



An tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority

Review of Construction Fatalities in the Republic of Ireland 2022-2024





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Executive Summary

This report summarises the Health and Safety Authority's findings on construction related fatalities in Ireland from 2022–2024.

The analysis is based on HSA fatal incident investigations and supplementary data from the Central Statistics Office (CSO). The statistics cover a three year period from 2022-2024. There were 23 work related fatalities recorded with 19 of 23 fatalities (83%) occurring on sites with 1-4 workers.

In 2023¹, approximately 35% of construction workers were self-employed. Figure 1 indicates that micro-enterprises, employing between 1 and 9 people, accounted for 72% of construction enterprises in 2025.

Falls from height remain the leading fatality trigger with 15 falls from height. This report identifies key trends in the causes of fatalities, worker demographics, project types, site sizes, training compliance, and statutory safety appointments along with a summary of the key findings and suggested actions.

Who was most at risk

- ▶ All 23 people who died were men.
- ▶ Nearly all (96%) were Irish nationals.
- ▶ Most deaths (87%) happened to people aged 35–64, not younger workers.
- ▶ Self-employed workers (10) accounted for 43% of all fatalities and 50% of worker fatalities.
- ▶ Three fatalities involved non-workers.

Key statistics at a glance



23 Construction related fatalities between 2022 - 2024



19 Construction fatalities occurred on sites with **1-4 workers**



22 Construction related fatalities aged **35 and over**



15 Falls from height



75% Non-compliance with requirement to make **written appointments**



10 Fatalities were **self-employed**



3 Fatalities were **non-workers**



69% Of clients not informed by designers of their requirements to make **written appointments**



6 Workers had not completed **SOLAS Safe Pass**

¹ Source HDip Safety, Health, and Wellbeing UCD

Where fatalities occurred

19 of 23 fatalities (83%) occurred on sites with 1-4 workers.

Fatalities occurred mostly on:

- ▶ Farms (5 deaths), where construction work was taking place.
- ▶ Housing which was receiving minor works such as upkeep, repair or maintenance work (5 deaths).
- ▶ Housing construction, including both single homes (4) and housing schemes (3).
- ▶ Some regions (South-East and the Midlands) had significantly more fatalities than expected based on workers employed.

Appointments and duty to notify clients

- ▶ Appointments of a Project Supervisor Design Process (PSDP) and a Project Supervisor Construction Stage (PSCS) were required on 16 of the 23 projects.
- ▶ Only 4 (25%) of the 16 projects had appointments of a PSDP and a PSCS in place.

- ▶ In 69% of projects that required appointments of a PSDP and a PSCS, the designer for the project failed to advise their client of the need to do so resulting in no appointments of a PSDP or a PSCS for the projects.

Main causes of fatalities

Most deaths were caused by two main triggers:

- ▶ Falls from height (15 deaths)
- ▶ Being hit by machinery or vehicles (5 deaths)

The remaining three deaths were caused by:

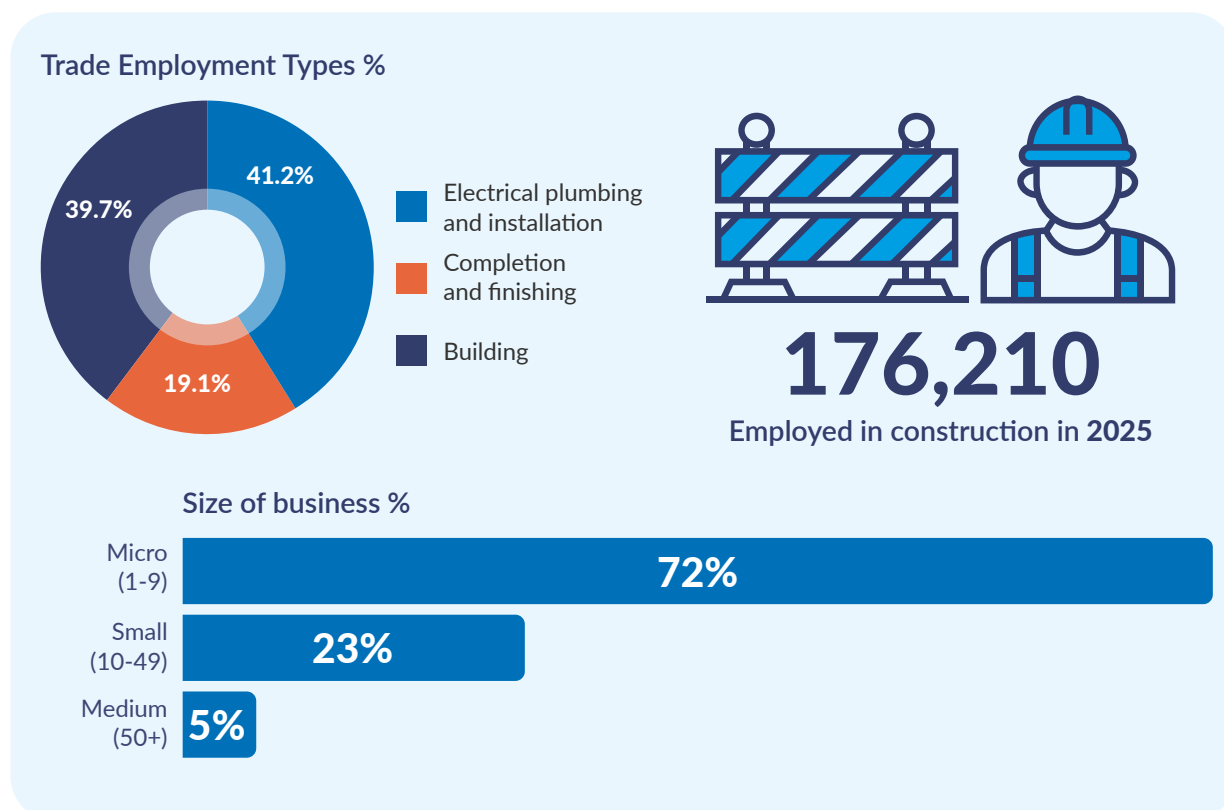
- ▶ A falling object
- ▶ Electrocution
- ▶ An explosion involving work equipment

