

# Health and Safety at Work in Residential Care Facilities

---

---

# Our vision:

# Healthy, safe and productive lives and enterprises

## **The role of the Health and Safety Authority**

The Health and Safety Authority (HSA) has overall responsibility for the administration and enforcement of health and safety at work in Ireland.

It monitors compliance with legislation in the workplace and can take enforcement action (up to and including prosecutions).

It is the national centre for information and advice to employers, employees and the self-employed on all aspects of workplace health and safety.

The HSA also promotes education, training and research in the field of health and safety.

## **Who is this guide for?**

This guidance is intended for owners, managers and employees of residential care facilities. Residential care facilities can include services for children, young adults, adults, older people, people with disabilities, and people with complex behaviours, as well as respite and convalescent care facilities.

This guide is designed to help employers to manage safety, health and welfare at work and to help both employers and employees to understand and meet their duties under occupational safety, health and welfare legislation.

# TABLE OF CONTENTS

<b>1. INTRODUCTION</b>	<b>5</b>	3.7 Maintenance	27
1.1 The role of the Health and Safety Authority in health and social care	5	3.8 Work at height	28
<b>2. MANAGING HEALTH AND SAFETY</b>	<b>6</b>	3.9 Fire	29
2.1 Health and safety legislation	6	3.10 Electricity	31
2.1.1 Legislation	6	<b>4. CHEMICAL AGENT HAZARDS</b>	<b>34</b>
2.1.2 Code of practice	6	4.1 Chemical agent risk management	34
2.2 Duties of employers and employees	7	4.2 Medical gases	36
2.2.1 Duties of the employer	7	4.3 Hazardous medicinal products	37
2.2.2 Duties of the employee	7	4.4 Asbestos	38
2.3 Safety statement	8	4.5 Radon	39
2.4 Risk assessment	9	4.6 Environmental tobacco smoke, e-cigarettes and vaping	40
2.5 Reviewing and measuring performance	11	<b>5. BIOLOGICAL AGENT HAZARDS</b>	<b>41</b>
2.6 Duties of employers to others	12	5.1 Biological agent risk management	41
2.6.1 Duties of employers to people who are not in their employment	12	5.2 Sharps injuries	44
2.6.2 Co-operation and co-ordination with contractors and others	12	5.3 Legionellosis	46
2.7 Safety representatives and safety consultation	13	5.4 Healthcare risk waste and the transport of dangerous goods	47
2.8 Information, instruction, training and supervision	14	<b>6. PSYCHOSOCIAL HAZARDS</b>	<b>49</b>
2.9 Reporting and investigating accidents and incidents	14	6.1 Bullying at work	50
<b>3. PHYSICAL HAZARDS</b>	<b>16</b>	6.2 Work-related stress	50
3.1 Workplace	16	6.3 Lone working	51
3.1.1 Indoor Air Quality	18	6.4 Work-related violence and aggression	52
3.2 Work equipment	18	<b>7. FIRST-AID</b>	<b>55</b>
3.2.1 Patient hoists and slings	19	<b>8. SENSITIVE RISK GROUPS</b>	<b>57</b>
3.3 Manual handling and people moving and handling	20	8.1 Pregnant, postnatal or breastfeeding employees	57
3.4 Display screen equipment	22	8.2 Children and young people	58
3.5 Slips, trips and falls	23	8.3 Night work and shift work	59
3.6 Workplace transport and driving for work	25	<b>RESOURCES</b>	<b>61</b>
3.6.1 Workplace transport	25	<b>APPENDIX 1</b>	<b>62</b>
3.6.2 Driving for Work	26		

## List of Abbreviations and Acronyms

**ACM** – asbestos-containing material

**Bq/m<sup>3</sup>** – becquerels per cubic metre

**CLP** – Classification, Labelling and Packaging

**COVID-19** – coronavirus disease 2019

**DGSA** – dangerous goods safety advisor

**DSE** – display screen equipment

**EPA** – Environmental Protection Agency

**EU** – European Union

**FAR** – First Aid Response

**HIV** – human immunodeficiency virus

**HMP** – hazardous medicinal product

**HSA** – Health and Safety Authority

**PHECC** – Pre-Hospital Emergency Care Council

**PPE** – personal protective equipment

**QQI** – Quality and Qualifications Ireland

**RCD** – residual current device

**REACH** – Registration, Evaluation, Authorisation and Restriction of Chemicals

**SARS-CoV-2** – severe acute respiratory syndrome coronavirus 2

**SDS** – Safety Data Sheet

**UN** – United Nations



# 1. INTRODUCTION

This guidance is intended for owners, managers and employees of residential care facilities. Residential care facilities can include services for children, young adults, adults, older people, people with disabilities, and people with complex behaviours, as well as respite and convalescent care facilities. This guidance is designed to help employers to manage safety, health and welfare at work and to help both employers and employees to understand and meet their duties under occupational safety, health and welfare legislation. This guidance is not intended as a legal interpretation of the legislation.

## 1.1 The role of the Health and Safety Authority in health and social care

The Health and Safety Authority (HSA) is the national statutory body responsible for regulating and promoting occupational health and safety in the workplace. Workplaces include all private and public health and social care services and facilities, including hospitals, care homes, and primary and community care services.

**The HSA's mandate includes the following roles:**

- regulating the safety, health and welfare of people at work and those affected by work activities;
- promoting improvement in the safety, health and welfare of people at work and those affected by work activities;
- regulating and promoting the safe manufacture, use, placing on the market, trade, supply, storage and transport of chemicals;
- acting as a surveillance authority in relation to relevant single European market legislation; and
- acting as the national accreditation body for Ireland.

Other statutory bodies are involved in the regulation of health and social care services in their areas of responsibility. These bodies include:

- The Health Information and Quality Authority (HIQA) (<https://www.hiqa.ie/>)
- The Mental Health Commission (MHC) (<https://www.mhcirl.ie/>)
- Tusla – Child and Family Agency (<https://www.tusla.ie>)



# 2. MANAGING HEALTH AND SAFETY

## 2.1 Health and safety legislation

For the purpose of this guide, the most relevant health and safety legislation and codes of practice are included in Sections 2.1.1 and 2.1.2.

### 2.1.1 Legislation

**The main safety, health and welfare at work legislation in residential care facilities includes the following:**

- **Safety, Health and Welfare at Work Act 2005**

The Safety, Health and Welfare at Work Act 2005 sets out the main provisions for ensuring the safety, health and welfare of people at work. The 2005 Act outlines the responsibilities of employers, the self-employed, employees and various other parties in relation to safety and health at work. The Act also details the role and functions of the HSA, provides for a range of enforcement measures that may be applied, and specifies penalties for breaches of occupational health and safety legal requirements.

- **Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended)**

The Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) include more detailed legal requirements and cover specific topics, such as work equipment; manual handling; display screen equipment; work at height; electricity; personal protective equipment; first-aid; safety signs; explosive atmospheres; noise; reporting of accidents and dangerous occurrences (Amendment 2016); and sensitive risk groups, including night workers and shift workers, children and young people, and pregnant employees.

**Other relevant regulations include:**

- The Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (as amended)
- The Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001 (as amended)
- The Safety, Health and Welfare at Work (Carcinogens, Mutagens and Reprotoxic Substances) Regulations 2024
- The European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations 2011 (as amended)
- The European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014
- The Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006 (as amended)

The above legislation can be downloaded from the [Irish Statute Book](#) website.

### 2.1.2 Code of practice

A code of practice may also be prepared and published or approved of by the HSA in accordance with the Safety, Health and Welfare at Work Act 2005. A code of practice outlines written guidance in a particular area. Examples of existing codes of practice relevant in residential care facilities include:

- *Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work*
- *Code of Practice for Indoor Air Quality*
- *Code of Practice for the Safety, Health and Welfare at Work (Chemical Agents) & the Safety, Health and Welfare at Work (Carcinogens, Mutagens and Reprotoxic Substances) Regulations*
- *Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations*

## 2.2 Duties of employers and employees

### 2.2.1 Duties of the employer

The employer has extensive duties to comply with under Section 8 of the Safety, Health and Welfare at Work Act 2005. The employer is responsible for safeguarding employees and those who may be affected by work carried out at the place of work. Employees can include fixed-term and temporary employees, part-time employees, agency staff, locums, and students receiving training or work experience at the health and social care facility. Employers need to be clear about the employment status of all employees, as they have specific duties to their employees.

The employer is required to assess risks and take practical measures to protect the safety and health of their employees and anyone who may be affected by their work activities, so far as is reasonably practicable.

#### **The employer is responsible for providing:**

- a safe place of work;
- safe systems of work;
- welfare facilities for employees;
- safety, and for preventing risks to their employees from articles or substances;
- instruction, information, training and supervision;
- plans for emergencies and dangerous situations; and
- protective equipment where it is needed.

Please note that the above list is not exhaustive.

## Liability of directors

Under Section 80 of the Safety, Health and Welfare at Work Act 2005, directors, managers and other similar officers have specific responsibilities. These individuals may be held personally responsible for failures to manage the health and safety of their employees and those affected by the work. They may be deemed to be guilty of the same offence as the undertaking, if the doing of the act(s) that constituted the offence has been authorised or consented to by, or is attributable to connivance or neglect on the part of, the director. These individuals must be able to prove that they have proactively managed the safety and health of their staff and anyone who may be affected by the work activities.

Further information is available in the HSA publication [Guidance for Directors and Senior Managers on their Responsibilities for Workplace Safety and Health](#).

### 2.2.2 Duties of the employee

Under Section 13 of the Safety, Health and Welfare at Work Act 2005, employees have responsibilities to take reasonable care of themselves and other people affected by their work activities.

#### **The employee must:**

- co-operate with their employer in order to enable the employer to comply with health and safety legislation;
- report hazards or hazardous activities to management;
- attend any safety and health training provided by the employer;
- take account of training and instructions given by the employer or any person acting on the employer's behalf; and
- not be under the influence of an intoxicant at work to the extent that they may endanger themselves or others.

Please note that the above list is not exhaustive.

### 2.3 Safety statement

Section 20 of the Safety, Health and Welfare at Work Act 2005 requires that employers prepare a written programme to safeguard the safety and health of employees and other people who might be at the workplace. This written programme is known as the Safety Statement.

The Safety Statement must specify how the safety, health and welfare of employees will be secured and managed. The Safety Statement must include:

- the health and safety policy confirming the commitment of the employer and management to securing a safe and healthy place of work;
- the duties of the employer and employees with regard to health and safety;
- the responsibilities of key personnel (this must include names and the applicable job title/position with regard to safety, health and welfare, such as the responsibilities of the senior manager/director of nursing and so on; it is important to ensure that there are clear lines of responsibility and good awareness of responsibilities allocated);
- the arrangements for employee consultation and for communicating health and safety information (this should include the name(s) of the safety representative(s) and members of the safety committee, where appointed);
- emergency plans, such as evacuation procedures and arrangements for contacting emergency services;
- a written risk assessment(s), which is a key part of the Safety Statement in which work-related hazards are identified and the associated risks assessed (the control measures to eliminate or reduce the risk must also be identified and documented – refer to Section 2.4 Risk assessment); and
- any other arrangements for securing safety, health and welfare at work and the resources provided in order to do so, such as arrangements for occupational health expertise, immunisation arrangements for employees, health surveillance, and arrangements for working with contractors and/or others who share the building.

The Safety Statement should be signed by the responsible person (for example, the employer or senior manager) and dated. The Safety Statement must be kept up to date. It should be reviewed at least annually (but more often if required), and any time there are changes at the workplace that might affect employee health and safety. The Safety Statement must be brought to the attention of all employees at the commencement of their employment and at least annually or following any amendments. The Safety Statement must also be brought to the attention of others at the workplace (such as contractors) who may be exposed to specific risks to which the Safety Statement applies.

A copy of the Safety Statement, or a relevant extract from it, must be available for inspection by a HSA inspector at or near the place of work to which it relates.

**Further information on safety statements is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[A guide to Risk Assessments and Safety Statements](#)



## 2.4 Risk assessment

Section 19 of the Safety, Health and Welfare at Work Act 2005 requires employers and those in control of a place of work to identify hazards and assess their risk. The employer or responsible person must identify hazards in the workplace(s) under their control and assess the risks presented by those hazards. Employers must record the risks and outline controls to reduce or remove the risk of the hazard identified. This is known as a risk assessment.

A risk assessment is a written document that records the following three-step process:



### 1. Identify the hazard(s)

The first step is to identify all the hazards in the workplace. A **hazard** is anything with the potential to cause injury or ill health. Hazard identification should aim to proactively determine all sources, situations or acts (or a combination of these) arising from an organisation's activities. Therefore, the hazard identification process should be applied to the following:

- routine and non-routine activities (for example, periodic, occasional and emergency activities);
- all people who have access to the workplace (for example, service users, visitors, contractors and delivery personnel);
- human behaviour and capabilities, and other human factors;
- infrastructure, equipment and materials at the workplace (whether provided by the organisation or others); and
- the design of work areas, processes and operating procedures and their adaptation to human capabilities.

### 2. Assess the risk(s)

**Risk** means the likelihood that someone will be harmed by a hazard, together with the severity of the harm suffered. Risk also depends on the number of people who might be exposed to the hazard.

**In assessing the risk, you should assess:**

- who might be harmed and how,
- how likely it is that a hazard will cause harm,
- how serious that harm is likely to be,
- how often and how many workers are exposed, and
- the effectiveness of the control measure(s) already in place.

### 3. Put control measure(s) in place

Your first approach should be to eliminate the hazard from your workplace. Clearly, if you eliminate a hazard, then you are making the workplace safer for you and your employees. If you cannot eliminate a hazard, then the next step is to try a safer approach by changing the way the job is done in order to make it safer. If that is still not enough, then decide what control measures are necessary to reduce the risk to as low a level as possible and put such measures in place. In residential care facilities, it is particularly important that the introduction of a control measure does not introduce a new hazard.

When determining and implementing controls in order to minimise risk, take account of the principles of prevention. The principles of prevention are a hierarchy of controls that set out how to manage hazards; these principles are contained in the Safety, Health and Welfare at Work Act 2005 and are summarised in Appendix 1 of this document. The first step in the hierarchy is to eliminate the hazard so that people are protected. If this is not possible, then the risk must be assessed and the remaining principles must be worked through until the work has been made as safe as is reasonably practicable.

Once the three-step process to carrying out a risk assessment is complete, it is important to:

#### **Record the findings of your risk assessment(s) and talk to your employees**

The Safety Statement and risk assessment(s) must be recorded. The Safety Statement and risk assessment(s) may refer to specific procedures that are detailed in other documents, such as operating instructions for equipment, infection control guidelines, and people handling risk assessments, as well as service users' care plans. The employer can decide whether to combine these documents or whether it is more helpful to keep them separate, which may be the case if the information needs to be readily accessible

near the work activity. If kept separate, the documents should be cross-referenced in the Safety Statement or risk assessment. The employer must ensure that employees are made aware of the risks and precautions and that they know how to access the relevant health and safety information.

