Ollscoil na Gaillimhe
University of Galway

University of Galway
SAFETY STATEMENT

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CONTENTS

INTERPRETATION CLAUSE

Italicised text relates to legal provisions or references thereto. When referring to legal requirements, in certain cases the legislation is directly quoted, and in other cases the requirements have been synopsised. In all cases persons requiring explicit legal references should refer to the legislation directly.

Where possible the use of gender related terms e.g. he/she has been avoided. If unavoidable the use of he/his is taken as relating to either male/female personnel, as appropriate, in accordance with current legal interpretations.

The Health and Safety Authority (HSA) enforce the 2005 Safety, Health and Welfare at Work Act and associated Regulations.

Units are the functional management units within University of Galway which includes Colleges, Schools, Research Institutes and Professional Services. Hereafter the term Units will be used in this Safety Statement to include these.

Within this document there are links to a number of other University of Galway safety documents. These are also to be considered as part of the University of Galway Safety Statement.

This document is published on the University of Galway Safety Office website. It is the website version that is the current version of the University of Galway Safety Statement.

Collectively, this University of Galway Safety Statement, its associated documents, and the Health and Safety Office website, are all part of the University of Galway safety management system. This University of Galway Safety Statement establishes and substantially communicates occupational safety requirements to University of Galway employees.

USING THE INTERACTIVE ELEMENTS

You can scroll through the document from page to page using the scroll bars and arrow keys as normal. However, there are additional navigation elements to make it easier to view the document on screen:

Navigation bar

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Links

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Page navigation

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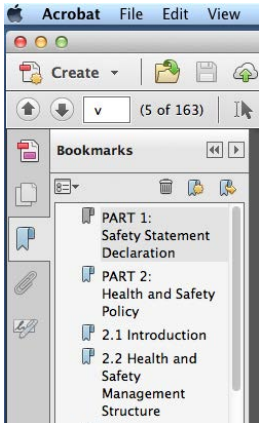

The document also has in-built bookmarks and page thumbnails, which you can access from the navigation pane of your viewing software.

PART 1:
SAFETY STATEMENT DECLARATION & COMMITMENT

Safety Statement Declaration & Commitment

University of Galway

Safety Statement Declaration & Commitment

Safety, Health and Welfare at Work Act 2005

To each employee, student and visitor:

The President and Údarás na hOllscoile of University of Galway, (hereafter called the University), acknowledge their responsibilities under the Safety, Health and Welfare at Work Act, 2005 (hereafter called the Act) and any Regulations made there under.

This University is committed to providing, so far as is reasonably practicable, a safe and healthy work environment for all University employees and to meet its duties to students and authorised visitors who may be affected by this University's operations. In accordance with *Section 20* of the Act, the University's Safety Statement identifies the hazards and assesses the risks of all University activities; it details the protective and preventive measures necessary, personnel responsible, relevant resources, and employee cooperation required to secure the safety, health and welfare at work of persons employed in this University, students and authorised visitors. The University consults with staff on safety, health and welfare at work matters, including this document, in accordance with *Section 26* of the Act. Specifically staff will be informed of any serious risk(s) to safety and how they are being addressed.

This University will annually review this Safety Statement in the light of experience and developments within this University.

Signed: 

Professor Ciarán Ó hÓgartaigh
BComm (Galway), DipPrAcc (UCD), PhD (Leeds), FCA (Ireland)
President, University of Galway

Date: **18th July, 2022**

Dearbhú Maidir Le Ráiteas Sábháilteachta

Ollscoil na hÉireann, Gaillimh

Ráiteas Sábháilteachta Dearbhú & Tiomantsa

An tAcht um Shábháilteacht, Sláinte agus Leas ag an Obair, 2005

Chuig gach fostaí, gach mac léinn agus gach cuairteoir:

Aithníonn Uachtarán agus Údarás Ollscoil na hÉireann, Gaillimh (ar a ngairfear thíos an Ollscoil) na dualgais atá orthu faoin Acht um Shábháilteacht, Sláinte agus Leas ag an Obair, 2005 (ar a ngairfear thíos an tAcht) agus faoi aon Rialacháin a rinneadh faoin Acht sin.

