 13.7% of all employed persons in 2024 and is the largest employment sector in Ireland. Central Statistics Office (CSO) data indicate that 376,600 persons are employed in the health and social care sector (CSO Labour Force Survey (LFS) Q2 2024). Approximately two-thirds of the health and social care sector's workforce is female (CSO LFS Q2 2024), with nurses and midwives comprising the largest occupational group (CSO Census 2022).

The sector reports the highest number of non-fatal work-related 'over 3 days' incidents to the Health and Safety Authority (HSA). CSO data indicates that the reported work-related injury and illness rates are significant when compared with other NACE economic activity sectors.

Work in the health and social care sector can be inherently hazardous. By the nature of their work, health and social care workers can be exposed to a range of potentially hazardous activities and situations, including:

- ▶ biological hazards, e.g. exposures to contaminated blood and body fluids,
- ▶ chemical hazards, e.g. exposures to gases and sensitising agents,
- ▶ physical hazards, e.g. exposures to ionising radiation and slips, trips and falls,
- ▶ ergonomic hazards, e.g. moving and handling of patients and loads where there is a risk of injury, and
- ▶ psychosocial hazards, e.g. exposure to work-related violence and aggression and the potentially harmful effects of night work and shift work.

Review of reported injury and illness in the health and social care sector

Data from the CSO are available in relation to rates of work-related injuries and illness by NACE economic activity. Data is also available from the HSA in relation to reported incident triggers.

Figure 1 demonstrates that the health and social care sector reports the sixth highest rate of work-related incidents (4+ days) when compared with other NACE economic activity sectors in Ireland (CSO, 2022).

Figure 1: Rate of 4+ day work-related injuries per 1,000 workers by NACE economic sector in 2022 and five-year average 2018–2022 (CSO)