#### **Review, monitor and update risk assessment(s)**

Risk assessments must be kept up to date. Risk assessments and control measures must be reviewed whenever:

- there is evidence that the risk assessment is no longer valid;
- an injury or illness is caused by a particular hazard; or
- there is a significant change proposed in the workplace, either to the premises, plant, work practices or procedures.

Following the review, the risk assessment must be amended as appropriate.

**Further information on risk assessments is available from the following source:**

[A guide to Risk Assessments and Safety Statements](#)

## 2.5 Reviewing and measuring performance

Once a control measure has been implemented, its effectiveness should be monitored. Health and safety performance should be monitored and evaluated in order to ensure compliance with legal requirements. The procedures for monitoring health and safety performance need to be set out in the Safety Statement.

**Monitoring health and safety performance may be:**

- **Active:** This is done before things go wrong and is focused on the prevention of accidents or incidents through regular inspection and checking (for example, audits, inspection feedback or employee surveys).
- **Reactive:** This is done after things go wrong and is centred around learning from mistakes (for example, accident or incident investigations), and primarily involves the use of accident records in order to implement changes to prevent similar accidents or incidents from reoccurring.

**Measuring performance may involve key performance indicators, such as the following:**

- Examining trends in accidents and incidents: for example, what are the most common causes reported, and are the numbers increasing or decreasing?
- Reviewing compliance with training requirements: for example, what percentage of employees requiring manual handling training have up-to-date training?
- Making progress with the implementation of additional control measures identified through the risk assessment process: for example, how many control measures have been identified, and how many have been implemented in the time frame identified?

Corrective action should be taken when necessary in order to continuously improve health and safety performance and to ensure that the system for managing health and safety is effective.





### 2.6 Duties of employers to others

#### 2.6.1 Duties of employers to people who are not in their employment

Employers have responsibility for the health and safety of people who do not work for them but may be affected by their workplace or work activities. This may include service users, visitors and volunteers.

An example of how people may be affected by the undertaking of work in a workplace is unsafe premises causing injury or harm to a service user or other person, such as a trip on an uneven floor surface, faulty equipment, and so on.

#### 2.6.2 Co-operation and co-ordination with contractors and others

When employing a contractor (for example, a building contractor or cleaning contractor), employers must make enquiries about the contractor's procedures (including health and safety) and ensure that the contractor has an up-to-date Safety Statement. The contractor must be made aware of any relevant health and safety issues that may affect his or her employees health and safety (or those of anyone employed by the contractor) while working on the premises.

Where two employers share a workplace, there must be co-operation and co-ordination between them in order to ensure compliance with health and safety legislation. Relevant extracts of the Safety Statement relating to hazards and risks must be exchanged so that the employers and their employees are aware of any risks that may affect them.





## 2.7 Safety representatives and safety consultation

Employers must consult their employees on matters relating to safety, health and welfare at work and provide them with relevant information, including the risk assessments and the control measures in place. Consultation on health and safety matters between employers and employees helps to ensure co-operation in the prevention of accidents and ill health.

Consultation arrangements may include a safety committee, which exists for the purpose of consultation regarding the safety, health and welfare of employees at work. Schedule 4 of the Safety, Health and Welfare at Work Act 2005 sets out the manner in which safety committees must operate (including, but not limited to, the frequency of meetings, numbers of participants, and the representatives on the safety committee).

As part of the consultation process, employees have the right to select safety representative(s). The employer must recognise the rights and entitlements of a safety representative outlined in Section 25 of the 2005 Act. Safety representatives and safety committee members must be given time off without loss of remuneration in order to attend training for their role. Annex 2 of the HSA [Safety Representatives and Safety Consultation Guidelines](#) outlines the elements that should be included in training for safety representatives and members of safety committees.

**Further information on safety representatives and safety consultation is available from the following sources:**

[Safety Representatives and Safety Consultation Guidelines](#)

[A Short Course for Safety Representatives \(hsalearning.ie\)](#)



### 2.8 Information, instruction, training and supervision

The employer must ensure that managers and employees have the information, instruction, training and supervision necessary in order to ensure that their job is done safely. The employee induction procedure should include the key elements of the Safety Statement, fire and emergency procedures, and health- and safety-related policies and procedures. It should also include safe systems of work specific to the employee's tasks.

Job analysis and risk assessment should identify where specific training is required, such as skills required for dealing with aggressive behaviour, manual and patient handling training, Safe Pass training, and any other necessary training. When training needs have been identified, there should be a planned approach to meeting those needs. Refresher training may be needed in order to ensure that employees maintain their skills. The employer is required to keep training records.

Instruction and training must be given in a form, manner and language that would be reasonably likely to be understood by those receiving it. The employer should be satisfied that such training has been fully understood, particularly by those who do not use English as a first language. The employer should assess the employees' understanding of the training received and evaluate the training programmes.

Safety and health training must not be provided at any financial cost to the employee, nor impact upon their remuneration.

Safety supervision is a legal obligation under occupational health and safety law. Under the Safety, Health and Welfare at Work Act 2005, the employer must provide the degree of supervision necessary for work to be carried out safely and without risk to the health of employees and other people at the workplace.

### 2.9 Reporting and investigating accidents and incidents

It should be the policy in the workplace that all employees and any others working on the premises report any work-related accidents, including near-miss events, to the person in charge/supervisor without unreasonable delay. Employees must follow local accident and incident reporting procedures and report all accidents and incidents to their employer (or the person in charge/supervisor) as soon as possible.

Investigating and analysing work-related accidents and incidents is crucial for managing health and safety. When an accident or incident happens, it often means that current control measures are not enough.

#### **There are a number of reasons for having reporting procedures in place:**

- They ensure that any person suffering injury, ill health or harm can be attended to.
- They allow the cause(s) of an incident to be identified, any related workplace/activity to be made safe, and any recurrence to be prevented.
- They allow the facts of an incident to be established and recorded in the event of any legal proceedings and determine if any further reporting is required.

#### **In accordance with the Safety, Health and Welfare at Work Act 2005, the following must be reported to the HSA:**

- the death of any employee or self-employed person that was caused by a work-related accident;
- an injury sustained in the course of employment which prevents an employee or self-employed person from performing their normal work duties for more than 3 consecutive days, excluding the day of the accident;
- the death of a non-worker as a result of a work activity; and
- the injury of a non-worker as a result of a work activity, where the injury required treatment by a registered medical practitioner.

Non-fatal injuries and dangerous occurrences should be reported to the HSA within 10 working days of the event.

Fatal accidents in a workplace should be reported immediately to the HSA or the gardaí so that the necessary action, including any investigation by the HSA, can take place. Subsequently, the formal accident report form should be submitted to the HSA within 5 working days of the death.

A record of all work-related accidents and dangerous occurrences should be maintained. Copies of any incident reported via the [HSA online accident reporting system](#) should be retained for record purposes and held for 10 years. Dangerous occurrences can be reported via the notification submission form for dangerous occurrences, and these records should also be held for 10 years.

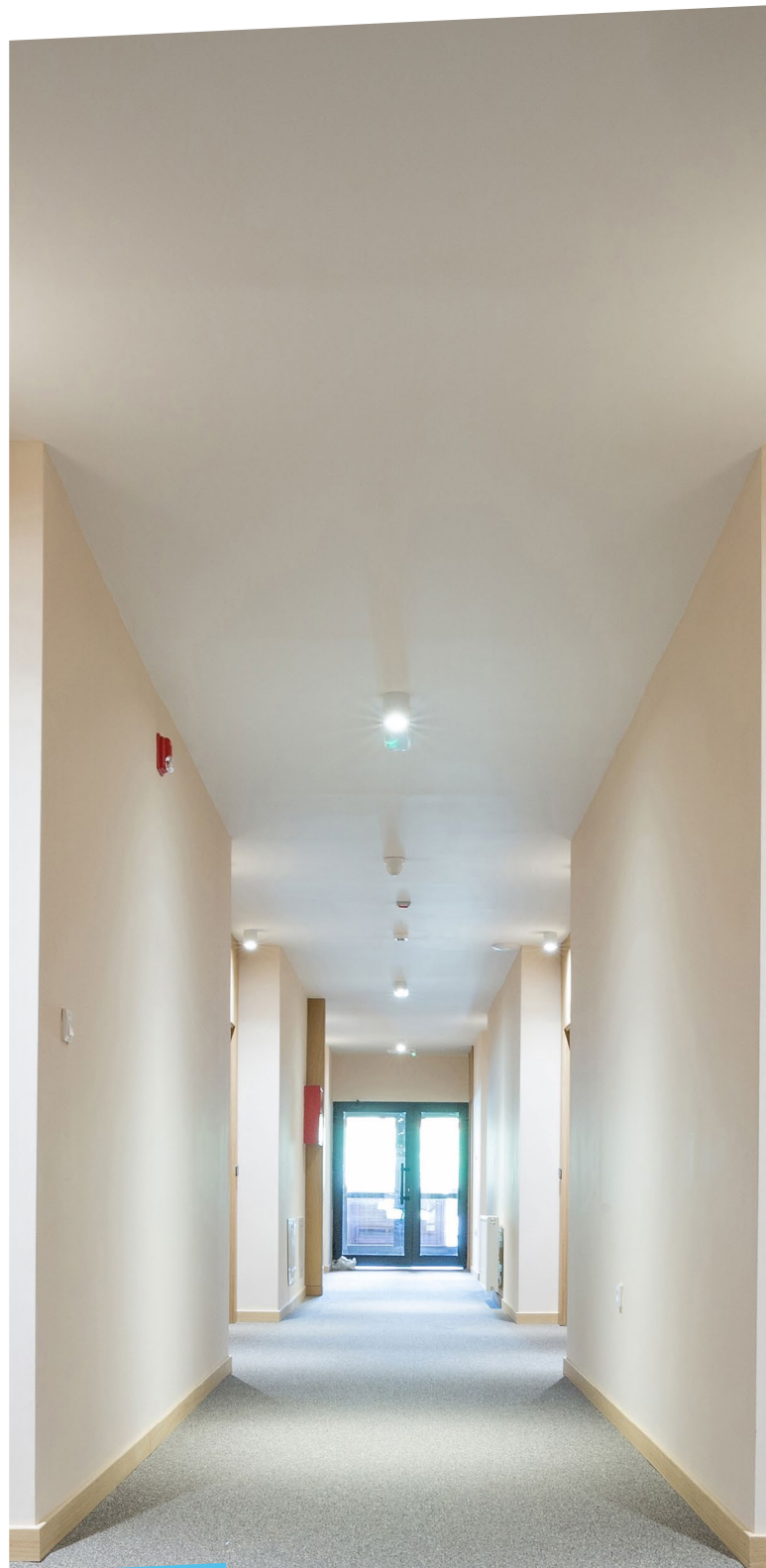
**Further information on accident and incident reporting is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[HSA Accident and Dangerous Occurrence Reporting system](#)

[Reporting Workplace Accidents and Dangerous Occurrences](#)

[Guidance on the Safety, Health and Welfare at Work \(Reporting of Accidents and Dangerous Occurrences\) Regulations 2016](#)





## WORKPLACE HAZARDS AND CONTROLS

In the health and social care sector, occupational hazards may be generally divided into four categories: physical hazards, chemical agent hazards, biological agent hazards, and psychosocial hazards.

For the purposes of this guide, routine activities that may present a risk to staff in residential care facilities are discussed. These are outlined in Chapters 3 – 6 (please note the hazards included in this guide are not an exhaustive list). Further information on occupational hazards and risks is available on the HSA website at [www.hsa.ie](http://www.hsa.ie).

### 3. PHYSICAL HAZARDS

#### 3.1 Workplace

This section provides information to employers on the physical environment in residential care facilities. The employer must ensure that the physical environment of the place of work is safe and maintained in good condition, is kept clean, has good ventilation, and has lighting and room temperatures appropriate for the work being carried out.

The Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) set out the requirements of the physical environment at the place of work.

The employer has responsibilities in relation to the workplace, which include the following:

- Work areas must be large enough to be safe and healthy, and must be adequate with regard to stability, ventilation, fresh air, temperature and lighting.
- Floors, walls, ceilings, roofs, doors, gates, loading bays and ramps must be safe.
- Adequate toilet, washing and welfare facilities must be provided. In addition:
  - There must be a separate rest room or rest area for the use of employees. The rest room must be large enough and have sufficient chairs and tables for the number of employees likely to use the room at any one time. There must be a suitable place for staff to eat or reasonable access to adequate facilities for taking meals.
  - Arrangements for pregnant and breastfeeding employees to lie down and rest must be available.
  - Suitable sanitary and washing facilities are required for employees at work. In addition, hand-washing facilities must be available throughout the residential care setting, in accordance with current infection control guidelines.





- Where the nature of the work requires it, the employer must provide separate shower facilities for men and women (either separate showers or showers for separate use) and changing rooms that are sufficiently large and are separate for men and women (either separate areas or areas for separate use).

- Where necessary, the workplace must be organised to take account of employees with disabilities, in particular with regard to doors, corridors, staircases, washing and toilet facilities, and workstations that may be used or occupied by employees with disabilities.
- Pedestrians and vehicles must be able to circulate safely. Traffic routes, entrances and emergency exits must be kept clear.
- Appropriate fire detection and firefighting equipment must be provided and maintained.
- Emergency routes and exits must be kept clear at all times and facilitate a safe evacuation for all people at the place of work in the event of an emergency.
- Employees working outdoors must be protected against bad weather and against slips and falls.

An employer must identify any hazards posed by the work environment, conduct a risk assessment, and implement control measures, including a planned preventative maintenance programme, safe working procedures, and information and training for employees.



### 3.1.1 Indoor Air Quality

This section provides information to employers on indoor air quality in residential care facilities.

Health and Social Care workers spend a significant amount of time indoors, and the quality of air within indoor work environments has a direct impact on the health, well-being and productivity of those workers. Contributing factors to poor indoor air quality (IAQ) include poor external air quality, inadequate or poor ventilation, and exposure to a range of chemicals, biological agents and other contaminants in the workplace air. Poor IAQ can cause a variety of both short-term and long-term health problems.

Employers should refer to the Code of Practice for Indoor Air Quality to develop policies, conduct risk assessments and implement control measures to address IAQ and ventilation in the workplace. Any standards or sector-specific advice on IAQ and ventilation should be utilised in conjunction with this Code of Practice in order to ensure that best practice IAQ techniques are applied.

**Further information on the workplace is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Guide to the Safety, Health and Welfare at Work \(General Application\) Regulations 2007: Chapter 1 of Part 2: Workplace](#)

[Code of Practice for Indoor Air Quality](#)

### 3.2 Work equipment

This section provides information to employers on work equipment used in residential care facilities.

Work equipment is defined in the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) as “any machinery, appliance, apparatus, tool or installation for use at work”.