Training issues

Many workers who died did not have the required safety training:

- ▶ Six workers did not have a valid SOLAS Safe Pass card.
- ▶ Two workers carried out specialist work that required Construction Skills Certification Scheme (CSCS) training that they did not have.

Figure 1 - Breakdown of construction businesses in Ireland (CSO)



Introduction

The Health and Safety Authority's Review of Workplace Fatality Statistics 2022-2024 presents the most recently available data on work-related fatalities in Ireland.

There are two key sources of this data:

- ▶ The Authority has a comprehensive register of all work-related incidents resulting in a fatality, and
- ▶ The Central Statistics Office (CSO) gathers data on work-related injury and illness as a module in its Labour Force Survey (LFS).

HSA Fatal Incident Data

All work-related fatal incidents reported to the Authority are investigated by inspectors who compile detailed reports and are coded using the European Statistics on Accidents at Work (ESAW) methodology. On occasion, fatal incidents can be notified to the Authority some months after they occur. For example, the victim of an incident can suffer injuries that later lead to death, or a fatal incident may be determined to be work-related some time afterwards. This means that the number of incidents reported here is subject to change.

Table 1 below sets out the range of variables arising from the above data sources that incorporated our review of each of the fatalities in the period 2022-2024.

Table 1 - List of data set variables from the data sets

Workplace Environment	County	PSDP appointed
Data Capture	NUT ²	Client identified
Fatal incident notification	Employment status	Designer informed client
Description of accident	Purpose of work	Contractor informed client
Year	Project type	Cause of the incident
Inspector	Project sub-type	Required Safe Pass
Date	Trigger	Had Safe Pass
Gender	Number of workers on site	Required CSCS
Nationality	PSCS/PSDP required	Had CSCS
Age	Was a PSCS appointed	Description of accident

² Nomenclature of Territorial Units for Statistics (NUTS)

Analysis of findings

Findings and actions have been divided into six distinct sections which contain a range of data and charts:

Section 1	Who was most at risk
Section 2	Where fatalities occurred
Section 3	Appointments and duty to notify clients
Section 4	Main causes of fatalities
Section 5	Training issues
Section 6	What next



Section 1

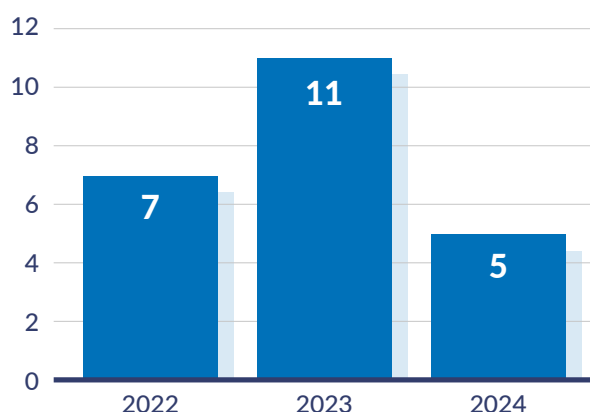
Who was most at risk

Number of fatalities by year

Figure 2 describes the number fatalities by year. The breakdown is as follows:

7 took place in 2022 (30 %), 11 (48%) fatalities took place in 2023, and 5 (22%) fatalities took place in 2024.

Figure 2 - Number of fatalities by year

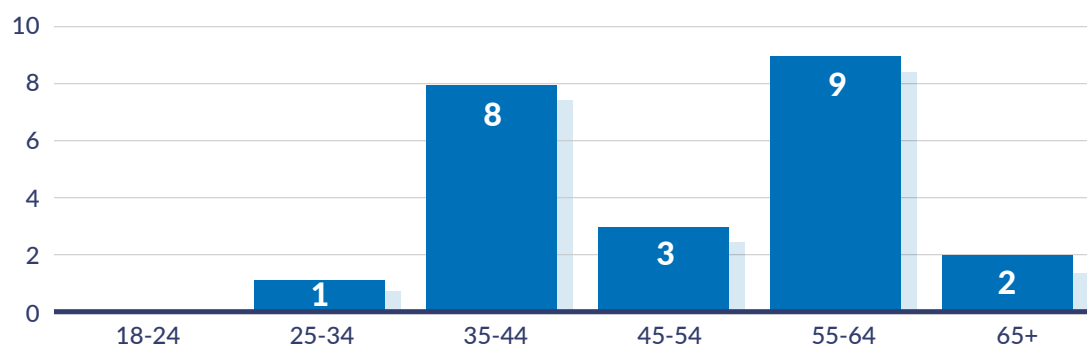


Fatalities by age group and gender

Figure 3 – shows fatality age grouping. There were no fatalities in the 18–24 age group. Only one death (4%) happened in the 25–34 age group. Eight fatalities (35%) happened in the 35–44 age group, and another nine fatalities (39%) happened in the 55–64 age group. Three fatalities (13%) happened in the 45–54 age group. The last two fatalities (9%) happened in the 65+ age group.