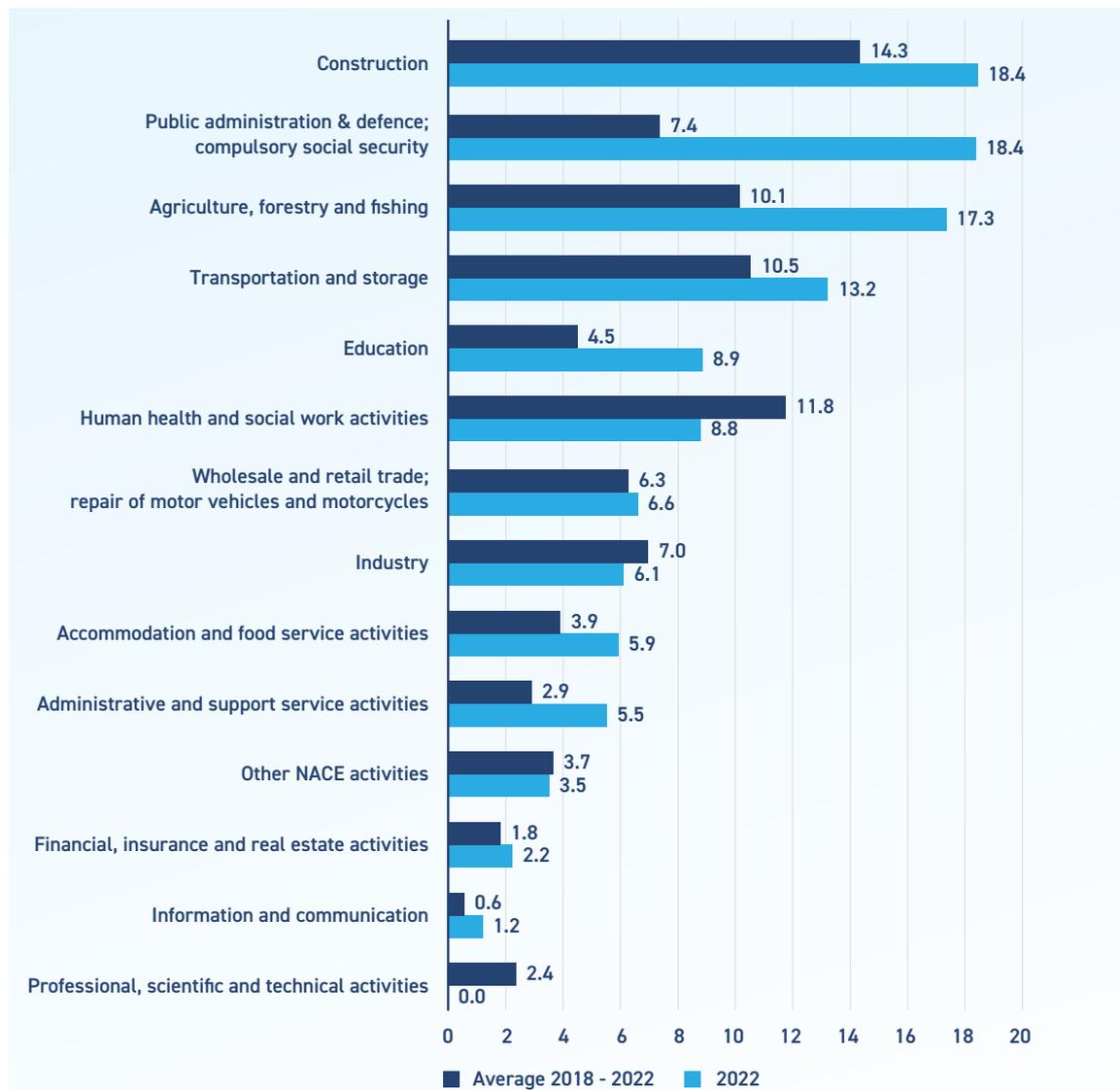
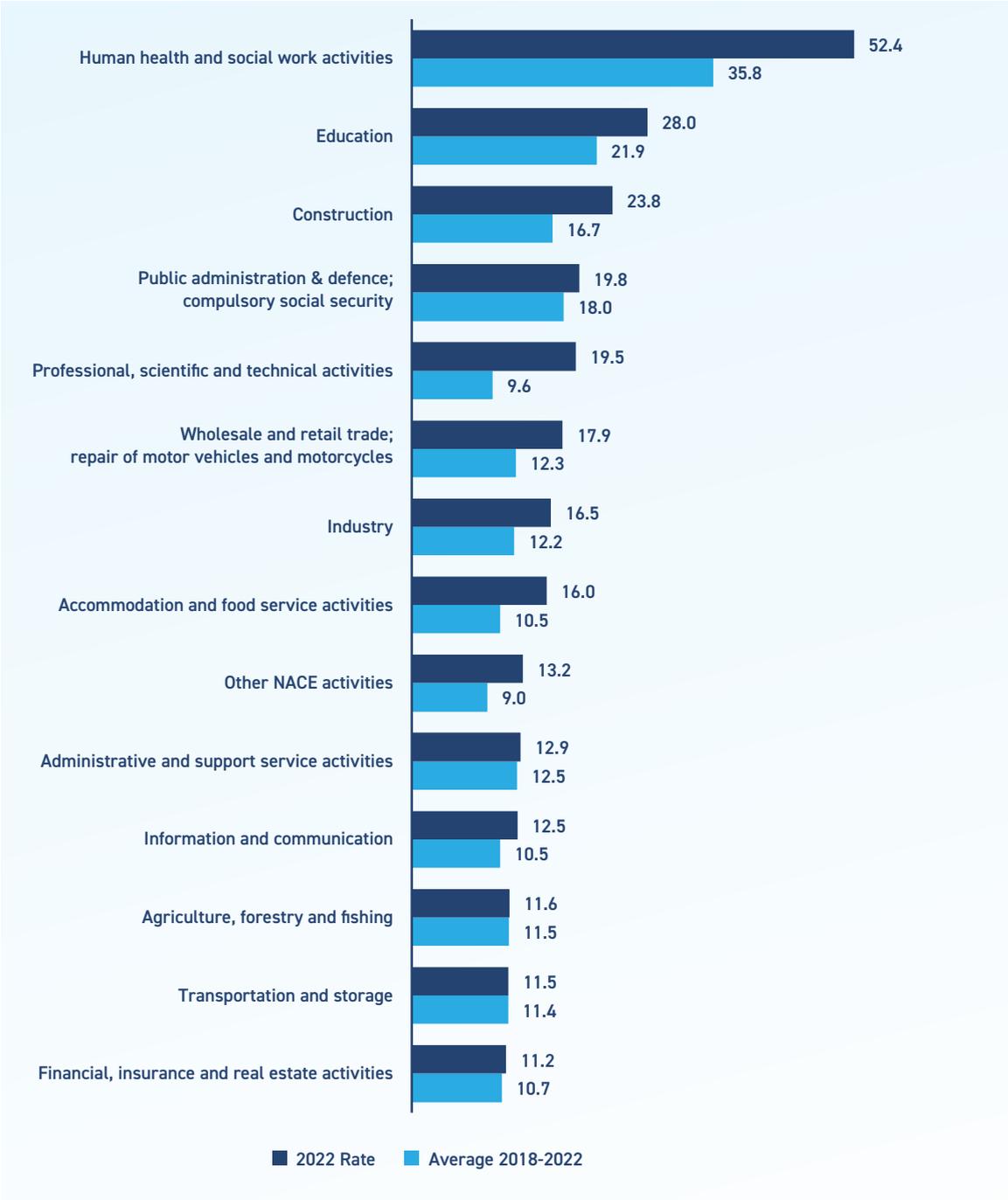