Common work equipment used in residential care facilities includes, but is not limited to, beds, trolleys, sharps, wheelchairs, patient handling aids (including hoists and other medical appliances), cookers, and washing and drying machines.

The Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) set out the key requirements regarding work equipment.

**Each employer has a responsibility to ensure that:**

- work equipment provided for use by employees and others at a place of work is safe and does not present a risk to those who use or come into contact with it;
- work equipment is CE marked, where applicable;
- a risk assessment of the work equipment, including any associated attachments, has been carried out;
- the manufacturer’s instructions for specific requirements on the safe operation of the equipment are available and are adhered to;
- there is a planned preventative maintenance programme in place in order to ensure that work equipment is kept in good repair;
- the services of competent people are engaged to complete repairs, maintenance and servicing, and for the examination of work equipment;



- records of maintenance, repairs, examinations and other service reports are kept;
- employees are made aware of any health and safety risks associated with work equipment;
- information, instruction and training is provided to staff where required for the safe operation of work equipment; and
- there is a system in place for employees to report any defects of work equipment.

The employer must identify any hazards posed by the work equipment provided, including any associated attachments. The risk must be assessed and control measures implemented as required.

### 3.2.1 Patient hoists and slings

Patient hoists and slings are used in many residential care facilities in order to assist in the moving and handling of service users and reduce the degree of manual handling required by the carers.

Patient hoists and slings provided for use by employees at the workplace are work equipment and must therefore comply with the relevant provisions of the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended).



Patient hoists and slings must be properly selected, used and maintained so as to ensure the safety of both the employees and the individual person being hoisted in the workplace. Training on the selection, safe use and maintenance of patient hoists and slings must be provided to staff using this work equipment.

Patient hoists and slings must be thoroughly examined by a competent person at least once in every 6-month period. A competent person carrying out a thorough examination must prepare a report of thorough examination containing the particulars set out in Schedule 1, Part E of the Safety, Health and Welfare at Work (General Application) Regulations 2007. The report of thorough examination, or a copy of it, must be kept at the place where the lifting equipment is located

The employer must ensure that staff have been trained on the safe use of patient hoists, slings and other associated attachments in use at their place of work.

**Further information on work equipment is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Guidance on Safety with Patient Hoists and Slings in Health and Social Care Settings](#)

[Guide to the Safety, Health and Welfare at Work \(General Application\) Regulations 2007: Chapter 2 of Part 2: Use of Work Equipment](#)

### 3.3 Manual handling and people moving and handling

This section provides information to employers on manual handling and on people moving and handling activities in residential care facilities. The term ‘manual handling’ in this context means both the manual handling of inanimate loads, and people moving and handling involving service users with restricted mobility.

The HSA defines manual handling as follows:

“Manual handling involves the transporting or supporting of any load by one or more employees and includes lifting, putting down, pushing, pulling, carrying or moving a load and which by reason of its characteristics or unfavourable ergonomic conditions, involves risk, particularly of back injury to employees”.

Chapter 4 — Manual Handling of Loads in the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) sets out the requirements of work activities that involve manual handling.

#### The employer must:

- consider the avoidance of manual handling tasks where possible and, where they cannot be avoided, reduce the risk in order to make the work activities as safe as possible;
- assess and manage ergonomic risk factors in order to protect their employees from injury to the musculoskeletal system;
- organise tasks in order to allow the use of mechanical equipment or other means to avoid or reduce the need for the manual handling of loads by employees in the workplace; and
- provide instruction and training to relevant staff.

Ergonomics is about designing or planning work activities in such a way as to improve human health, comfort and performance.



#### Risk assessment and control measures

The following five-step risk assessment process is central to effectively managing unfavourable ergonomic conditions, and should be used in assessing manual handling tasks:

1. Describe the task.
2. Collect technical information.
3. Identify the risk factors.
4. Identify the improvements to be put in place.
5. Review the effectiveness of the improvements made.

More information on the five-step process is available in [Managing Ergonomic Risk in the Workplace to Improve Musculoskeletal Health](#).

When people engaged in moving and handling activities are being assessed, the risk assessment should also include:

- the types of handling activities that are likely to be required and the service user’s ability with regard to each activity (for example, repositioning in bed, toileting, and walking); and
- people handling risk factors relating to the client (for example, the service user’s ability to understand instruction and communicate, their history of falls, and their weight and height).



The improvements or control measures are identified as a result of the risk assessment process. Control measures may include the use of equipment such as mobility aids, hoists, shower chairs and grab rails, as well as the number of employees required to assist. A risk assessment may identify as a control measure, the development, review and/or revision of a service user handling/ mobility care plan. The employer should ensure risk assessments and care plans are reviewed and revised if deemed necessary.

### Training

Training must be provided to all staff, including agency staff, and must be appropriate to the work that they are required to carry out, having regard for their qualifications and experience.

Training must be provided by a Quality and Qualifications Ireland (QQI) Level 6 Manual Handling Instructor for the manual handling of inanimate loads, and/or a QQI Level 6 People Moving and Handling Instructor for those moving or handling people. Training should cover the use of handling aids and equipment, safe handling techniques, and instruction on risk assessment and control measures.

**Further information on manual handling and ergonomics is available from the following sources:**

[Managing Ergonomic Risk in the Workplace to Improve Musculoskeletal Health](#)

[Guidance on the Management of Manual Handling in the Workplace](#)

[Guidance on Safety with Patient Hoists and Slings in Health and Social Care Settings](#)

[An Introduction to Ergonomic Risk Assessment](#)

[Ergonomics in the Workplace](#)

[Ergonomic Risk Assessment Tools](#)

[Managing Health and Safety in Health and Social Care: Manual Handling and people moving and handling](#)



### 3.4 Display screen equipment

This section provides information to employers on using display screen equipment (DSE) safely. In residential care facilities, some employees can spend a significant amount of time at a computer workstation.

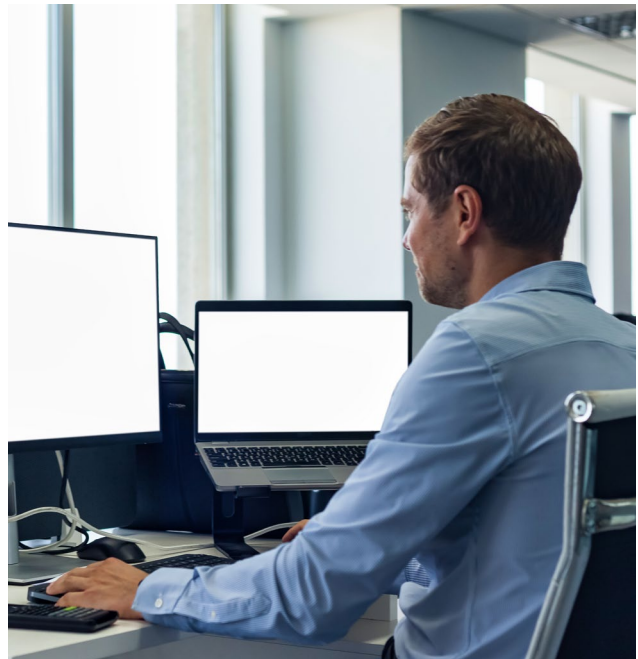
The employer must ensure requirements outlined in Chapter 5 of Part 2 in the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) are adhered to in relation to DSE.

#### Employers must:

- assess and manage ergonomic risk factors in order to protect their employees from injury to the musculoskeletal system;
- provide information to employees on the safe use of the workstation, including how to set up their workstation correctly;
- plan work activities in such a way that there are periodic breaks or changes of routine away from the DSE; and
- provide eye and eyesight tests free of charge for employees (employees must be informed of this entitlement) and, where special corrective appliances are required for DSE use, the employer must provide these at no cost to the employee.

A DSE risk assessment is required if an employee uses a computer workstation for continuous periods of more than 1 hour. A risk assessment will identify possible risks that may lead to eyesight problems or physical difficulties; for example, pain in the hands, arms or back.

Control measures identified by a risk assessment must be implemented. A review of the effectiveness of control measures should be completed in order to determine if the identified risk factors have been addressed in such a way as to avoid or reduce the risk.



**Further information on DSE is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Position Yourself Well](#)

### 3.5 Slips, trips and falls

This section provides information to employers on slips, trips and falls. Slips, trips and falls are one of the main causes of injury reported to the HSA from the health and social care sector.

Section 8 of the Safety, Health and Welfare at Work Act 2005 requires employers to ensure, so far as is reasonably practicable, the design, provision and maintenance of a safe workplace with safe access and egress. The Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) require that floors of rooms shall not have dangerous bumps, holes or slopes and that they be fixed, stable and not slippery.

The employer has responsibilities to control the risk of slips, trips and falls at the place of work. These responsibilities include:

- conducting a workplace slips, trips and falls risk assessment;
- putting in place controls to prevent slips, trips and falls;
- carrying out checks to make sure that those controls are in place and that they work;
- providing personal protective equipment (PPE) (for example, slip-resistant footwear) if required; and
- providing appropriate training and instruction for staff.

### Risk assessment and control measures

The employer should consider the following contributing factors when identifying and managing the risk of slips, trips and falls at work:

- **Work environment:** This can include transition areas, level changes, stairs, ramps, trailing cables and hoses, and outdoor areas (including car parks and pathways, which should be kept in good repair).
- **Floor surface conditions:** Conditions to be mitigated include wet, uneven, cluttered floors.
- **Environmental aspects (and arrangements to deal with same):** These can include poor lighting, storms, and wet and icy conditions.
- **Provision of housekeeping/cleaning procedures:** It is necessary for employees. It is necessary staff carrying out cleaning duties to have received appropriate instruction. For example, floors should be cleaned at times when there is the least traffic and, where possible, a dry path should be provided through an area being cleaned.
- **Emergency procedures in dealing with spills:** These include; training on how to deal with spills of hazardous materials, including blood, bodily fluids and chemicals. Employers should provide easily accessible spill kits, as well as a system to replenish supplies and for the safe disposal of waste.
- **Warning signs:** These alert people that a surface is wet; however, over-reliance on signs can be a problem. Warning signs do not physically keep people away from wet floors. For programmed/routine floor cleaning, use a system that keeps pedestrians away from wet floors, such as cordoning off the area. Warning signs must be removed when they no longer apply.



- **Footwear:** Consider a sensible footwear policy that can inform workers of the type of footwear that is most appropriate for the environment and work activities. Slip-resistant footwear may be required as a form of PPE where the risk of slipping cannot be avoided or sufficiently limited by other means; for example, in a busy kitchen where the floor may become wet or greasy. In these circumstances, the safety footwear must be provided free of charge to the employee. The identification of those who require slip-resistant footwear will be based on a risk assessment. Slip-resistant footwear should be tested in the workplace where it will be used.
- **Human factors:** A lack of concentration, risky behaviour and being tired may make people more prone to slips, trips and falls. The use of strategically placed handrails can offer security to residents and others and help reduce the risk of falling; this in turn can reduce the degree of handling required by employees. Encouragement and supervision of employees is fundamental to ensuring that appropriate policies and procedures are adhered to.

### Training

Employees should be instructed, trained and supervised in relation to the controls in place in order to manage the risk from slips, trips and falls. Some examples include effective and safe cleaning procedures; the importance of dealing with spillages or leaks; adhering to 'clean-as-you-go' practices; the use of suitable footwear; and the reporting of hazards and incidents.

**Further information on slips, trips and falls is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

["Watch Your Step": Preventing Slips, Trips and Falls at Work Information Sheet](#)

["Watch Your Step": Choosing Slip-resistant Footwear Information Sheet](#)

["Watch Your Step": Safer Work Stairs and Steps Information Sheet](#)

["Watch Your Step": Preventing Vehicle Related Slips, Trips and Falls](#)

[Slips, Trips and Falls](#)

[Managing Health and Safety in Health and Social Care: Slips, Trips and Falls Hazards](#)





### 3.6 Workplace transport and driving for work

This section provides information to employers on workplace transport and driving for work.

#### 3.6.1 Workplace transport

The workplace must be evaluated with respect to the movement of vehicles and pedestrians, and adequate control measures put in place in order to eliminate or reduce any risk of injury as a result of vehicle contact with people. Whether in the workplace or on the road, vehicles' movement can cause serious injury or death to people who come into contact with them.

The Safety, Health and Welfare at Work Act 2005 defines vehicles as a place of work, and under Section 8 of the Act, the employer must ensure that they:

- manage and conduct their work activities in such a manner as to ensure the safety, health and welfare of employees;
- complete a risk assessment; and
- assess transport hazards that exist in the workplace as part of this risk assessment and take appropriate steps in order to eliminate or reduce any risks found.

In accordance with the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended), employers are required to ensure that pedestrians and vehicles can move in a safe manner and that traffic routes are clearly identified and appropriately dimensioned. Traffic rules for mobile equipment are also required.

#### Risk assessment and control measures

The following should be considered in the risk assessment and in the implementation of control measures.

- All traffic entering the workplace should be directed and controlled.
- Traffic routes should be planned with consideration of the work activities, traffic type, and volume and circulation of vehicle and pedestrian traffic.

- The road surface of the traffic route and footpaths at the premises should be kept in good repair and free of obstructions.
- Vehicular traffic routes should be kept away from entrances or doorways used by pedestrians.
- Pedestrians should be segregated from vehicles through the provision of obvious separate footpaths or walkways for pedestrians.
- Information such as restricted/no parking areas, pedestrian crossings and speed limits should be marked or signposted.
- Appropriate lighting on traffic routes, yard areas and parking areas should be provided.
- Vehicle speed limits should be considered.
- Adequate numbers of safe, well-lit and suitably designed parking spaces should be provided.
- Visiting drivers should be advised of the layout of the workplace, the route they need to take and relevant safe work practices (such as for parking and unloading).
- Traffic routes for deliveries, parking, loading and unloading should, as far as possible, be off the road or pavement and well away from people.
- Ensure good housekeeping and maintenance of traffic routes, vehicles, signage and lighting. Keep maintenance records and manufacturer's instructions.
- Thorough examination(s) by a competent person are legally required for certain types of vehicles and work equipment (for example, tailboard goods lifts and forklift trucks must be thoroughly examined every 12 months).

#### Training

The employer must ensure that drivers and operators are trained to carry out basic safety checks before each use of their vehicle. They should also ensure that drivers know how to report defects promptly.

### 3.6.2 Driving for Work

Driving for work includes any person who drives on a road as part of their work (but this does not include driving to and from work). This can be in a vehicle provided by their employer, or in their own vehicle, for which they receive an allowance from their employer based on the miles driven for work.

Although drivers themselves are primarily responsible for how they drive, an employer has a key role to play in managing and influencing drivers, the use of their vehicles, and their journey in order to increase safety when driving for work. Driving for work is a responsibility shared between the employer and the employee.

The employer must ensure that the requirements outlined in Section 8 of the Safety, Health and Welfare at Work Act 2005 are complied with in relation to driving for work.