Most fatalities occurred among workers aged 35 to 64, who accounted for 20 of the 23 (87%) fatalities. Overall, 96% of those who died were over 35 years of age. This contrasts with the common perception that young and inexperienced workers are at the greatest risk. All 23 fatalities involved males.

Figure 3 - Fatalities by age group and gender



Fatalities by nationality

Figure 4 compares the nationality of the people who died while carrying out construction related work.

Nationality and citizenship are not the same thing, but this comparison is still helpful for the report. Out of the 23 fatalities over the three years, only one person (4%) was not Irish.

Figure 4 - Fatalities by nationality



Key findings

- ▶ Fatalities per year: 2022 (7), 2023 (11), 2024 (5).
- ▶ Contrary to commonly held assumptions, fatalities were predominantly associated with workers aged 35-64 rather than younger workers.
- ▶ All fatalities were men.
- ▶ Only 1 person who died was not Irish.
- ▶ Self employed (sole traders) workers accounted for 50% of worker fatalities.

Fatalities by employment status

Figure 5 shows the type of work relationship for people who died. Self-employed workers accounted for 43% of all fatalities and 50% of worker fatalities. Ten fatalities involved employees working for an employer, and three fatalities were non-workers.

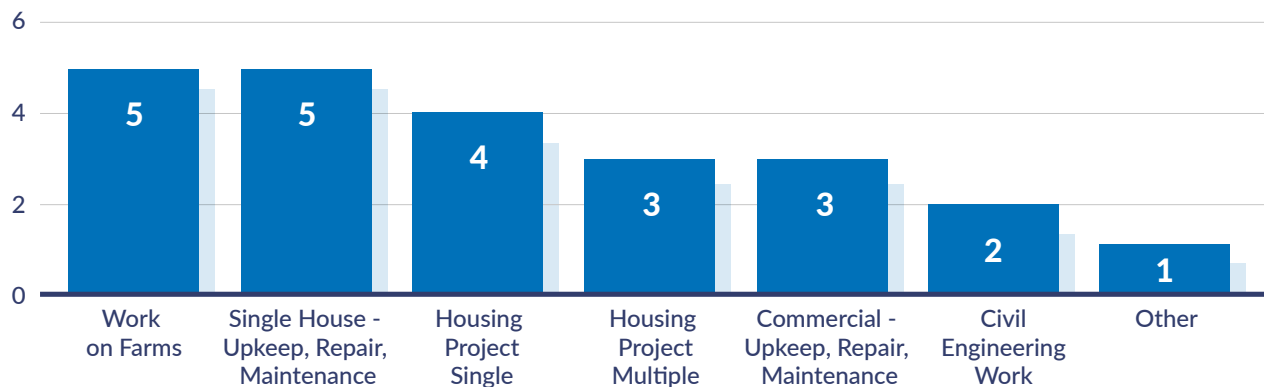
Figure 5 - Fatalities by employment status



Section 2

Where fatalities occurred

Figure 6 - Fatalities by type of site



Fatalities by type of site

Construction work on farms in Figure 6 accounted for 5 (22%) of the fatalities with single house upkeep, repair and maintenance also accounting for 5 (22%) of the fatalities. Housing projects accounted for 7 of the 23 fatalities (30%) with 4 (17%) of those fatalities occurring on a single housing project and 3 (13%) occurring on a housing project consisting of multiple units. Upkeep, repair and maintenance in commercial settings accounted for 3 fatalities (13%), while civil engineering projects accounted for 2 fatalities (9%), and other work accounted for 1 (4%) of the fatalities.

The one fatality described as 'Other' included a construction worker, working at a quarry.

Fatalities by size of site

Figure 7 shows that 19 (83%) of the fatalities occurred on projects with 1-4 workers, with five fatalities occurring where the deceased was working alone.

Two of the fatalities (9%) occurred on projects with 5-19 workers, and two fatalities (9%) occurred on projects with 20-59 workers on site. No fatalities occurred on larger projects with 60+ workers on site.