Figure 2 illustrates that the health and social care sector reports the highest work-related illness rate (4+ days) when compared with other NACE economic activity sectors in Ireland (CSO, 2022).

Figure 2: Rate of 4+ day work-related illnesses per 1,000 workers by NACE economic sector in 2022 and five-year average 2018–2022 (CSO)



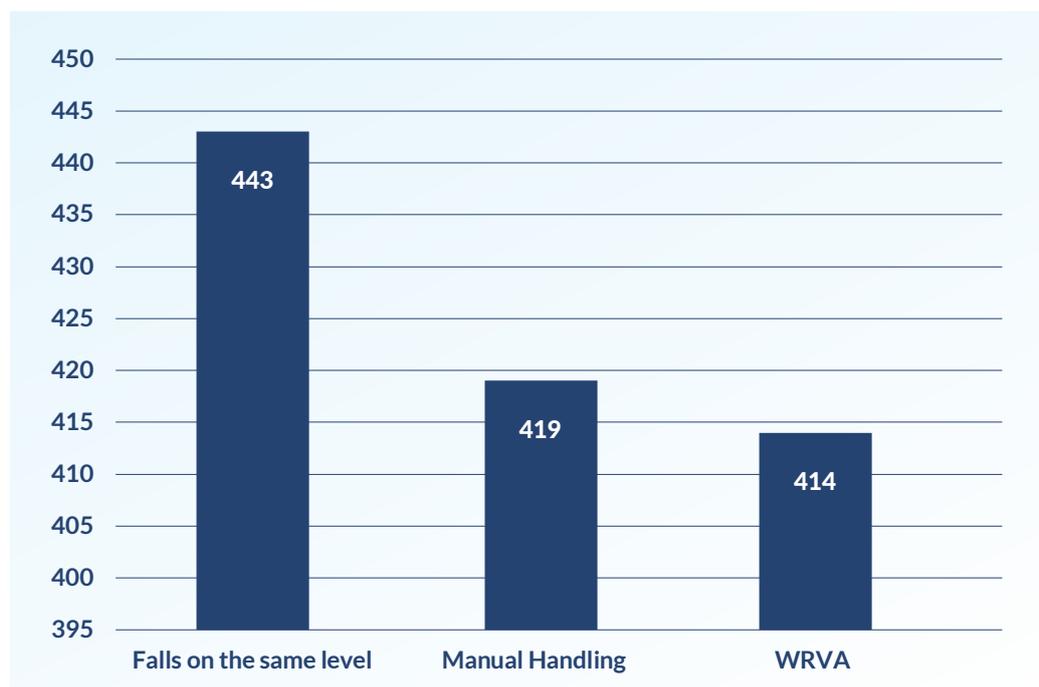
Health and social work activities represented the highest number of incidents reported to the HSA in 2023 (Table 1).