The employer should consider how driving for work is managed, taking into account the three key elements: driver, vehicle and journey.

#### **Risk assessment and control measures**

The employer must identify and assess the risks involved in driving for work and ensure that there is a safe system of work in place, taking account of the following considerations:

- The vehicle is roadworthy and maintained in a safe and fit condition.
- The vehicle is suitable for the needs of the passengers, including passengers with disabilities.
- All passengers have a seat and a safety belt that is worn while the vehicle is moving.
- Drivers are properly authorised and trained, and have the appropriate driving licence.
- Drivers and assistants know the procedure in the event of an emergency (such as a collision, breakdown, or violent or aggressive passengers).
- There is at least one properly trained person to assist with a service user when appropriate.
- Journeys are properly planned and journey details are left with a nominated person.
- Lone working risks are assessed and communicated to staff.
- A mobile phone is provided where required (the phone should be switched off while driving, but charged and ready to use in the event of an emergency; or, if an assistant is present, the phone can be looked after by the assistant).
- All luggage and equipment is safely stored and aisles and exits are kept clear.
- Care is taken when a driver or passengers are exiting/entering the vehicle on or near a road or area where there is vehicle movement.
- Employers should have systems in place in order to ensure that driving for work activities are road safety compliant.
- There should be appropriate policies and procedures in place to ensure safety when employees drive a work-provided vehicle or drive their own vehicle for work.
- Violence and aggression risks are considered in the transportation of service users.

Passengers who are service users may have a wide range of needs, which may include physical, mental, emotional, medical, behavioural and learning difficulties. Drivers and assistants need to be made aware in advance of the needs of passengers who are to be transported.

It is important that the drivers and assistants understand the nature of these needs and are qualified to assist the passengers. An adequate assessment should be made of any potential risks arising from the behaviour of any potentially disruptive passengers, and should ensure that safeguards are in place, including additional trained staff if necessary.

Further information on managing work-related vehicle safety is referenced at the end of this subsection. Information on general road safety and the use of specific types of vehicles on the road is available from the Road Safety Authority at [www.rsa.ie](http://www.rsa.ie).

## Training

The employer must ensure that employees and others are aware of risk assessments and procedures in relation to driving for work. It is important that risk assessments take into account the risks associated with the transportation of service users on outings, visits and other trips.

**Further information on workplace transport and driving for work is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Driving for Work](#)

[Workplace Transport](#)

## 3.7 Maintenance

This section provides information to employers on maintenance work activities in residential care facilities. Maintenance work may be carried out by employees of the residential care provider and/or by a contractor employed to undertake the maintenance work. Buildings and structures that are not maintained regularly eventually become unsafe not only for the people who work there, but also for visitors, volunteers and members of the public.

Machinery and equipment that is poorly maintained can be unsafe for operators and create risks for other employees. While maintenance is essential in order to ensure safe and healthy working conditions, the maintenance work itself can pose serious risks if not properly managed. Maintenance work may cause additional hazards (such as fire; work at height; manual handling; biological; chemical; and slips, trips and falls) which need to be risk assessed. Maintenance work needs to be planned and the hazards identified before work starts.

**Some hazards associated with maintenance work can include:**

- **Falls from height:** Maintenance work often involves the use of equipment to reach roofs, gutters, or building services, or the dropping of objects from a height.
- **“Live” plant and equipment:** Isolation and lock-off arrangements and, in some cases, permits to work are essential, as cutting power to plant and equipment (isolation) and preventing startup (lock off) until maintenance work is complete allows work to be completed safely.
- **Disturbing asbestos:** Some buildings may contain asbestos and the health consequences of disturbing this when drilling holes or replacing panels can be severe, as can the clean up costs. Refer to the HSA website for more information on asbestos.
- **Handling of heavy loads:** Heavy items sometimes have to be moved or disturbed during maintenance work. There may be cranes, forklift trucks or props available, but maintenance tasks can sometimes involve once-off situations and the handling of heavy loads is not always properly planned.
- **Chemical hazards:** Maintenance work may involve exposure to chemical hazards; for example, the use of gardening/landscaping products, machinery coolants, chemicals for Legionella management, and diesel exhaust from use of a forklift truck.
- **Biological hazards:** Maintenance staff may be exposed to biological hazards such as mould, fungi or bacteria (for example, Legionella).
- **Physical hazards:** Maintenance staff may be exposed to noise, vibration, excessive heat and cold, radiation (including ultraviolet radiation, X-rays, or electromagnetic fields), a high physical workload, and difficult to reach items which require bending, kneeling, reaching, pushing and pulling, or working in confined spaces in order to reach.



The employer must:

- Complete a risk assessment(s) of maintenance tasks.
- Ensure that contractors are competent and familiar with on-site health and safety procedures when contractors are being selected. Hazards and risks associated with the work must be communicated to the contractor and the contractor must also communicate hazards associated with the work they are going to be doing.
- Provide information, instruction, training and supervision.
- Identify and implement control measures in order to reduce the risk of harm.
- Ensure that there are accident and incident reporting procedures in place and that these are brought to the attention of staff.

**Further information on maintenance is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Code of Practice for Working in Confined Spaces](#)



### 3.8 Work at height

This section provides information to employers on work at height in residential care facilities. Work at height activities can occur when maintenance is required (for example, changing light fittings) or if objects required by staff are placed at a height.

Work at height is defined by the HSA as “work in any place, including a place at, above or below ground level, where a person could be injured if they fell from that place. Access and egress to a place of work can also be work at height”.

The work at height requirements are outlined in Part 4 of the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended). The Regulations require employers to avoid risks from work at height by not carrying out work at height unless it is reasonably safe to do so. Employers must take account of weather conditions and fragile surfaces. They must also take steps to prevent objects from falling. The Regulations also set out requirements regarding the selection and inspection of work equipment.

The employer has responsibility for adhering to the following requirements:

- Work at height should be avoided where possible. If this is not possible, all work at height should be planned, organised and supervised.
- A risk assessment must be carried out for all work conducted at height.
- Collective measures must be given priority.
- Appropriate work equipment must be selected and used. Ladders should only be used where the risk assessment shows that other work equipment is not suitable and where the activity is light work, low risk and of short duration.
- People working at height must be competent and adequately trained to do so.
- Equipment used for work at height must be properly inspected and maintained.
- Risks from fragile surfaces must be properly controlled.
- Rescue and emergency plans must be in place and communicated.

**Further information on work at height is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Guide to the Safety, Health and Welfare at Work \(General Application\) Regulations 2007: Part 4: Work at Height](#)

[Mobile Elevated Work Platforms \(MEWPs\): Guidance on Safe Operating Procedures](#)

### 3.9 Fire

This section provides information to employers on managing the risk of fire in residential care facilities. Fire poses a significant risk in the workplace and can result in smoke inhalation, burns or serious injury, and fatality. Employers operating residential care facilities have a duty to ensure compliance with fire regulations.

Fire safety requirements are outlined in several pieces of legislation that are enforced by different bodies, including Local Authorities and HIQA. The HSA also has a role in monitoring employers' management of fire risk.

The Safety, Health and Welfare at Work Act 2005 states that the employer must ensure the safety, health and welfare at work of their employees, so far as is reasonably practicable. Under Section 19 of the 2005 Act, the employer must complete a risk assessment.

The risk assessment and subsequent control measures should consider the following sections of the 2005 Act:

- Section 8: General duties of employer
- Section 10: Instruction, training and supervision of employees
- Section 11: Emergencies and serious and imminent dangers
- Section 12: General duties of employers to persons other than their employees

The risk assessment should also consider the requirements outlined in Section 12: Emergency routes and exits and Section 13: Fire detection and fire fighting of the Safety, Health and Welfare at Work (General Application) Regulations 2007.



### The employer must ensure that:

- **Emergency plans are completed and communicated** to employees and others, including a personal emergency evacuation plan (PEEP) for those who require assistance evacuating workplaces. Through the recording of PEEPs, employers will be made aware of the staff support required for each evacuation. Employers shall identify and assess potential incident and emergency response needs (including, but not limited to, fire) in order to develop and implement emergency plans. Emergency plans should be specific to the residential care facility. The detail and scope will be dependent on the employer's core activities. All emergency plans should be regularly communicated, tested and evaluated in order to ensure that they remain fit for purpose.
- **Emergency routes and exits** are provided and are accessible at all times when the premises is occupied.
- **Fire detection and firefighting equipment** at the place of work is appropriate, used, maintained and tested as required. Records of maintenance and testing must be maintained.
- **Fire safety personnel** are specified (such as fire marshals, fire wardens, and safety representatives) and are competent to undertake any designated tasks.
- **Process-specific fire precautions** are planned, performed, maintained and revised, including (but not limited to) precautions for the following:
  - hot work (such as welding, cutting, heating, cooking, drying, or the use of naked flames);
  - the storage and use of hazardous substances (including explosives, compressed/liquified gases, flammable liquids, or oxidising agents);
  - bulk and portable pressurised cylinders;
  - ATEX environments;
  - the potential of work equipment catching fire or overheating; and
  - waste storage and treatment.
- **Electrical installations and appliances** are maintained, tested and inspected (for example, periodic inspection testing).
- **Safety signage** is provided and appropriate (for example, signs for emergency escape routes and firefighting equipment).
- **Instruction, training and supervision** is provided. Fire emergency and evacuation plans should be communicated to staff and others under their control. Those assigned with responsibilities in relation to fire safety should be competent and trained in their role. These roles may include fire marshals, fire wardens, alarm verifiers, fire assembly point co-ordinators, fire authority liaison officers, first responder teams, and first-aiders and their delegates.
- **Records relating to fire safety management are maintained and retained**, such as the fire register, fire detection and alarm system checks, fire drills, training records, and any other relevant records.
- **Dangerous occurrences are notified.** Ensure that any of the following dangerous occurrences that occur in any plant or workplace building are notified to the HSA no later than 10 days after the event:



- a fire that results in the stoppage of that plant or suspension of normal work for more than 24 hours, or
- an unintentional explosion.

The notification of a dangerous occurrence should be completed on [www.hsa.ie](http://www.hsa.ie). Records must be kept for a period of 10 years from the date of the incident.

It is necessary that at least one competent person is engaged to complete the above requirements (for example, to complete a risk assessment, develop emergency plans, conduct training, and complete the maintenance and testing of fire detection and fire fighting equipment).

**Further information on fire is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Code of Practice for Fire Safety Assessment of Premises and Buildings](#)

[Fire safety: Responsibility and guidelines](#)

### 3.10 Electricity

This section provides information to employers on managing electricity in residential care facilities.

Electricity can result in electrocution (shock, burns), electrical fires, and serious injuries, and can be fatal. If not managed in a safe way, electricity at all voltages can present significant hazards to those working with electrical installations or using electrically powered equipment.

The main occupational safety and health legislation to regulate electricity in the workplace includes the following:

- Safety, Health and Welfare at Work Act 2005
- Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended), Part 3: Electricity

The legislation sets out the duties of employers, the self-employed and employees in respect of electrical equipment and installations in a place of work and in respect of work activities on or near electrical equipment. It also imposes duties on people who design, install, maintain, use or are in control of electrical networks.

In addition, refer to formal standards, including IS 10101:2020 National Rules for Electrical Installations. Additional information is available in the Further Information Section.

### Risk assessment and control measures

#### The employer must:

- Identify the hazards and risks associated with electricity in the workplace. List the electrical equipment that may give rise to risk and identify where (in the work environment) and how it is used (the system of work).
- Assess whether the risk of injury from electricity is linked to where and how the electricity is used: for example, in wet surroundings, unsuitable equipment can become live and make the surrounding area live; extension leads may be positioned where they could be immersed in liquids or where liquid can drop on them; and unsuitable electrical equipment used in a dusty environment can result in fire.
- Some items of equipment involve greater risk than others. For example, extension leads are particularly liable to damage to their plugs, sockets, electrical connections and the cable itself; and other flexible leads, particularly those connected to equipment that is moved a lot, can suffer damage.
- Ensure that a system is in place for the preventative maintenance and checking of electrical appliances (for example, a visual inspection on leads and sockets on a regular basis) and for inspection and testing as required, such as on portable appliances.
- A system for reporting any defects should be in place (for example, on the identification of scorch marks or frayed leads). The employer must replace or repair any damaged or worn items immediately.



#### Residual current devices

Residual current devices (RCDs) generally disconnect circuits where a current is leaking from a circuit. This leaking current has potentially fatal consequences for a person who comes in contact with the circuit. RCDs protect against electric shock if there is an electrical fault in your workplace. An RCD must be fitted in the distribution/fuse board.

Check that your RCD is working correctly; if the RCD fails to trip, it should be replaced immediately by a registered electrical contractor.

#### Portable appliance testing

Certain pieces of electrical equipment that are subject to wear and tear due to their nature, leading to danger, may need to be inspected and tested periodically. This must be done by a person who is equipped and competent to do so, although the person may not necessarily be an electrician. Nevertheless, the person should have training in how to inspect and test portable electrical appliances.

### Work safely

Make sure that people who are working with electricity are competent to do the job. Even simple tasks such as wiring a plug can lead to danger: ensure that people know what they are doing before they start.

#### Ensure that all employees are aware that:

- Suspect or faulty equipment must be reported and unsafe equipment taken out of use, labelled 'DO NOT USE' and kept secure until examined by a competent person.
- Where possible, equipment should be switched off before plugging it in or unplugging it.
- Equipment should be switched off and/or unplugged before cleaning or making adjustments. More complicated tasks, such as equipment repairs or alterations to an electrical installation, should only be taken on by people who are competent to do the work safely.

### Competent person

Testing and certification of electrical installations and equipment should only be carried out by a competent person. Depending on the equipment or installation involved, repairs or extensions should be done by a competent electrician who should test and certify the works when they are complete. It is advisable to have the entire installation periodically checked and certified by a competent electrician, and a record of this test should be maintained by the employer in control of the installation.

**Further information on electricity is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Guide to the Safety, Health and Welfare at Work \(General Application\) Regulations 2007: Part 3: Electricity](#)

[Guidance-Note on Periodic Inspection and Testing of Electrical Installations required by the 2007 Safety Health and Welfare at Work \(General Application\) Regulations](#)





### 4. CHEMICAL AGENT HAZARDS

This section provides information to employers on chemical agent hazards in residential care facilities. Many workers in residential care facilities use chemicals routinely. Examples of hazardous chemicals that may be used, handled and stored at the workplace include cleaning agents, disinfecting and sterilising agents, medical oxygen, latex, and hazardous medicinal products. Other chemicals on-site may include those used for gardening and maintenance activities, such as pesticides and adhesives.

**Health effects of chemical exposure can include:**

- asthma as a result of exposure to a respiratory sensitiser such as a sterilising agent classed as a respiratory sensitiser;
- skin irritation or dermatitis as a result of skin contact with a substance such as a cleaning/degreasing agent;
- cancer, which may appear long after the exposure to the chemical that caused it, such as with asbestos, benzene or radon;
- loss of consciousness as a result of being overcome by toxic fumes such as solvent vapours; and
- eye irritation from a splash of acid, which may result in eye irritation or loss of eyesight in severe cases.