Figure 7 - Fatalities by size of site

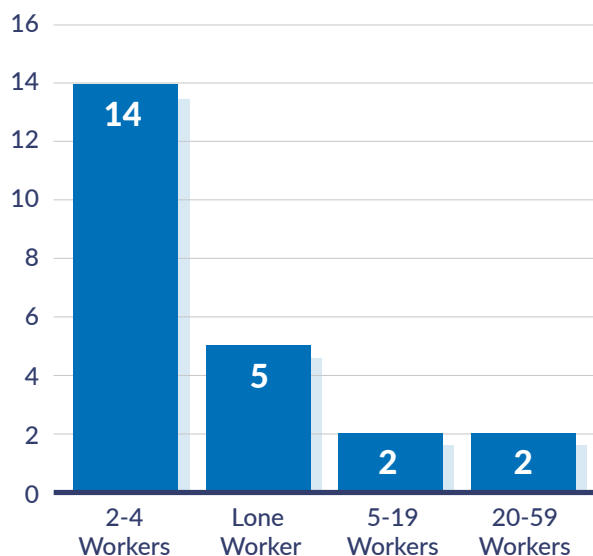
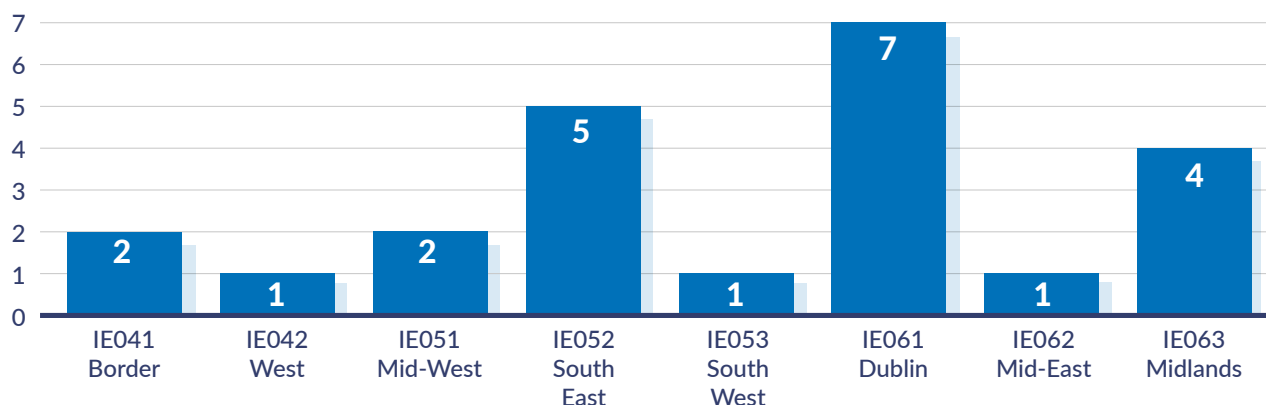


Figure 8 - Fatalities classification by NUTS region



Fatality location by NUTS

Geographical locations of projects are defined using the Nomenclature of Territorial Units for Statistics (NUTS), which is an EU geocode standard for referencing the administrative divisions of countries for statistical purposes. A table outlining these areas is contained in Appendix 1.

Figure 8 outlines the location of fatalities by NUTS region, which consists of eight geographical areas.

As can be seen in Figure 8 the Dublin area (IE061) had the highest incidence of fatalities at 30%, but it also contained the highest proportion of workers, which was 23% of the total number of construction workers employed nationally.

The most significant difference is seen in the South-East region (IE052) where 22% of fatalities occurred but only employed 10% of the total number of construction workers nationally.

Similarly in the Midlands area where 17% of fatalities occurred but the region only contained 7% of the total number of construction workers employed nationally.

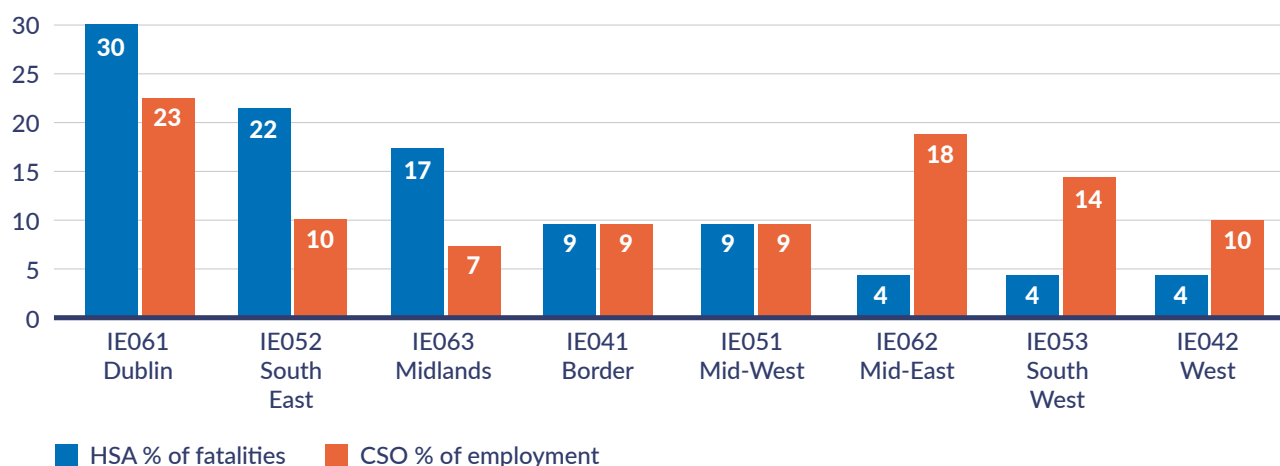
Conversely, in the Mid-East region, where 4% of the fatalities occurred, and where 18% of the total number of construction workers were employed nationally.