Table 1: Number of incidents reported to the HSA in 2023

NACE sector	No.
Q – Human Health and Social Work Activities	2,326
C – Manufacturing	1,552
G – Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles	1,107
H – Transportation and storage	1,041
O – Public administration and Defence; Compulsory Social Security	882
F – Construction	835
P – Education	716

Of the incidents reported to the HSA in 2023 for the health and social care sector, the top three triggers were falls on the same level, manual handling, and work-related violence and aggression (WRVA) (Figure 3).

Figure 3: Top three incident triggers in the health and social care sector reported to the HSA in 2023





Health and Social Care Advisory Committee Action Plan 2025-2027

The Health and Social Care Advisory Committee (HSCAC) was established by the HSA in 2023. Three meetings of the Advisory Committee have taken place in 2024.

The membership of the Committee and Terms of Reference can be seen in Appendix 1 and Appendix 2, respectively. The focus of the Advisory Committee to date has been on the development of an action plan, identifying the areas where the HSCAC can advise and support the HSA in promoting occupational health and safety in this sector.

The *HSA Strategy Statement 2025-2027* sets out the key strategic priorities and outcomes for the organisation over the period of the strategy. The *HSCAC Action Plan 2025-2027* supports the implementation of the HSA's strategic priorities, and the outcomes of the action plan are aligned with the wider organisational strategic outcomes.

The HSA sets out an annual programme of work regarding the health and social care sector. This programme encompasses enforcement and promotion activities focusing on a wide range of sector-specific hazards, including manual and patient handling, slips trips and falls, work-related violence and aggression, and chemical and biological agent hazards.

The programme of work is implemented across all service types, including public and private health and social care services and it applies to all workplaces where health and social care work activities are carried out, such as hospitals, residential care homes, clinics, and primary and community care services. It relates to all employees at the workplace and others who may be affected by the work activities, in keeping with the requirements of the Safety, Health and Welfare at Work Act 2005. The term 'employees' encompasses permanent and temporary employees, agency workers, locums and students in training in the workplace. Others at the workplace who may be affected by work activities include volunteers and contractors.

The *HSCAC Action Plan 2025-2027* focuses on five key occupational health and safety themes in the health and social care sector that will support the HSA's work. The HSCAC has identified five goals for the *HSCAC Action Plan 2025-2027*, to be implemented over the 3-year period 2025-2027. These goals are set out below.

The critical success factors for achieving the objectives include the level of engagement by external stakeholders and the availability of resources to support the implementation of the action plan.

Goals 1	Strategic priority	Objectives	Actions	Outcomes
Enhance information and intelligence to inform interventions.	Build and support compliance. Influence, educate and collaborate.	<p>Raise awareness of the importance of incident reporting and investigation as part of the safety management system.</p> <p>Ensure that employers and employees have access to the information and guidance to support them in complying with legal requirements and best practice.</p> <p>Build on the existing database of service providers in the sector, identifying new or emerging service types.</p>	<p>Promote incident reporting and investigation across all services to prevent recurrence, using a variety of channels most appropriate to the target audience.</p> <p>Source and publish evidence-based best practice initiatives such as case studies and quality initiatives that demonstrate the importance of incident reporting and implementing lessons learned.</p> <p>Develop sector-specific guidance on incident management.</p> <p>Work with key stakeholders to identify further sources of available reported incident data and occupational illness data. Use the analysis of these data to inform interventions and target areas of highest risk.</p> <p>Review the existing database of service providers. Identify any new or emerging service types, mapping key stakeholders for these groups.</p> <p>Build a profile of service types where there are vulnerable workers, including migrant workers and agency workers, with a view to ensuring that information and supports are appropriate and reaching the target audience.</p>	<p>Improved adherence to legal requirements and best practice in relation to reporting and preventing work-related incidents.</p> <p>Improved targeting of interventions, focusing on services and occupational groups at greatest risk of occupational injury.</p> <p>Increased awareness of how to avoid and manage risks to occupational health and safety.</p>