#### 4.1 Chemical agent risk management

Employers operating residential care facilities have responsibilities with regard to chemicals under the following legislation:

- the Safety, Health and Welfare at Work Act 2005;
- the Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001 (as amended);
- the Safety, Health and Welfare at Work (Carcinogens, Mutagens and Reprotoxic Substances) Regulations 2024; and

- the Chemicals Act 2008 and the Chemicals (Amendment) Act 2010 (as amended) in relation to the Classification, Labelling and Packaging (CLP) Regulation and the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) Regulation (please note that there are exemptions in this Regulation for medicinal products and radioactive substances).

#### Risk assessment and control measures

The following actions should be considered in the safe management of chemicals:

- **Chemical inventory:** Complete an inventory of chemical agents used, stored and generated, including waste, at your residential care facility.
- **Identify chemical hazards:** Information on the hazards of the chemical can be found on the product label and the Safety Data Sheet.

#### Chemical labels

The hazard classification information provided on the label of the chemical provides some information on the hazards and precautions to take when using the product. All substances must be labelled according to the CLP Regulation.

#### Safety Data Sheet (SDS)

SDSs should be available for hazardous chemicals used by employees. They can be obtained from the supplier and should be available in English and be stored in an easily accessible place.

Additional information is also available in patient information leaflets, the summary of product characteristics, as relevant), and manufacturer's instructions.

- **Assess the risk:** Assess the risk to employees and others who may be exposed, including all agency staff, service users, visitors, contractors, and members of the public. The risk assessments should be based on the activities involving the chemicals, as the risk depends not only on the chemical or chemicals themselves (many activities involve more than one), but also on how they are being stored, transported, used, generated, or disposed of.
- **Control measures:** Implement control measures in order to reduce the risk to your staff, the workplace and the environment. A hierarchy for exposure control measures should be applied if a risk assessment reveals a chemical risk.

**Consider this hierarchy of controls, which has been adapted for chemical agents:**

- 1) **Eliminate:** Do you need to use the chemical at all?
- 2) **Substitute:** Replace the chemical with a less hazardous one or a less hazardous form of the chemical. For example, use a pellet rather than a powder form of the chemical.
- 3) **Technical measures/engineering controls:** For example, use local exhaust ventilation or scavenging systems, or enclose the process.

4) **Administrative controls:** These include controls such as:

- hygiene arrangements, such as separate meal and wash facilities, designated smoking areas and a no smoking policy;
- changing the work practices;
- minimising the number of employees using the chemical(s);
- providing training in the use of chemicals and how to deal with chemical spills;
- segregating and storing the chemical(s) correctly; and
- putting in place emergency procedures to deal with exposure to chemicals.

5) **PPE:** This can include eye protection, gloves and respiratory protective equipment. As these are the last line of defence and only protect the user, PPE is used in order to control any residual risk after taking into account all the other potential control measures.

#### **Instruction, training and supervision**

Employees using chemicals must receive instruction and training in the hazards, risks and precautions to be taken with the chemicals they use. Employees should understand the danger pictograms on the labels and SDSs provided on the products in use.

Training should cover how to use, handle, move and store the chemicals in a safe manner; how to clean up any spills; how to report any chemical-related incidents; and what to do in an emergency.

Supervision of work activities is necessary in order to ensure that safe work practices are adhered to. Chemicals should never be left unattended or accessible to service users or members of the public. Accident and incident reporting procedures must be in place and brought to the attention of staff.

### Health surveillance

Where exposure to a hazardous chemical can cause an identifiable disease or illness (such as in the case of skin or respiratory sensitisers) and there is a likelihood of illness occurring, then health surveillance may be required; where it is required, it must be made available under the responsibility of an occupational healthcare professional. Refer to [www.hsa.ie](http://www.hsa.ie) for more information on health surveillance.

**Further information on chemical agent hazards is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Safety Data Sheets for Hazardous Chemicals Information Sheet](#)

[Code of Practice for the Safety, Health and Welfare at Work \(Chemical Agents\) Regulations & the Safety, Health and Welfare at Work \(Carcinogens, Mutagens and Reprotoxic Substances\) Regulations](#)

[Safety in Contract Cleaning: Chemical and Biological Safety Guidance for Employers and Employees](#)

[Labelling and Packaging requirements for Detergents & Biocidal Detergent Products Information Sheet](#)

[Managing Health and Safety in Health and Social Care: Chemical Agents Hazards](#)

[Code of Practice for Indoor Air Quality](#)

### 4.2 Medical gases

This section provides information to employers on medical gases used in residential care facilities.

Medical gases (such as medical oxygen and medical air) can be stored or in use on-site as individual cylinders or as part of a bundle of cylinders supplying medical gas via a manifold system.

The main occupational safety and health legislation to regulate medical gases in the workplace is the following:

- Safety, Health and Welfare at Work Act 2005
- Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended)

The employer is responsible for ensuring that the requirements outlined in the product data sheet, the SDS and the manufacturer's guidelines are complied with.

#### **Risk assessment and control measures**

The employer must ensure that the hazards and risks associated with the medical gas are identified and a risk assessment carried out (please refer to the SDS and manufacturer's guidelines in this review).



**The risk assessment should consider the following:**

- Gas properties
- Quantities required
- Combustible material(s)
- Separation distances
- Internal and external storage locations
- Signage
- Housekeeping
- Traffic management/access to stores for deliveries/collections
- Manual handling
- Emergency procedures
- Training

It is recommended that a documented procedure is put in place for the safe storage and handling of medical gases, including emergency arrangements, and that this is communicated to all relevant staff. The employer must ensure that there is a system in place for maintenance and testing by a designated competent and authorised person. All personnel who store, handle or use medical gases must be competent to do so, including the safe management of any associated medical devices.

Further information on medical gases is available from the following source:

[www.hsa.ie](http://www.hsa.ie)

### 4.3 Hazardous medicinal products

This section provides information to employers on hazardous medicinal products (HMPs). In residential care facilities, workers may be exposed to drugs and medication (for example, nursing staff administering cytotoxic drugs).

HMPs are defined as medicinal products that contain one or more substances that meet the criteria for classification in accordance with

Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures (the CLP Regulation); these criteria are:

- Carcinogenic (category 1A or 1B)
- Mutagenic (category 1A or 1B)
- Toxic for reproduction (category 1A or 1B)

This includes medicinal products for both human and veterinary use.

Exposure to HMPs can cause unintended effects in the workers who are exposed to them. HMPs can cause carcinogenic, mutagenic or reprotoxic effects in exposed workers. A range of other adverse health effects are also associated with exposure to HMPs, including miscarriages/impaired fertility, cancers, respiratory problems, hair loss, loss of taste and various types of infection.

Drugs and medications can be dangerous if misused. Some also require care when handling, as they can cause health hazards for staff (for example, cytotoxic drugs). Other drugs require specific storage conditions. All drugs need to be properly labelled and should be kept in a secure location that is only accessible to authorised personnel.

The employer is responsible for ensuring the safety, health and welfare of their employees, so far as is reasonably practicable. The employer must complete a risk assessment, introduce safe systems of work for the handling and disposal of HMPs, implement protective measures, and provide adequate information, instruction, training and supervision.

Workers exposed to HMPs must be given specific training by their employer in order to prevent risks of adverse effects on their health.

**Further information on HMPs is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Guidance for the safe management of hazardous medicinal products at work](#)

### 4.4 Asbestos

This section provides information to employers on asbestos.

Asbestos is the name for a group of naturally occurring mineral fibres that are strong and both heat and chemically resistant. Due to these properties, asbestos was commonly used in the past as an insulation and fireproofing material. It was also used as a component in other building materials. There are three main types of asbestos found in Ireland: chrysotile (white asbestos), amosite (brown asbestos) and crocidolite (blue asbestos).

The risk associated with exposure to asbestos relates to the possibility that the fibres within the asbestos-containing material (ACM) can become released into the air and then inhaled. Breathing in air containing asbestos fibres can lead to asbestos-related diseases (mainly cancers of the chest and lungs). These diseases will not occur immediately and can take anywhere from 15 to 60 years to develop. Note that as long as asbestos is in good condition and there is no disturbance or damage to the ACM, it will not pose a risk to health, as the fibres will not be released. However, ACMs can be inadvertently disturbed during maintenance, repair or refurbishment works on a building. For example, drilling, cutting or other disturbance of existing ACMs can release asbestos fibres into the air, which can then be breathed into the lungs.

Owners, managers and maintenance staff in residential care facilities need to know the following information about asbestos in the building:

- the location of asbestos,
- the form of asbestos (in other words, is it in lagging, ceiling tiles, partition board, or some other building material),
- the condition of the asbestos, and, preferably
- the type of asbestos (blue, brown or white).

This information must be recorded and easily accessible.

If asbestos is in good condition and is not likely to be damaged or worked on, it may be safe to leave it in place and introduce a system for managing the asbestos. This system should include periodically checking the asbestos in order to ensure that it remains in good condition and has not been damaged, and to ensure that the ACM is clearly labelled as such. If asbestos is in poor condition or it is likely to be damaged or disturbed, it should be repaired, sealed, enclosed or removed. Advice from a specialist contractor will be required on the appropriate action to be taken. The Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006 and the Safety, Health and Welfare at Work (Exposure to Asbestos) (Amendment) Regulations 2010 apply to work where there is or may be asbestos fibres present.

Further information on asbestos is available from the following sources:

[www.hsa.ie](http://www.hsa.ie)

[Asbestos-containing Materials \(ACMs\) in Workplaces: Practical Guidelines on ACM Management and Abatement](#)

[Don't Risk It! Stop & Think Asbestos](#)

[Asbestos Safety for Tradespeople](#)

## 4.5 Radon

This section provides information for employers on radon.

Radon is a naturally occurring radioactive gas and is classified as a Group 1 carcinogen by the International Agency for Research on Cancer. It is the second highest cause of lung cancer in Ireland, causing about 350 cases per year.<sup>1</sup> Radon is colourless, odourless and tasteless and can only be measured using specialised equipment. As it is a gas, it can move through the soil and enter buildings through small cracks, holes or imperfections that may exist in the floor area or through gaps around pipes or cables, and can sometimes accumulate to unacceptably high levels. Radon is measured in becquerels per cubic metre (Bq/m<sup>3</sup>).

The Safety, Health and Welfare at Work Act 2005 states that employers must identify hazards in their workplace (which includes radon), assess the risk, and eliminate or reduce and control the risk. In addition, the employer must ensure the safety and the prevention of risk to health at work of their employees with regard to exposure to ionising or other radiations, so far as it is reasonably practicable. There are radon reference levels, and wherever the reference levels are exceeded, the employer must protect the health of workers by reducing the radon levels at the workplace.

Under legislation enforced by the Environmental Protection Agency (EPA), employers must measure the indoor radon concentration where the workplace is:

- (a) underground, including mines and show caves;
- (b) on the ground floor or basement level in high-radon areas (check the EPA radon map to see if your workplace is in a high-radon area); or
- (c) identified by the EPA as likely to have radon concentrations above 300 Bq/m<sup>3</sup>.

The HSA is a member of the cross-government group that oversees the implementation of the [National Radon Control Strategy](#).

Residential care facilities are homes to residents, and so these workplaces fall under the category of dwellings. The EPA recommends a lower reference level of **200 Bq/m<sup>3</sup>** for long-stay institutions such as nursing homes.

Further information on radon is available from the following sources:

[www.hsa.ie](http://www.hsa.ie)

[Radon \(EPA\)](#)

<sup>1</sup> Environmental Protection Agency, 2024



### 4.6 Environmental tobacco smoke, e-cigarettes and vaping

The Public Health (Tobacco) Act 2002 (as amended) prohibit smoking in an enclosed place of work. However, some residential care facilities are exempt from the ban, including nursing homes and psychiatric units. Although a workplace may be exempt, employers can still designate certain areas of their facility as smoking or non-smoking in order to minimise risk. For example, in a nursing home, the employer could specify that residents can only smoke outside or in a designated smoking area.

The Safety, Health and Welfare at Work Act 2005 places a duty on employers to ensure that employees and others at the workplace are not exposed to the harmful effects of secondhand smoke, as far as is reasonably practicable. The exemption of a place of work or premises from the ban on smoking introduced by the Public Health (Tobacco) Act does not remove this duty from an employer. As far as is reasonably practicable, the workplace should be smoke free.

It should be noted that e-cigarettes or vapes are not covered under the smoking ban. In terms of vaping, as with the use of any product or substance in the workplace, employers should complete a risk assessment and develop a written policy on the use (or otherwise) of these devices in the workplace.

It should be the policy of the residential care facility that all staff and others at the workplace will be protected from the harmful effects of secondhand smoke and vaping. Bearing in mind that a workplace may also be someone's home, consideration should be given to both the residents' rights and the safety of the employees. Employers should ensure that the designation of any outdoor smoking/vaping areas at the workplace does not affect indoor air quality due to an inappropriate location with the potential for contaminants to enter the indoor working environment.

**Further information on environmental tobacco smoke, e-cigarettes and vaping is available from the following sources:**

[www.hse.ie](http://www.hse.ie)

[Best Practice Guidelines for Tobacco Management in the Mental Health Setting](#)

[Code of Practice for Indoor Air Quality](#)



## 5. BIOLOGICAL AGENT HAZARDS

This section provides information on biological agent hazards in residential care facilities. Workers may come into contact with a number of sources of infection through their contact with biological agents via direct contact with residents or with contaminated materials, including waste, laundry, contaminated surfaces and so on.

The workers at risk of exposure to biological agent hazards in residential care facilities include carers, nurses, social care workers, cleaning staff, laundry staff and maintenance staff. In the health and social care sector, common biological agents include (but are not limited to) norovirus, influenza A virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and hepatitis B virus.

### 5.1 Biological agent risk management

A biological agent is a micro-organism that may be able to provoke an infection, allergy or toxicity. Biological agents may occur naturally or be genetically modified and include bacteria, viruses, protozoa, parasites, fungi and toxins. In residential care facilities, the main risk is infection.

The Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (as amended) set out the minimum requirements for the protection of workers from the health risks associated with biological agents in the workplace.

#### Risk assessment and control measures

The employer must carry out a risk assessment in order to assess any risk to the health and safety of an employee from exposure (actual or potential) to a biological agent at work. A local assessment of the work should be carried out relating to a particular work area, service or

activity provided: for example, in a ward or a laundry facility, or of work activities undertaken by health and social care staff involving a risk of exposure to biological agents. Identifying the specific biological agent(s) (if known), the source(s) (for example, blood or healthcare risk waste) and routes of transmission will facilitate the selection of appropriate controls.

Employers must identify the biological agent to which workers are, or may be, exposed. They must assess the risk, making use of the list of biological agents, their classification, containment levels and measures provided in the *Biological Agents Code of Practice: Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (as amended)*.