Note: The analysis is based on 23 fatalities over a three-year period. Due to the relatively small sample size, caution should be exercised when interpreting percentage differences between categories or regions.

Key findings

- ▶ Construction fatalities were concentrated on small residential and agricultural projects, suggesting that the greatest risk remains on small construction sites with 1-4 workers.
- ▶ Some regions (South East, Midlands) had significantly more fatalities than expected based on workers employed.

Figure 9 - Construction Fatality Distribution by NUTS Region (2022-2024)



Section 3

Appointments and duty to notify clients

This section looks at whether a Project Supervisor for the Design Process (PSDP) and a Project Supervisor Construction Stage (PSCS) were appointed on construction projects where a fatality has occurred. Appointments were required on 16 of the 23³ construction projects (see Figure 10) and of those:

- ▶ 12 (75%) of those 16 projects, that required appointments, had no appointments made,
- ▶ Only 4 (25%) of the projects had both required appointments in place,
- ▶ 7 of the projects did not require an appointment, and
- ▶ On 11 (69%) of the projects that required appointments, the designer had not notified the client of their responsibilities to appoint project supervisors. This resulted in only 4 projects having had made the appropriate appointments.

Requirements for clients to make appointments of PSDP and PSCS

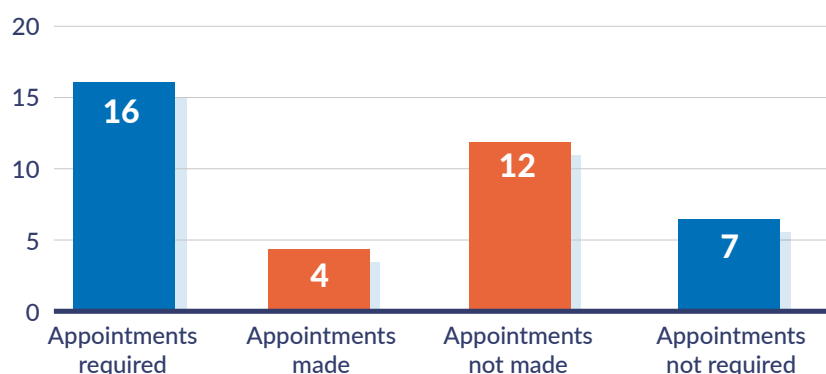
- ▶ In 5 of the 16 projects that required appointments the designer informed the client of the requirement to make appointments, and
- ▶ In one case, the client was told about their duty to make appointments, and the appointments were still not made.

Appointments by size of site

The type of projects where fatalities occurred and where no written construction appointments had been made are included in Figure 11:

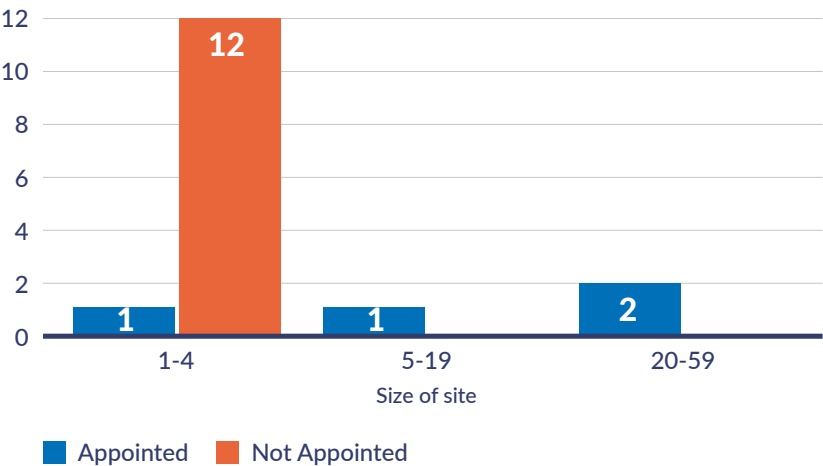
- ▶ Appointments of project supervisors were required and had not been made on 12 of the projects with 1-4 workers where a fatality occurred.

Figure 10 - Requirements to make PSDP & PSCS appointments



³ Written appointments were not required on seven of the construction projects

Figure 11 - Construction site appointments v size of site



Appointments by type of construction site

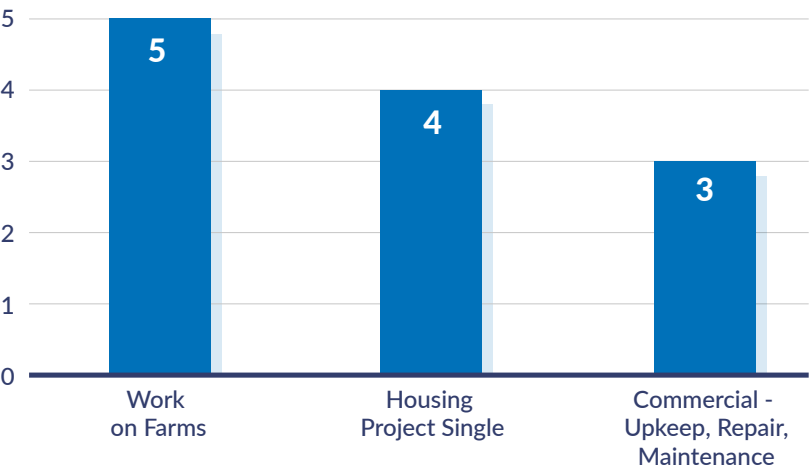
Figure 12 highlights the lack of appointments that were required but were not made on the following construction types:

- ▶ Farms 5 (31%)
- ▶ Single residential house 4 (25%)
- ▶ Commercial-Upkeep/Repair/Maintenance 3 (19%)

Key findings

- ▶ Of 16 projects requiring project supervisor appointments, 12 had none, and only 4 were fully compliant.
- ▶ Designers failed to inform clients of their duty to make appointments on 11 of 16 projects (69%).
- ▶ Only 5 clients were told appointments were required, and one still failed to act.
- ▶ Highest risk was on small projects with non-compliance most common on 1–4 worker sites, particularly farms (5) and single houses (4).

Figure 12 - Type of construction site v appointments



Section 4

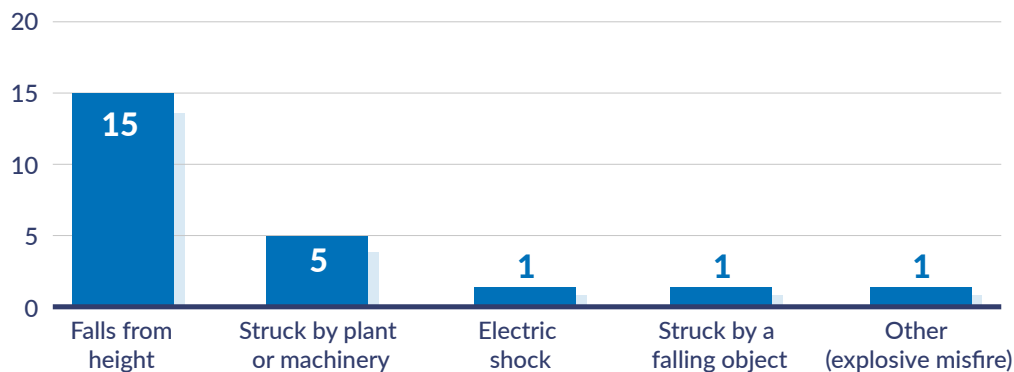
Main causes of fatalities

Figure 13 outlines the triggers of fatal incidents during the review period. Of the 23 fatalities across this period, 15 (65%) of the fatalities occurred because of falls from height and 5 (22%) of the fatalities were the result of being struck by plant or machinery. Of the remaining three fatalities one was the result of being struck by a falling object, one was the result of electrocution in contact with utilities, and one was the result of an explosion.

Key findings

- ▶ Most deaths were caused by falls from height (65%).
- ▶ Being struck by machinery (22%) was the second biggest cause.
- ▶ The remaining deaths involved a falling object, electrocution, and an explosion.

Figure 13 - Fatality triggers



Section 5

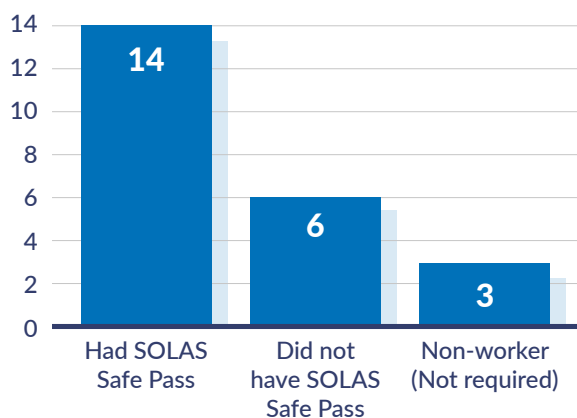
Training issues

This section explains whether workers had the required SOLAS Safe Pass training and CSCS training on projects where fatalities occurred. It also looks at the size and type of projects where this training was missing.

Mandatory SOLAS Safe Pass training

There were 23 fatalities in total.

Figure 14 - SOLAS Safe Pass training



- ▶ Six of the 20 workers who were required to hold a valid SOLAS Safe Pass card (30%) did not hold one,
- ▶ SOLAS Safe Pass was not required for three of the fatalities as they were not classified as being at work, and
- ▶ The projects (see Figure 15) where SOLAS Safe Pass was not in place were small sites with only 1-4 workers on site.

The projects where upkeep/repair/maintenance works to single domestic dwellings (See Figure 16) showed the highest number of workers (4) without a valid SOLAS Safe Pass card.