Goals 2	Strategic priority	Objectives	Actions	Outcomes
Promote a positive health and safety culture in the workplace.	Influence, educate and collaborate.	<p>Raise awareness of the importance of promoting a positive safety culture.</p> <p>Ensure that employers and employees have access to the information required to support them in developing a positive safety culture in their workplaces.</p> <p>Promote the use of available methods to evaluate safety culture in workplaces, in order to identify issues to be addressed.</p>	<p>Develop guidance on the key elements of promoting a positive safety culture in the workplace.</p> <p>Develop sector-specific guidance on health and safety leadership and governance.</p> <p>Source and publish evidence-based best practice initiatives such as case studies and quality initiatives that demonstrate the importance of promoting a positive safety culture and its impact on occupational health and safety.</p> <p>Encourage employers to use available methods for evaluating safety culture in their organisation, including surveys, focus groups and the use of specific tools.</p> <p>Encourage employers to use the insights from safety culture evaluations to enhance a positive safety culture in their workplaces.</p>	<p>Increased awareness of how to avoid and manage risks to occupational health and safety.</p> <p>Duty holders have access to guidance to support them in complying with legal requirements.</p>

Goals 3	Strategic priority	Objectives	Actions	Outcomes
<p>Promote and support safety representatives and safety consultation in health and social care workplaces.</p>	<p>Build and support compliance.</p> <p>Influence, educate and collaborate.</p>	<p>Ensure that employers, managers at all levels, Safety Representatives and Safety Committees have the information and tools required to fulfil their legal obligations and best practice with regard to health and safety consultation.</p> <p>Promote and support worker engagement, safety consultation, and the role of Safety Committees and Safety Representatives.</p> <p>Gather further intelligence on the role of the Safety Representative in the health and social care sector, in order to inform future interventions.</p>	<p>Revise and update the <i>Safety Representatives Resource Book</i>, including specific reference to the health and social care sector, and publish this on the HSA website.</p> <p>Revise e-learning for the sector, to include a focus on safety consultation, the role of Safety Representatives and Safety Committees.</p> <p>Source and publish evidence-based best practice initiatives that demonstrate the importance of consultation, worker engagement, Safety Representatives and Safety Committees in promoting a positive safety culture in the workplace.</p> <p>Promote the role of Safety Representatives and Safety Committees through a variety of channels such as social media and public events.</p> <p>Promote HSA guidance which gives practical advice on the appointment and role of Safety Representatives and safety consultation.</p> <p>Review and analyse data from the <i>HSA Consultation and Safety Representatives Survey 2024</i> as they relate to the health and social care sector, in order to inform future interventions and promotional activities.</p>	<p>Improved adherence to legal requirements and best practice in relation to safety consultation in the workplace.</p> <p>Increased awareness of how to avoid and manage risks to occupational health and safety.</p> <p>Duty holders have access to guidance to support them in complying with legal requirements.</p>

Goals 4	Strategic priority	Objectives	Actions	Outcomes
<p>Undertake initiatives to reduce the risk of injury to employees from work-related violence and aggression* (WRVA).</p> <p>*Includes challenging behaviours from service users where there is a risk of injury to staff.</p>	<p>Build and support compliance.</p> <p>Influence, educate and collaborate.</p>	<p>Using all available data and research to ensure that interventions focus on areas of highest risk for WRVA.</p> <p>Raise awareness of employers' responsibilities in the management of psychosocial hazards within the occupational health and safety domain.</p> <p>Ensure that employers and employees have the information to support them in complying with legal obligations and best practice in managing this risk.</p>	<p>Undertake a review of available data to identify the key contributors to WRVA incidents in different service types, to focus interventions.</p> <p>Review and revise the HSA guidance on managing the risk of WRVA in the health and social care sector.</p> <p>Develop e-learning and other resources focusing on managing the risk of WRVA in the sector.</p> <p>Develop a promotional campaign to highlight the importance of addressing third-party violence in the sector.</p> <p>Source and publish evidence-based best practice initiatives for managing the risk of WRVA such as successfully implemented case studies and quality improvement initiatives.</p>	<p>Improved adherence to legal requirements and best practice in managing the risk of WRVA.</p> <p>Increased awareness of how to avoid and manage risks to occupational health and safety.</p> <p>Duty holders have access to guidance to support them in complying with legal requirements.</p>