#### The following should also be considered in assessing the risk from biological agents:

- the work activities where a risk may arise, such as during the disposal of waste or direct patient contact;
- the categories of employees that may be affected, including care staff and those who may not have direct service user contact but could be at risk of exposure, such as maintenance and housekeeping personnel (consider those who may be at greater risk, such as employees who are pregnant); and
- the routes of transmission, such as inhalation, absorption (via the skin or through a cut, or splashes to the mouth or eyes), ingestion or inoculation (via a contaminated sharp or a bite); using relevant information, consideration should be given to how likely it is that each hazard might cause harm and the severity of the harm should it occur, taking account of existing control measures in place, in order to decide if further controls are required.

### Control the risk

The control measures required by health and safety legislation may already largely be in place as part of an infection control policy. Infection control policies should consider national guidelines on infection control and should take account of standard precautions and transmission-based precautions where necessary. Where possible, the use of harmful biological agents must be avoided, or exposure to these prevented. Where this is not possible, measures must be put in place to reduce exposure to a level that is as low as necessary in order to adequately protect the health and safety of the employee.

#### Control measures may include:

- limiting the number of employees or visitors to an area where there is a risk of exposure;
- the use of hygiene measures that prevent or reduce transfer of the agent (for example, hand-washing and maintaining the work environment in a clean and hygienic condition);
- having plans in place to deal with accidents involving biological agents, such as needle-stick injuries and cleaning of blood spills;
- the use of PPE, such as gloves and aprons;
- having a documented healthcare risk waste policy with clearly defined procedures for the safe collection, storage and disposal of waste; and
- safe handling of infectious specimens, sharps, waste, contaminated linen and other material.

The risk assessment must be recorded and staff should be made aware of the hazards and risks and associated control measures.

### Instruction, training and supervision

Employees who are at risk must receive instruction and training, which should include the following:

- Potential risks to health
- Precautions taken to reduce exposure (such as standard precautions)
- Hygiene requirements
- The wearing and use of PPE
- What to do in the case of an emergency such as an accidental inoculation injury

Supervision of work activities is necessary in order to ensure that safe work practices are adhered to.

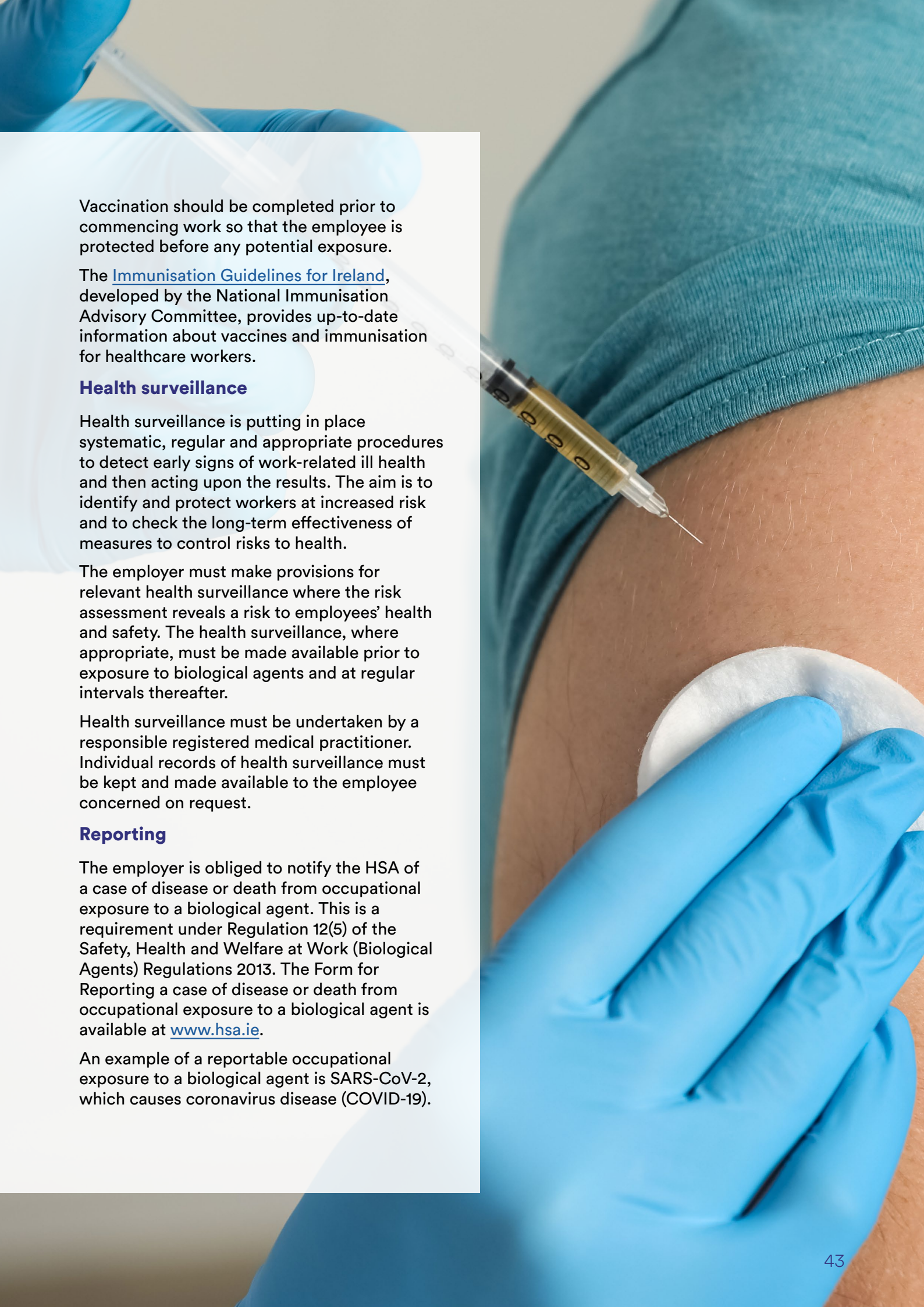
### Vaccination

Where the risk assessment determines that there is a risk to the safety and health of employees due to exposure to a biological agent for which an effective European Union (EU)-registered vaccine exists, the employer must offer them the vaccination, free of charge (note: the vaccine must be offered, but an employee is not obliged to take up the offer).

Vaccination should only be seen as a useful supplement to the safe use of engineering controls, safe working procedures, instruction, information and training, and the proper use of PPE, and should not replace them. Employees should be informed of the benefits and drawbacks of both vaccination and non-vaccination. The employer is responsible for retaining and maintaining, on a confidential basis, all records of vaccination and follow-up as necessary.

Vaccination should be offered based on a risk assessment and the notes section of Schedule 1 of the *Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (as amended)*, which indicates where effective vaccines registered in the EU are available. Vaccination should be carried out in accordance with any current best medical practice (which in Ireland means taking account of the *Immunisation Guidelines for Ireland*).





Vaccination should be completed prior to commencing work so that the employee is protected before any potential exposure.

The [Immunisation Guidelines for Ireland](#), developed by the National Immunisation Advisory Committee, provides up-to-date information about vaccines and immunisation for healthcare workers.

### Health surveillance

Health surveillance is putting in place systematic, regular and appropriate procedures to detect early signs of work-related ill health and then acting upon the results. The aim is to identify and protect workers at increased risk and to check the long-term effectiveness of measures to control risks to health.

The employer must make provisions for relevant health surveillance where the risk assessment reveals a risk to employees' health and safety. The health surveillance, where appropriate, must be made available prior to exposure to biological agents and at regular intervals thereafter.

Health surveillance must be undertaken by a responsible registered medical practitioner. Individual records of health surveillance must be kept and made available to the employee concerned on request.

### Reporting

The employer is obliged to notify the HSA of a case of disease or death from occupational exposure to a biological agent. This is a requirement under Regulation 12(5) of the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013. The Form for Reporting a case of disease or death from occupational exposure to a biological agent is available at [www.hsa.ie](http://www.hsa.ie).

An example of a reportable occupational exposure to a biological agent is SARS-CoV-2, which causes coronavirus disease (COVID-19).



### 5.2 Sharps injuries

This section provides information to employers on sharps injuries.

In residential care facilities, exposure to biological agents may occur from a needle-stick or sharps injury. Sharps injuries in the health and social care setting may result in the transmission of bloodborne viruses, such as hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus (HIV).

Health and social care workers may acquire a BBV if they are exposed to infected blood or bodily fluids. This could be via the mucous membranes (the eyes, mouth and nose), through broken skin, or through an inoculation injury where the skin is punctured or scratched by a needle or sharp device that has been used in a medical procedure. This final route

is known as a 'needle-stick injury' or 'sharp injury'. Exposure can also occur while cleaning or conducting any activity in a working area where needles or syringes may be present.

The employer must ensure that a risk assessment is completed in order to protect the safety, health and welfare of employees. The risk assessment must be completed in accordance with the EU (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014.

The following control measures (in addition to those outlined in Section 5.1) should be considered where there is a risk of sharp injuries:

- **Elimination and engineering controls:**  
Where possible, eliminate the unnecessary use of sharps by implementing changes in practice. Where it is not possible to eliminate the use of sharps, the sharps must incorporate a safety-engineered protection mechanism, where these devices are available and appropriate. Prior to the introduction of a needle-stick injury-prevention device, healthcare practitioners must conduct a rigorous evaluation of such devices in order to determine their effectiveness and suitability for use and to ensure that they do not create an additional hazard to the client or employee.
- **Safe use and disposal of sharps:**  
Have safe procedures in place for the use and disposal of sharp medical instruments and contaminated waste. The practice of recapping needles is a particularly hazardous activity that is prohibited by the EU (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014. Used sharps should be carefully discarded into designated sharps containers at the point of use, and sharps containers should be securely stored out of reach of service users, visitors and children. The aperture on a sharps container should be closed when it is being carried or if it is left unsupervised. The sharps container should be locked when it is three-quarters full or when the fill line marked on the container is reached.

- **Emergency procedures:**

Have procedures in place for the management of an inoculation injury. Employees must be aware of the appropriate first-aid treatment in the event of a potentially harmful exposure to blood or bodily fluids. The circumstances of the incident need to be assessed without delay in order to determine the most appropriate course of action.

**Further information on sharps injuries is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Guide to the European Union \(Prevention of Sharps Injuries in the Healthcare Sector\) Regulations 2014](#)





### 5.3 Legionellosis

Legionellosis is the collective name given to the pneumonia-like illnesses caused by exposure to *Legionella* bacteria, including the most serious, Legionnaires' disease. Infection is caused by breathing in small droplets of water contaminated by the bacteria. Common symptoms include coughing, breathlessness, high fever, muscle aches and headaches, and usually appear 5-6 days after infection, but may take longer to appear.

The employer must ensure a safe working environment where exposure to *Legionella* bacteria is prevented or controlled. The employer must:

- complete a risk assessment
- implement adequate protective and preventative measures, and
- provide instruction, information, training and supervision to employees.

Where a risk of Legionnaires' disease is identified in a residential care setting, the employer must ensure that a responsible person is appointed to manage and ensure that control measures are implemented. Those involved in the management and control of *Legionella* bacteria must be competent to do so. Employees involved in the implementation of control measures must have the information, instruction and training necessary in order to undertake their tasks safely.

The risk of exposure will normally be controlled by measures that do not allow the proliferation of *Legionella* bacteria in the system and that reduce exposure to water droplets and aerosol. These include:

- controlling the release of water sprays;
- avoiding water temperatures and conditions that favour the proliferation of *Legionella* bacteria and other micro-organisms (in other words, avoiding water temperatures between 20°C and 50°C);
- avoiding water stagnation that can encourage the growth of biofilm, which harbours *Legionella* bacteria and provides conditions that encourage their growth;
- avoiding the use of materials that harbour bacteria and other micro-organisms or provide nutrients for microbial growth;
- maintaining the cleanliness of the system and the water in it so as to avoid the build-up of sediments that may harbour bacteria;
- using water treatment regimes/techniques where it is appropriate and safe to do so; and
- taking action to ensure the correct and safe operation and maintenance of the water system.

Further information on legionellosis is available from the following sources:

[www.hsa.ie](http://www.hsa.ie)

[National Guidelines for the Control of Legionellosis in Ireland, 2009](#)

[www.hspc.ie](http://www.hspc.ie)

## 5.4 Healthcare risk waste and the transport of dangerous goods

This section provides information on healthcare risk waste and the transport of dangerous goods.

In residential care facilities, healthcare risk waste can be generated that is potentially infectious and hazardous. There are specific requirements for the safe collection, storage and disposal of waste (including the use of secure and identifiable containers) outlined in the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (as amended).

Healthcare risk waste must be stored in appropriate United Nations (UN)-approved containers (either bags or bins, depending on the nature of the waste). These containers are designed to prevent leakage and are permanently marked with a hazard and specific content label.

There are requirements in place for the transportation of healthcare risk waste through the European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations 2011 (as amended). This legislation provides for the safe movement of dangerous goods, such as healthcare risk waste, infectious samples, chemicals and gases.

There may be a requirement for an employer to appoint a dangerous goods safety advisor (DGSA) depending on the quantities of healthcare risk waste and other dangerous substances that may be received by or sent from the site. Even facilities that do not require the formal appointment of a DGSA are likely to require input from a DGSA when conducting a site assessment in respect of this area of legislation.

### The employer is responsible for the:

- assessment and classification of hazardous materials on-site;
- correct packaging, labelling and, when consigning goods as waste or otherwise, drawing up of transport documentation;
- safe storage of dangerous goods;
- identification and training of staff involved in handling dangerous goods, and particularly those with specific roles and responsibilities related to dangerous goods transport; and
- engagement of a competent waste contractor or carrier.

In some residential care facilities, service user samples are taken, packaged and labelled for transport to a laboratory, hospital or other clinical setting for analysis. There must be arrangements in place for the safe handling and transport of biological agents. The Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (as amended) and the European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations 2011 (as amended) must be adhered to.

## Health & Safety at Work in Residential Care Facilities

---

Please note that some of the duties outlined in the European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations 2011 (as amended) may be passed to other duty holders, such as the specialist waste carriers/processors, but only by agreeing the transfer of duties in a written agreement signed by all parties (contract for carriage).

**Further information on biological agent hazards is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Biological Agents Code of Practice: Code of Practice for the Safety, Health and Welfare at Work \(Biological Agents\) Regulations 2013 and 2020](#)

[Code of Practice for Indoor Air Quality](#)

[Safety in Contract Cleaning: Chemical and Biological Safety Guidance for Employers and Employees](#)

[Managing Health and Safety in Health and Social Care: Biological Agents Hazards](#)

[www.hspc.ie](http://www.hspc.ie)

[Carriage of Dangerous Goods by Road](#)





## 6. PSYCHOSOCIAL HAZARDS

This section provides information to employers on psychosocial hazards and risks that may be experienced in residential care facilities.