Figure 15 - SOLAS Safe Pass compliance by size of site

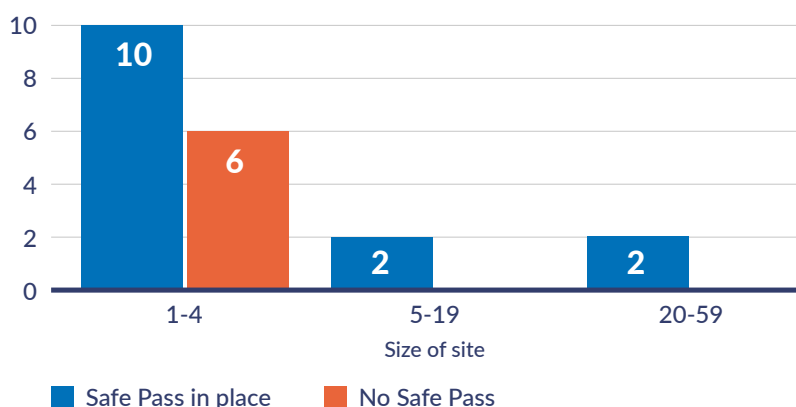
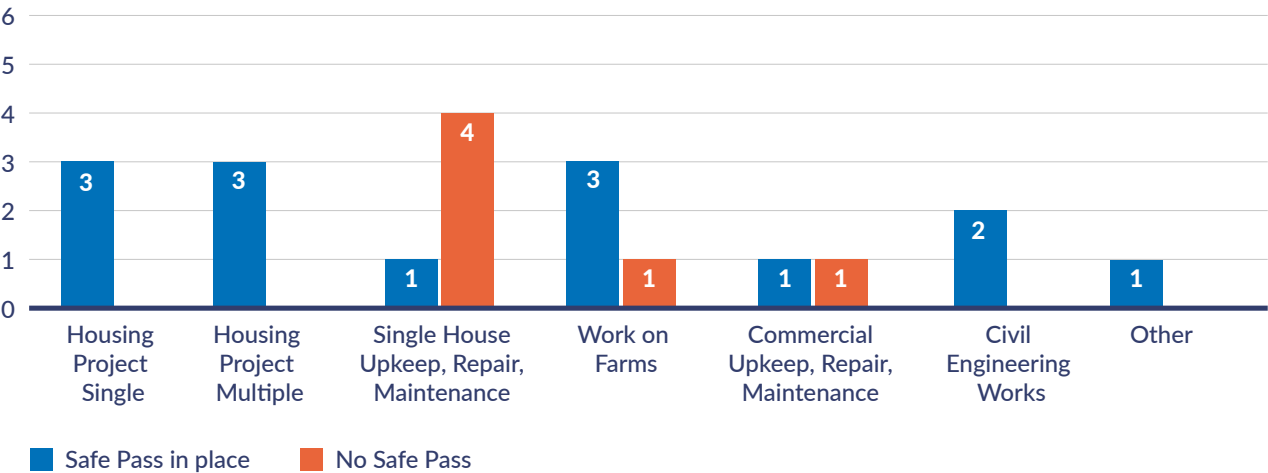


Figure 16 - Safe Pass compliance by type of site



Mandatory SOLAS Construction Skills Certification Scheme (CSCS) training

Of the 23 fatalities, 17 did not require the person concerned to hold a SOLAS Construction Skills Certification Scheme (CSCS) training card. However,

- ▶ SOLAS CSCS training was required in six of the cases. Four individuals possessed the required SOLAS CSCS card and two did not.

- ▶ Of those two fatalities (see Figure 17), both involved construction roof-work on agricultural sheds where a valid SOLAS CSCS is required for roof and wall cladding/sheeting and the workers were not in possession of a valid CSCS card.

It is also worth noting that the requirements to hold mandatory SOLAS CSCS cards were missing on small sites with 1-4 workers see Figure 18.

Figure 17 - CSCS compliance by type of site

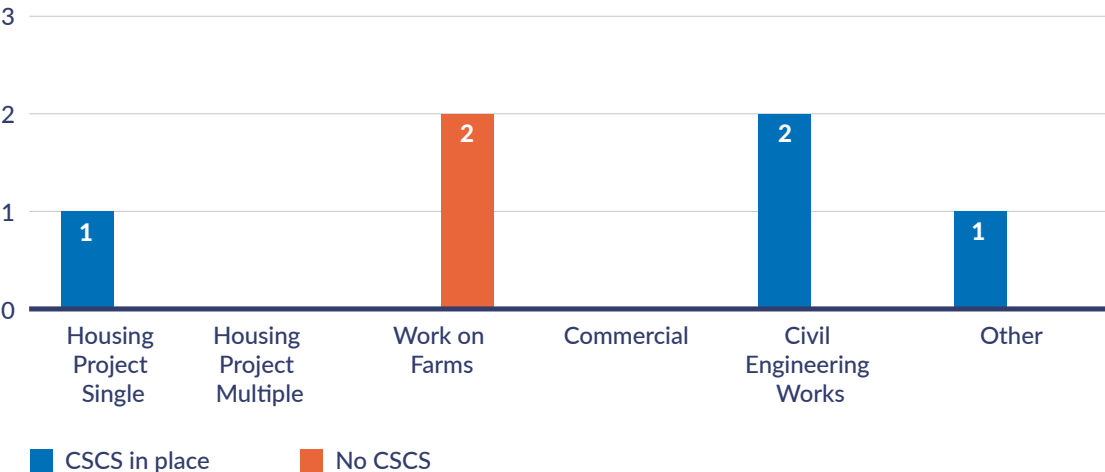
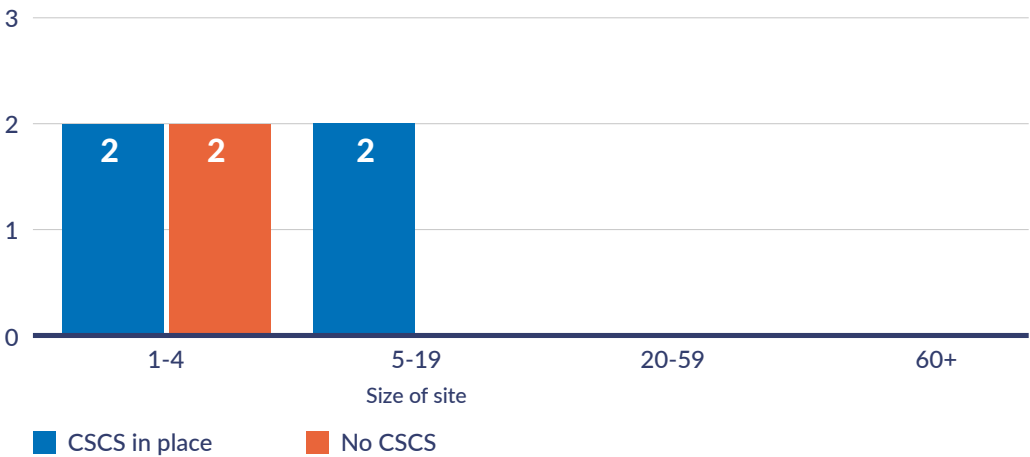