Goals 5	Strategic priority	Objectives	Actions	Outcomes
<p>Enable employers and employees to implement best practice in managing the risk of work-related psychosocial hazards, in particular work-related stress and work-related bullying.</p>	<p>Build and support compliance.</p> <p>Influence, educate and collaborate.</p>	<p>Raise awareness of employers' responsibilities in the management of psychosocial hazards within the occupational health and safety domain.</p> <p>Promote the use of psychosocial risk assessment tools to ensure that employers are aware of the issues to be addressed in their workplace.</p> <p>Ensure that employers and employees have the information required to support them in complying with legal requirements and best practice in managing this risk.</p>	<p>Promote targeted HSA supports and resources on managing work-related stress and fatigue through a variety of channels most appropriate to the target audience.</p> <p>Develop e-learning modules on managing the risk of work-related stress and bullying in the health and social care sector.</p> <p>Promote the use of psychosocial risk assessment tools (e.g. Work Positive) with managers in high-risk services in the health and social care sector.</p> <p>Source and publish evidence-based best practice initiatives for managing the risk of work-related stress and bullying, such as successfully implemented case studies and quality improvement initiatives.</p>	<p>Improved adherence to legal requirements and best practice in managing the risk of work-related psychosocial hazards.</p> <p>Increased awareness of how to avoid and manage risks to occupational health and safety.</p> <p>Duty holders have access to guidance to support them in complying with legal requirements.</p>



Appendix 1

Membership of the Health and Social Care Advisory Committee

Co-Chairpersons, appointed 30/01/2024

1. Mr David Hughes, Health & Safety Authority Board member
2. Mr Terry O'Niadh, Health & Safety Authority Board member

Secretariat and Executive

1. Ms Anne Maria O'Connor, Grade 1 Inspector, Health & Safety Authority
2. Ms Aoife Sweeney, Programme Manager, Health & Safety Authority
3. Ms Julie Hennessy, Grade II Inspector, Health & Safety Authority
4. Ms Natelie Reid, Executive Officer, Health & Safety Authority

Membership, appointed 30/01/2024

Ms Katrina Dempsey, Head of National Health and Safety, *HSE representative*

Ms Michelle Fanning, Chair of Health & Safety and Minimal Handling Group, *Voluntary Hospital Forum representative*

Ms Deirdre Shanagher, Strategic Clinical Nurse Expert with Regulatory Compliance, *Nursing Homes Ireland representative*

Ms Christine Baretto, Board member, *Social Care Ireland representative*

Mr Brian Larkin, Senior Enterprise Risk Manager, *The State Claims Agency representative*

Ms Sharon Larkin, Human Resource Director Tallaght University Hospital, *IBEC representative*

Ms Aileen Keane, Head of Regulatory Practice, *Health Information and Quality Authority representative*

Mr Pawel Stepala, Head of Regulatory Practice and Standards, *Mental Health Commission representative*

Ms Carolyn Donohoe, Director of Education, Policy and Standards, *The Irish Nurses and Midwifery Board representative*

1. Ms Clare Moore, Equality Officer, Irish Congress of Trade Unions
 2. Mr Kevin Figgis, SIPTU Health Division Official
 3. Ms Phil Ni Sheaghda, General Secretary, INMO
 4. Ms Linda Kelly, National Secretary, Health & Social Care Professionals, FORSA
- ICTU representatives*



Appendix 2

Terms of Reference for the Health and Social Care Advisory Committee

1. Constitution and Purpose

Section 38(1) of the Safety, Health and Welfare at Work Act 2005, allows for the establishment of “Advisory Committees” as follows:

38(1) The Authority may from time to time establish advisory committees to advise it in relation to any of its functions and may determine the membership, term of office and terms of reference and regulate the procedure of any such committee.