The term 'psychosocial' relates to the combined influence that psychological factors and the surrounding social environment have on a person's physical and mental wellness and their ability to function. Psychosocial hazards are factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm.

**Psychosocial hazards and risks experienced in residential care facilities can include:**

- Work-related violence and aggression
- Harassment
- Lone working
- Work-related stress
- Bullying at work
- Conflicting demands and lack of role clarity
- Poor communication or lack of communication
- Lack of support from colleagues and/or management
- Job insecurity

**Employers have a responsibility to manage known psychosocial hazards. They should:**

- identify psychosocial hazards by carrying out a risk assessment;
- implement control measures for all identified psychosocial hazards;
- keep records and documents of procedures and policies that outline how the risk is managed;
- ensure that all relevant policies and procedures are brought to the attention of staff;
- ensure that managers/supervisors are competent/trained to understand how to best deal with psychosocial hazards and keep records of issues that arise; and
- provide protective support such as occupational health or employee assistant programme (EAP).

**Further information on psychosocial hazards is available from the following sources:**

[10 Psychosocial Hazards \(Stressors\)](#)

[Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work](#)

[Vulnerable Workers Information Sheet](#)

[Work-Related Stress: A Guide for Employers](#)

[Managing Health and Safety in Health and Social Care: Psychosocial Hazards Course](#)

### 6.1 Bullying at work

This section provides information to employers on bullying at work.

The accepted definition of bullying at work is that it is “repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s right to dignity at work”.

Under Section 8 of the Safety, Health and Welfare at Work Act 2005, the employer must manage and conduct work activities in such a way as to prevent, so far as is reasonably practicable, any improper conduct or behaviour likely to put the safety, health and welfare at work of their employees at risk.

All employees are entitled to work safely and with dignity. Employers must have a proper system to deal with bullying complaints, and must act reasonably in implementing that system.

Further information on bullying at work is available from the following sources:

[www.hsa.ie](http://www.hsa.ie)

[Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work](#)

[Managing Bullying Complaints at Work – for Managers](#)

### 6.2 Work-related stress

This section provides information for employers on work-related stress.

Work-related stress can occur when we are facing something new, demanding or challenging that we feel unable to cope with. It can occur after one critical incident (acute stressful event) or after a build-up of different incidents over a longer period of time (chronic stress).

Section 19 of the Safety, Health and Welfare at Work Act 2005 requires every employer to identify the hazards in the place of work under their control and assess the risks presented by those hazards. Where stress is identified as a hazard, a risk assessment should be carried out.

**The following should be considered in the risk assessment:**

- **Demands:** Stress can be caused by the type and amount of work given to a person based on their training, general suitability, and capacity for these demands.
- **Controls:** Controls are what has been done to help prevent stress; for example, policies and procedures that have been developed, training that has been given, or changes that have been made to systems of work.
- **Supports:** Stress can be caused by having poor support at work. Employers must assess which supports have been put in place to combat psychosocial hazards (for example, training; support from colleagues or managers; or having clear procedures and policies, occupational health supports and employee assistance programmes in place).
- **Relationships:** Stress can be caused by poor work relationships, by working in isolation, or by employees experiencing bullying or harassment. Managing workplace relations is important and this is done through competent managers, a safe and supportive work culture, policies and procedures, and training.

- **Roles:** Stress can be caused by a lack of role clarity. It is important that employees are informed of and understand their job role and boundaries, and that other employees have a reasonably clear idea of that role. This provides clarity as to what people are required to do.
- **Changes:** Any change occurring in the workplace must be adequately communicated to employees in a way that allows them to process and understand the impact of the change on their duties and responsibilities.

For more information on risk assessments and psychosocial audits, visit [www.workpositive.ie](http://www.workpositive.ie).

Work PositiveCI is a free State- and stakeholder-supported psychosocial risk management process that helps organisations identify ways to improve employee well-being. It provides feedback on workplace stress, employee psychological well-being and critical incident exposure in the workplace. It delivers structured guidance, enabling organisations to develop an action plan to mitigate against these stressors.

Further information on work-related stress is available from the following sources:

[www.hsa.ie](http://www.hsa.ie)

[Work-Related Stress: A Guide for Employers](#)

[Work Related Stress Information Sheet for Employees](#)

## 6.3 Lone working

Lone working, such as working alone in the community or in a health and social care establishment, has its own unique set of risks that need to be considered by both employers and employees as part of a risk management exercise.

People who work by themselves without close or direct supervision are classified as lone workers. Lone workers include those who work alone at the place of work or in isolation off-site.

Lone workers include (but are not limited to) those who:

- work alone at a fixed base (for example, a member of care staff who is the only staff member working in a community house supporting one or more clients);
- work away from their fixed base for any period of time (for example, a member of care staff supporting a client on an outing in the community); and
- travel in the course of their work either alone or while escorting/accompanying clients as part of their work (for example, a social care worker on escort duty).

### Risk assessment and control measures

Any potential hazards and risks associated with lone working must be identified and discussed between management and employees through agreed consultation arrangements.

An employer must undertake a risk assessment of lone working in their service and take steps to avoid or control the associated risks where necessary. Where the risk assessment shows that it is not possible for work to be done safely by a lone worker, alternative arrangements must be made.

The risk assessment should identify control measures to be implemented in order to eliminate or reduce the risk as much as is reasonably practicable.

### Control measures may include:

- providing lone workers with emergency contact equipment and safety devices, such as mobile phones that include emergency code words or speed dials for emergency contact people, or duress alarms;
- arranging regular contact with a named person at the workplace at agreed intervals;
- having an action plan in place should a lone worker fail to return on time or to make contact at agreed intervals;
- implementing plans to address any emergencies that may arise;
- making security arrangements for lone workers in a workplace; or
- providing instruction and training in lone working procedures and the use of the equipment provided.

Employers also need to consider if employees are medically fit to work alone.

**Further information on lone working is available from the following sources:**

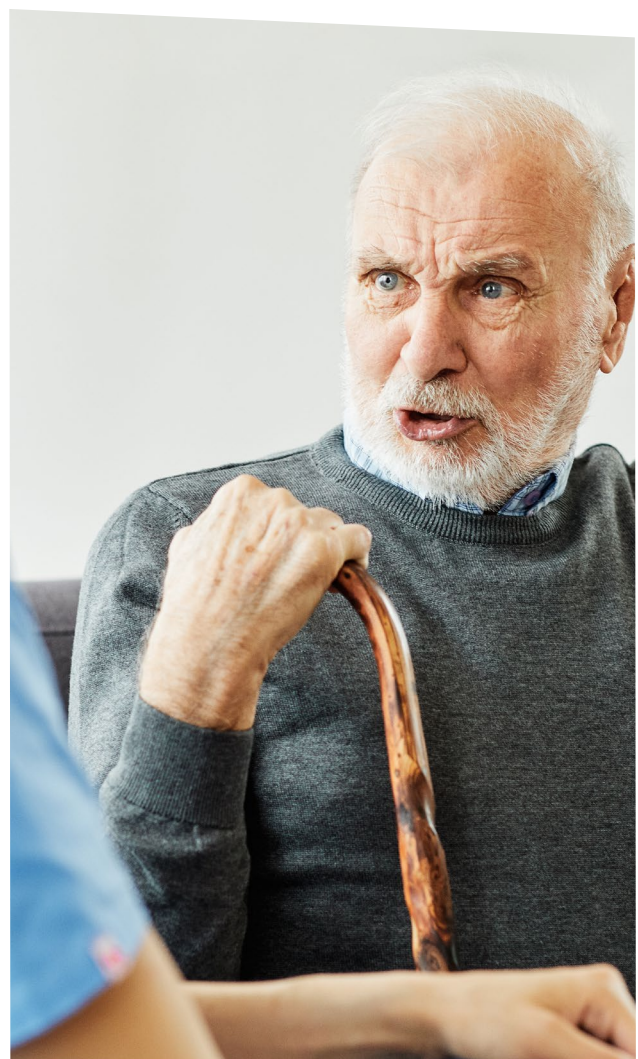
[www.hsa.ie](http://www.hsa.ie)

[Guidance on Managing the Risk of Lone Working in the Health and Social Care Sector](#)

### 6.4 Work-related violence and aggression

This section provides information to employers on work-related violence and aggression. For the purposes of this guide, work-related violence and aggression is considered to be any incident where staff are verbally abused, threatened or assaulted in circumstances relating to their work, and involving an explicit or implicit challenge to their safety, well-being or health.

Violence and aggression in residential care facilities can differ from that experienced in other work settings, in that employees must interact closely with service users and their families, often under difficult circumstances. Service users may act aggressively due to their medical condition, a disability, psychological factors or the medication(s) they are taking. There may also be a risk of violent and aggressive behaviour from others at the workplace, such as members of the public or relatives of the residents.





## Policy

There should be a policy in place that sets out how the residential care setting manages violent and aggressive behaviour; this may be part of a larger policy on managing challenging behaviour. The service provider will need to balance the rights and needs of the service users with the rights and safety of the employees. A policy and related procedures will give guidance to employees on how to respond appropriately to violent and aggressive behaviour. All employees should have the knowledge and skills appropriate to their role to enable them to manage and respond to violent and aggressive behaviour.

## Risk assessment

If work-related violence and aggression has been identified as a hazard, the employer must conduct a risk assessment and implement control measures in order to avoid or reduce the risk to staff.

When identifying the potential for violence and aggression, consider the triggers, situations and work activities that make aggressive behaviour more likely. With regard to residents who have aggressive behaviour, the assessment of risk may include a clinical assessment of a resident's behaviour and the identification of appropriate interventions to help reduce the risk.

Employees who may be at a higher risk of experiencing violence and aggression are those who provide care and advice to service users with risk factors; employees who work alone or in isolation; new or inexperienced staff or staff who have not received the necessary training or developed the required skills; and staff handling money or medication.

## Controlling the risk

In implementing control measures, it is important to consider the following:

- Work environment
- Work organisation and job design
- Therapeutic interventions
- Instruction, training, information and supervision
- Staff support

### (i) Work environment

Depending on the findings of the risk assessment, the following measures may need to be considered:

- the design and layout of rooms to take account of employee safety and the safety of others present in the event of an incident;
- fixtures and fittings that are appropriate to the work environment;
- the use of calming or non-stimulating colour schemes;
- the availability of telephone numbers for emergency services and key healthcare personnel in the event of an adverse incident occurring;
- the use of personal alarms to summon assistance; and
- building security, such as the use of a security alarm.

### (ii) Work organisation and job design

The number and skill mix of staff should take account of the demands placed on staff by aggressive behaviour, with a view to ensuring staff members' personal safety as well as that of residents and others on the premises. The employee to client ratio needed to support the safe provision of service should be determined and safe minimum staffing levels specified.

Lone working arrangements must be risk assessed and, where necessary, controls must be identified and implemented in order to avoid or minimise the risk. One example of a control is providing a means of communication

or an alarm to alert colleagues if assistance is required. It is necessary to test the emergency procedures involved in summoning assistance in the event of an incident; therefore, maintenance and testing procedures must also be implemented on equipment used for communication (for example, mobile phones, panic alarms, or walkie talkies).

### **(iii) Therapeutic interventions**

Clinical assessment of the residents may be required in order to determine the most appropriate interventions to avoid or reduce the risk of challenging behaviours, including aggressive behaviour. The management of behaviour will form part of the care plan to be implemented by the carers. The carers will need to have the skills necessary to implement the care plan.

### **(iv) Instruction, training, information and supervision**

Where training is provided for employees, including skills in managing aggressive behaviour from residents, the training programme selected must be appropriate to the needs of the employees and repeated/practised as necessary. Employees should be trained in dynamic risk assessment (how to assess risk as circumstances change).

#### **Employees will also need to be advised of:**

- the correct use of security measures in place (for example, how to use personal alarms correctly);
- any dress code in place, such as restrictions on wearing jewellery like large rings, necklaces, scarves, or hoodies, which may present a risk to employees or service users; and
- the system for reporting accidents and incidents.

Supervision of work activities is necessary in order to ensure that safe work practices are adhered to.

### **(v) Staff support**

It is important to create a supportive environment for staff where the culture is one in which employees' safety, health and welfare is highly valued. Following an adverse incident, different types of support may be required, depending on the nature of the event and the needs of the employee(s) concerned.

Supportive measures may include debriefing sessions, enquiring about employee well-being, or providing access to counselling services and programmes (for example, employee assistance programmes (EAPs)).

**Further information on work-related violence and aggression is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Managing the Risk of Work-related Violence and Aggression in Healthcare Information Sheet](#)

[Managing Health and Safety in Health and Social Care: Psychosocial Hazards](#)

## 7. FIRST-AID

This section provides information to employers on first-aid in residential care settings. Under the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended), employers must provide first-aid equipment/materials, occupational first-aiders, and first-aid rooms where working conditions require them.

**The extent to which first-aid provision is required depends on a number of factors, including (but not limited to):**

- the hazards arising;
- the size and location of the workplace;
- the number of employees;
- whether there is shift working;
- the availability of an occupational health service;
- the distance from and travelling time to external medical services;
- the ease of access to medical services; and
- the dispersal of employees (such as employees working away from the premises or workers in isolated locations).

The HSA *Guidelines on First-Aid at Places of Work* provide comprehensive information to employers on the requirements of Part 7, Chapter 2 of the Safety, Health and Welfare at Work (General Application) Regulations 2007 in this regard. An employer shall provide and maintain suitably marked and easily accessible first-aid equipment that is adequate and appropriate in the circumstances for enabling first-aid to be given to people. Employers have a duty to provide first-aid equipment at all places of work where working conditions require it. Depending on the size or specific hazards (or both) of the place of work, trained occupational first-aiders must also be provided.



The HSA Guidelines on First-Aid at Places of Work provide comprehensive information to employers on the requirements of Part 7, Chapter 2 of the Safety, Health and Welfare at Work (General Application) Regulations 2007 in this regard. An employer shall provide and maintain suitably marked and easily accessible first-aid equipment that is adequate and appropriate in the circumstances for enabling first-aid to be given to people. Employers have a duty to provide first-aid equipment at all places of work where working conditions require it. Depending on the size or specific hazards (or both) of the place of work, trained occupational first-aiders must also be provided.

Having undertaken a risk assessment, if it is ascertained that an occupational first-aider is required, then a first-aider should be available at all times, as far as is reasonably practicable. There must be an adequate number of trained occupational first-aiders to cover foreseeable absences such as planned annual leave. Where an occupational first-aider is absent in temporary and exceptional circumstances, the employer may designate another person to take charge of an ill or injured person until medical assistance is obtained. Foreseeable absences such as planned annual leave are not considered to be temporary and exceptional circumstances.

The arrangements for first-aid must be included in the Safety Statement and brought to all employees' attention. The names, addresses and telephone numbers of the local emergency



services must also be clearly displayed. Emergency plans and procedures must be in place and people must be designated and trained to implement them. It must be clear who will make contact with the emergency services in an emergency. A record should be kept of all cases treated by occupational first-aiders.