Figure 18 - SOLAS CSCS compliance by size of site



Key findings

- ▶ Mandatory SOLAS Safe Pass training was required for 20 of the fatalities; 6 of the workers had not completed this mandatory training.
- ▶ Mandatory SOLAS CSCS training was required in 6 cases, however 2 had not completed the mandatory SOLAS CSCS training.
- ▶ The requirements to have mandatory training was mainly seen missing on small projects (1–4 workers) for both SOLAS Safe Pass and CSCS.



Section 6

What next?

The review demonstrates that the greatest risk of fatal injury in construction is concentrated on small projects (upkeep, repair and maintenance) involving one to four workers, particularly residential and agricultural works. Falls from height remain the principal cause of death, while failures in project supervision appointments and mandatory training continue to feature prominently in fatal incidents.

Construction appointments of Project Supervisors (PSDP & PSCS)⁴

- ▶ The HSA will also identify projects (focusing on the one-off houses and agriculture sector) which have submitted planning permission and contact the designers associated with those projects and inform them of their duties to advise clients to appoint a Project Supervisor for the Design Process (PSDP).
- ▶ The HSA will inspect 50 design practices in 2027, focusing on designers' duties to inform their clients of their requirement to appoint Project Supervisors Design Process (PSDP) and Project Supervisors for the Construction Stage (PSCS).

- ▶ The HSA, in association with the CSPAC, will in Q1 2027 produce short guidance outlining designers' legal responsibility to advise clients to appoint PSDP and PSCS where none has been appointed for a project. This guidance will be distributed by Design organisations (RIAI, ACEI, IE, SCSl), the CIF and members of the CSPAC to their members and will also be promoted by the HSA and the CSPAC members.
- ▶ The HSA and other members of the CSPAC will promote 'Client Appointments' guidance across the agricultural, residential and small businesses sectors.

Size and type of the construction site

- ▶ Promote BeSMART.ie within the construction sector (HSA Enterprise and Employee Supports) for smaller contractors and the self-employed. This will empower compliance with the requirement of Section 19 risk assessment and Section 20 safety statement of the 2005 Safety, Health and Welfare at Work Act, along with the requirement for contractors to develop a construction stage safety and health plan.
- ▶ Focused inspection activity, together with promotional and awareness initiatives in the agriculture sector, regarding construction appointments.

⁴ Project Supervisor for the Design Process (PSDP) and Project Supervisor for the Construction Stage (PSCS)

Training SOLAS Safe Pass and Construction Skills Certification Scheme (CSCS)

- ▶ The Authority will continue to work with SOLAS, employee representative organisations, CIF and others to promote the requirement to have a valid SOLAS Safe Pass card when working on construction projects.
- ▶ The HSA continues to focus on the requirement to have Safe Pass and Construction Skills Certification Scheme (CSCS) during their inspections of construction projects.
- ▶ Continuing to work with SOLAS, employee representative organisations, The CIF and others to ensure Safe Pass and Construction Skills Certification Scheme (CSCS) are developed, reviewed and promoted to industry.

Nationality

- ▶ Ensure that policy information is considered and written for all people working in construction. To use National Adult Learning Agency (NALA) guidelines (simple English) in the development of information in English and other prominent languages used in the construction sector.

Appendix 1

NUTS⁵ Statistical Regions

NUTS2 Code	NUTS 2 Name	NUTS3 Code	NUTS 3 Name	County
IE04	Northern and Western	IE041	Border	Donegal
				Sligo
				Leitrim
				Cavan
				Monaghan
		IE042	West	Galway
				Mayo
				Roscommon
IE05	Southern	IE051	Mid-West	Clare
				Tipperary
				Limerick
		IE052	South East	Waterford
				Kilkenny
				Carlow
				Wexford
		IE053	South-West	Cork
				Kerry
IE06	Eastern and Midland	IE061	Dublin	Dublin
		IE062	Mid-East	Wicklow
				Kildare
				Meath
				Louth
		IE063	Midlands	Longford
				Westmeath
				Offaly
				Laois

⁵ Nomenclature of Territorial Units for Statistics (NUTS)

Notes

Notes



Our Vision:

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



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