38(2) Where the Authority has appointed an advisory committee, it shall appoint one of the members of the committee as the chairperson of that committee and another as the deputy chairperson who will act in the absence of the chairperson.

The purpose of the Health and Social Care Advisory Committee is to provide a forum for key stakeholders to advise and support the Authority in promoting best practice in occupational health and safety in the sector to achieve the delivery of its strategic objectives. The Committee does not make decisions on behalf of the Authority but will provide a forum for key stakeholders to advise and support the Authority in promoting best practice in occupational health and safety in this sector.

These Terms of Reference may be reviewed by the Board of the Authority 12 months after the establishment of the Advisory Committee and will be reviewed by the Board every three years after that.

2. Membership Criteria and Conduct

Members should preferably hold a senior executive position in their nominating Organisation and shall not be members of more than one Authority advisory committee.

Additional technical expertise and/or representation from specific groups/organisations will be invited to participate in any working groups deemed appropriate to support the work of the Advisory Committee.

Members of the Advisory Committee must:

- ▶ observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide,
- ▶ participate in the best interests of the Authority and its mandate,
- ▶ maintain confidentiality at all times,
- ▶ not misuse information gained in the course of their service on the Committee for personal gain or for political purpose. This includes providing information they are given or have given, advice on,
- ▶ not disclose any information which is confidential in nature, or which is provided in confidence. This duty continues to apply after they have left the Committee,
- ▶ abide by the principle of collective responsibility,
- ▶ exercise due diligence when providing advice to the Authority,
- ▶ not discuss individual employers or incidents/ inspections, and
- ▶ declare conflicts of interests, where appropriate.

3. Roles and Responsibilities

- ▶ To act as a consultative and advisory forum to the Authority for the Health and Social Care Sector.
- ▶ To assist the Authority in identifying examples of best practice in occupational health and safety in the sector.
- ▶ To identify and advise the Authority on current and emerging matters, relating to improving safety, health and welfare in the health and social care sector.
- ▶ To coordinate the work delivery of an agreed work plan to promote best practice in occupational health and safety in the Health and Social Care sector, by the representative organisations.
- ▶ To support the Authority in the development and promotion of guidance on specific occupational health and safety topics relevant to the sector. Relevant guidance developed will be subject to the formal processes of the Authority prior to publication.
- ▶ To provide a summary to the Board of the Authority on the activities and recommendations of the Committee at its scheduled meetings.
- ▶ Undertake such other appropriate tasks and functions as may from time to time, be assigned to the Advisory Committee by the Board of the Authority.

4. Meeting Procedures

- ▶ The HSA will provide a venue and secretarial support for the Advisory Committee.
- ▶ The secretary will take the minutes of the meeting.
- ▶ The Chairperson shall chair all meetings, prepare agendas and provide written summary reports to the Board of the Authority on the activities and recommendations of the Committee at its scheduled meetings.
- ▶ Meetings will be held up to three times per year.
- ▶ Working groups may be established from time to time to support the work of the Advisory Committee and as agreed by the Chairperson. With the agreement of the Chairperson, working groups may include external persons to work on the defined activity.
- ▶ A meeting will be considered quorate when there is an attendance of 50% plus one member.
- ▶ While it is preferable that agreement on recommendations is by consensus, if this cannot be the case, conclusions will be made by straight majority vote.
- ▶ Members of the Advisory Committee shall be appointed for a term of three years, with an option for re-appointment for one further term.
- ▶ Only nominated members will be invited to attend the Committee. No alternate members will be permitted.
- ▶ Other people, from time to time, as agreed by the Committee chairperson may be invited to attend a specific meeting or discussion on a specific topic.
- ▶ No direct remuneration will be paid to Committee members. Expenses will be paid in accordance with the public service travel and subsistence policy and submitted in accordance with Authority processes.
- ▶ Committee members will ensure that they maintain the confidentiality of all information pertaining to the Advisory Committee.

Our Vision:

**To deliver healthy and
safe working lives and
contribute to productive
enterprises**



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