### Training

The [Pre-Hospital Emergency Care Council \(PHECC\)](#) First Aid Response (FAR) Education and Training Standard is the recognised standard for occupational first-aid in workplaces.

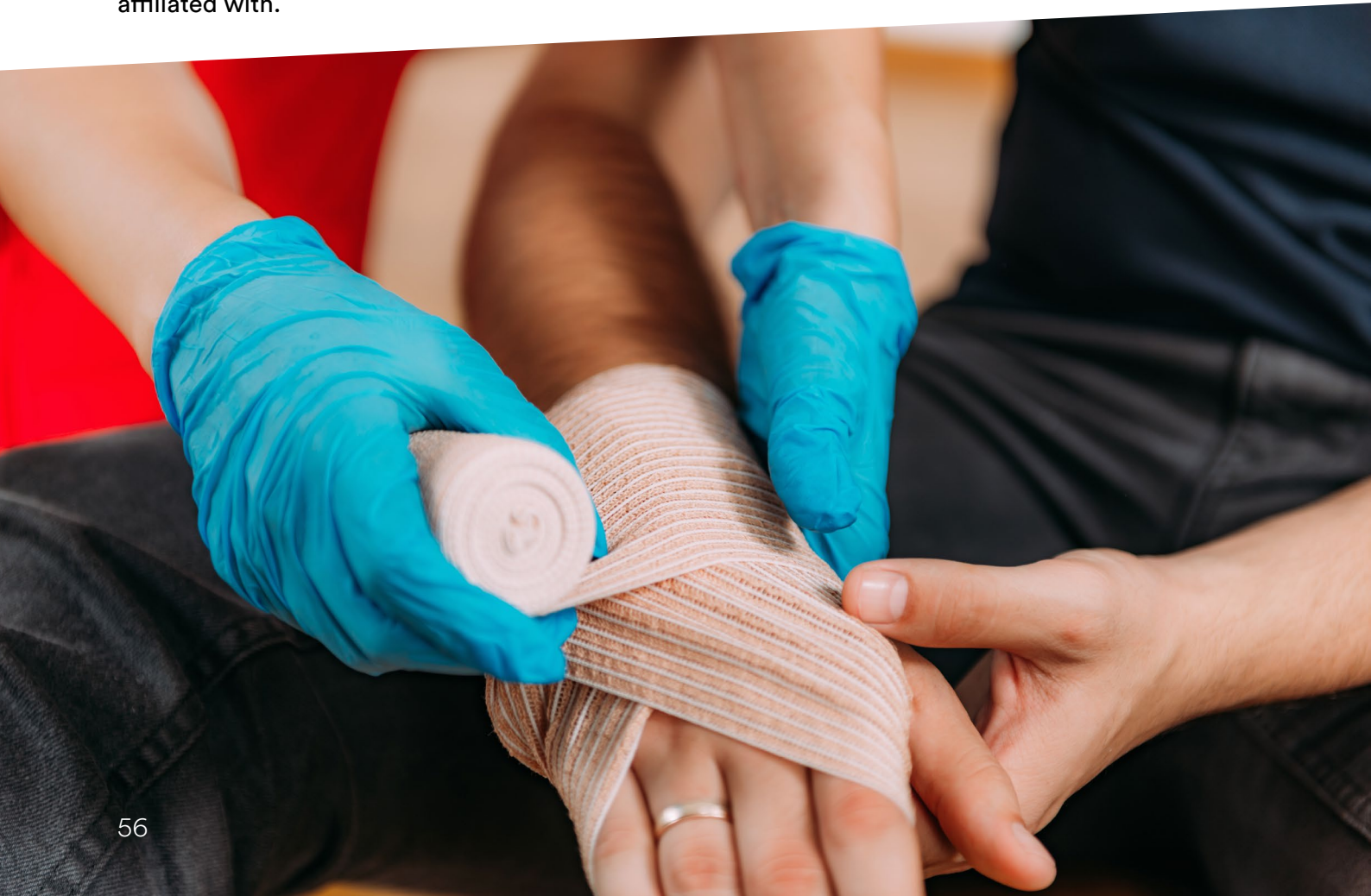
A list of recognised institutions and approved training institutions that are recognised by PHECC to deliver its courses can be found on the PHECC website. Alternatively, an employer can utilise an individual FAR instructor. As PHECC does not have a register/list of individual FAR instructors, the employer should establish from the individual instructor which approved training institute they are affiliated with.

**Further information on first-aid is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Guide to the Safety, Health and Welfare at Work \(General Application\) Regulations 2007: Chapter 2 of Part 7: First-Aid](#)

[HSA Guidelines on First-Aid at Places of Work](#)





## 8. SENSITIVE RISK GROUPS

This section provides information to employers on sensitive risk groups.

### 8.1 Pregnant, postnatal or breastfeeding employees

Many women work during pregnancy and may return to work while they are still breastfeeding. Because there are some hazards in the workplace that may affect either the health of the woman or her developing child, an employer has specific responsibilities that are set out in the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended).

The Regulations apply from the time an employee informs her employer that she is pregnant, has recently given birth or is breastfeeding and provides an appropriate medical certificate. The relevant definitions are as follows:

- An employee who has recently given birth means an employee during the 14 weeks immediately after giving birth.
- An employee who is breastfeeding means an employee who is breastfeeding during the 26 weeks immediately after giving birth.

As the earliest stages of pregnancy are the most critical ones for the developing child, it is in the employee's best interest to let the employer know as soon as possible that she is pregnant, and employers should encourage early notification for this reason. Including information at employee induction relating to Part 6, Chapter 2 of the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) will help ensure that employees are aware of the importance of notifying their employer of their pregnancy and ensure that a risk assessment is carried out.

**In residential care facilities, the employer must:**

- Identify hazards in their workplace that could pose a health or safety risk to new and expectant mothers and take appropriate action to remove or reduce the risk. They must make this information available to all relevant employees. This is particularly important for expectant mothers, as it is possible for the first 4-6 weeks of pregnancy to go undetected. The [HSA website](#) contains guidance on the hazards specific to pregnancy at work.
- Conduct a specific risk assessment after being notified by the employee that the employee is pregnant. Employers should ask the pregnant employee to help with the risk assessment and provide the employee with the results of the risk assessment. It is particularly important to take account of any medical advice the employee has received.
- If a risk assessment reveals a risk to a pregnant employee or to the developing or breastfeeding child, and it is not practical to ensure the safety or health of the employee or her child through protective or preventative measures, the employer must:
  - adjust the employee's working conditions or hours of work or both;
  - if this is not possible, provide suitable alternative work; or
  - if this is not possible, facilitate granting the employee health and safety leave under the Maternity Protection Act, 1994 (as amended), refer to requirements outlined in Regulation 151 of the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended).

The employer must regularly review and monitor the risk assessment in order to take account of possible risks that may occur at different stages of pregnancy.

Further information on pregnant, postnatal and breastfeeding employees is available from the following sources:

[www.hsa.ie](http://www.hsa.ie)

[Pregnancy at Work](#)

[Guide to the Safety, Health and Welfare at Work \(General Application\) Regulations 2007: Chapter 2 of Part 6: Protection of Pregnant, Post Natal and Breastfeeding Employees](#)

### 8.2 Children and young people

While the employment of children aged under 16 years is generally prohibited by the Protection of Young Persons (Employment) Act, 1996, a child aged over 14 years may be permitted to do light work during school holidays provided it is not harmful to their health, development or schooling, or they may be employed as part of an approved work experience or education programme. The Protection of Young Persons (Employment) Act, 1996 provides information for the setting of limits on the working hours of young people aged 16-17 years.

The employer is required to carry out a risk assessment prior to a child or a young person commencing employment. In addition, when there is a major change in the place of work or the work to be carried out, the employer is required to ensure that there is no significant risk to the safety and health of the child or young person.

The employer must ensure that any risks to the safety and health of a child or young person or to their development are assessed, taking into account the increased risk arising from the child's or young person's lack of

maturity and experience in identifying risks to their own safety and health, and specifically that any exposure to physical, biological and chemical agents or certain processes is avoided as identified in Schedule 7 of the General Application Regulations 2007 (as amended). The risk assessment must also give consideration to the actual work processes, the way they are organised, and the level of training, instruction and supervision provided.

The employer is also required to inform the child or young person of any risks identified by the risk assessment and of any control measures to prevent and protect the young person or child from any risk. In the case of a child, the employer is also required to inform the parent or guardian.

Further information on children and young people is available from the following sources:

[www.hsa.ie](http://www.hsa.ie)

[Guide to the Safety, Health and Welfare at Work \(General Application\) Regulations 2007: Chapter 1 of Part 6: Protection of Children and Young Persons](#)

[Young Persons](#)

### 8.3 Night work and shift work

This section provides information on night work and shift work. Night workers are defined in the Organisation of Working Time Act, 1997 as employees who normally work at least 3 hours between midnight and 7am on the following day for at least 50% of their annual working time.

#### Shift work is usually regarded as:

- work undertaken that is scheduled outside of standard daytime hours (7am to 7pm) where there may be a handover of work from one person or work group to another; or
- a pattern of work where one employee replaces another on the same job within a 24-hour period.

The Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) contain specific provisions on night work and shift work.



### Risk assessment and control measures

The employer must complete the following in relation to night work and shift work.

- Carry out a risk assessment. As night work and shift work may cause or contribute to certain hazards and effects such as biological and psychosocial effects, night work and shift work should be identified as potential hazards and be included in the risk assessment process. Consult with night and shift workers on the risk assessment and decisions made in this regard. The risk assessment should take account of fatigue and the likelihood of it occurring as a result of shift work.
- Take the necessary steps for the protection of night or shift workers. Employees should be made aware of hazards associated with night and shift work and the preventative measures in place to prevent or mitigate the risk. Night and shift workers themselves have a big role to play in promoting and maintaining their own health and minimising any adverse effects that arise from this type of work.
- Make an assessment by a registered medical practitioner (or a person under the practitioner's supervision) of any effects of night working on the employee's health available to any night worker employed, free of charge. This assessment must be made available to the employee before they start work as a night worker and at regular intervals thereafter. The medical practitioner or the person who carries out the health assessment will try to determine whether the night work is or could be detrimental to the night worker's health. Following the assessment, the medical practitioner will inform both the employer and the employee whether the employee is fit or unfit to carry out night work. If the doctor is of the opinion that the employee is unfit solely because of the conditions in which the night work is carried out, the doctor can suggest changes to those conditions so they will not adversely affect the employee's health and, in turn, so that the employee can be considered fit for night work.

Where a night worker becomes ill and there is clear medical evidence linking the illness or symptoms with night work, the employer must reassign the employee to other duties to which they are suited and which do not involve night work, wherever this is possible.

Note that the definition of night work in Chapter 2 of the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended), means work in the period between the hours of 11pm on any day and 6 am on the next following day where

(a) the employee works at least 3 hours in that period as a normal course,

or

(b) at least 25% of the employee's monthly working time is performed in that period.

An employer shall if a registered medical practitioner certifies that it is necessary for the safety or health of an employee that she should not be required to perform night work during pregnancy or for 14 weeks following childbirth not oblige her to perform night work during that period, can

(i) transfer the employee to daytime work,

or

(ii) where such a transfer is not technically or objectively feasible on duly substantiated grounds, or both, grant the employee leave or extend the period of maternity leave.

### Control measures

In order to minimise the adverse health and safety effects of night work and shift work, employers should take account of the following:

- They should ensure that managers, as well as night workers and shift workers, are informed of the hazards and risks associated with this work, the need for proper sleep, and the dangers of fatigue.
- They should ensure that all night and shift workers are considered in all relevant risk assessments.
- Where exposure levels are based on an 8-hour reference period for hazards such as potentially harmful noise or chemical exposures, they should adjust the exposure levels to take account of any longer shift hours.
- They should consider worker safety going to and coming from work (particularly at unsociable hours) and the impact of fatigue on those driving to and from work, and should advise employees to use modes of transport such as carpools, taxis, or public transport.
- They should ensure that car parks and external areas are well lit after daylight hours.
- They should consider how employees will access good meals during their shifts.
- Where possible, they should offer alternatives to night and shift workers who have difficulty adjusting to such work.

**Further information on night work and shift work is available from the following sources:**

[www.hsa.ie](http://www.hsa.ie)

[Guidance for Employers and Employees on Night and Shift Work](#)

[Vulnerable Workers Information Sheet](#)

[Guide to the Safety, Health and Welfare at Work \(General Application\) Regulations 2007: Chapter 3 of Part 6: Night Work and Shift Work](#)



## 9. FURTHER INFORMATION

Further information on the topics mentioned in this document or related topics is available at [www.hsa.ie](http://www.hsa.ie) or by contacting the HSA Workplace Contact Unit at 0818 289 389.

### HSA Resources

[hsalearning.ie](http://hsalearning.ie)

[BeSMART.ie](http://BeSMART.ie)

### National Resources

[www.hse.ie](http://www.hse.ie)

[www.hspc.ie](http://www.hspc.ie)

### EU Resources

[www.osha.europa.eu](http://www.osha.europa.eu)

### United Kingdom Resources

[Health and Safety Executive manual handling assessment tools](#)



# Appendix 1

### Summary of the General Principles of Prevention contained in Schedule 3 of the Safety, Health and Welfare at Work Act 2005



#### **Avoid the risk**

If you can get rid of the hazard, then people are not exposed to the risks. This principle should be applied first.



#### **Replace dangerous systems with safer alternatives**

This applies to dangerous articles, substances or systems of work; if there are safer alternatives, then they should be used instead.



#### **Evaluate unavoidable risks**

Undertake a risk assessment. If the hazard cannot be avoided, then it must be assessed.



#### **Develop a prevention policy**

This is where you set out how you are going to protect your employees and other people from the hazards in the workplace.



#### **Combat the risks at the source**

Here you are trying to deal with the hazard at its root. For example, if the floor is slippery because water is leaking from a machine, fixing the leak is combatting the risk at the source (rather than putting down mats or providing safety footwear).



#### **Give priority to collective protective measures**

It is better to put controls in place that protect everyone than to, for example, provide personal protective equipment that will only protect the person wearing it.



#### **Adapt the workplace to the individual**

This is the principle of trying to arrange the workplace and tasks to take into account the employees and to reduce any adverse effects of the work on their health.



#### **Give appropriate training and instruction**

Once the risks have been assessed and the controls decided on in line with the principles above, it is necessary to tell employees about them and to make sure that they are competent to work safely.



#### **Adapt the work in line with technical progress**

Safer systems of work are constantly being developed. Keep up to date with new systems so that you can put them into use in the workplace.





An tÚdarás Sláinte agus Sábháilteachta  
Health and Safety Authority

Health and Safety Authority  
**Tel: 0818 289 389**

**[www.hsa.ie](http://www.hsa.ie)**

ISBN: 978-1-84496-309-6  
HSA0533