Tá an Ollscoil tiomanta timpeallacht shábháilte agus timpeallacht fholláin oibre a chur ar fáil d'fhostaithe uile na hOllscoile, oiread agus is féidir, agus a cuid dualgas a chomhlíonadh i leith na mac léinn agus i leith aon chuairteoirí údaraithe a bhféadfadh feidhmiú na hOllscoile tionchar a bheith aige orthu. De réir *Alt 20* den Acht, ainmnítear i ráiteas sábháilteachta na hOllscoile an chontúirt a bhaineann le gníomhaíochtaí uile na hOllscoile agus déantar meastachán ar an mbaol a bhaineann leis na gníomhaíochtaí sin; sonraítear na socruithe atá i bhfeidhm, na baill foirne atá freagrach, na hacmhainní atá riachtanach, agus an comhoibriú ón bhfostaí a theastaíonn le sábháilteacht, le sláinte agus le leas na ndaoine sin atá fostaithe ag an Ollscoil, na mac léinn agus na gcuairteoirí údaraithe a chinntiú. Rachaidh an Ollscoil i gcomhar leis an bhfoireann maidir le cúrsaí sábhailteachta, maidir le cúrsaí sláinte agus maidir le cúrsaí leasa ag an obair, an cháipéis seo san áireamh, de réir *Alt 26* den Acht. Déanfaidh an Ollscoil athbhreithniú rialta ar an ráiteas sábháilteachta seo le himeacht ama, de réir mar is gá.

Déanfaidh an Ollscoil athbhreithniú rialta ar an ráiteas sábháilteachta seo le himeacht ama, de réir mar is gá.

Sínithe: 

An tOllamh Ciarán Ó hÓgartaigh
BComm (Galway), DipPrAcc (UCD), PhD (Leeds), FCA (Ireland)
Uachtarán, OÉ Gaillimh

Date: **18 Iúil, 2022**

PART 2:
HEALTH AND SAFETY POLICY

2.1 POLICY AND COMMITMENT

The policy of the University is to provide a safe and healthy work environment through a range of measures and by the active commitment of all staff and students to safety considerations in all their activities.

This Safety Statement defines the necessary safety management structures in University of Galway (Part 2). The size and complexity of the University structures and operations means that the provisions of the Safety Statement (Part 3) cannot be addressed on a generic basis. Therefore, for each Unit of the University, the hazards, risks, arrangements and resources for ensuring a safe and healthy work environment needs to be documented in Unit Safety Statements. Part 4 of this document provides initial guidance on this. Specific health and safety guidance on issues of relevance are further detailed in Part 5. This Safety Statement represents the basis for implementing a safety management plan for the University and this document will be regularly reviewed in the light of new legislation, staff feedback, new and emerging hazards, changes and practical experience (Part 6).

The University of Galway Safety Statement should be read in conjunction with the Unit Safety Statement in order to fully understand the hazards, risks, arrangements and resources for ensuring a safe and healthy work environment in a particular Unit/area.

2.2 PLANNING

2.2.1 Health and Safety Management System

The safety management system means the part of the University's management system which covers:

- Health and safety work organisation and policy in an organisation;
- Planning process for accident and ill health prevention;
- Line management responsibilities and the practices, procedures and resources for developing and implementing, reviewing and maintaining the occupational safety and health policy.

The system should cover the entire gambit of University of Galway's occupational health and safety organisation. The key elements of a successful safety and health management system are:

- Policy and Commitment;
- Planning;
- Implementation & Operation;
- Measuring Performance;
- Auditing and reviewing performance.

Reference - Health and Safety Management System (HSA)

As a corporate body, it is the President and Údarás na hOllscoile as the employer who have ultimate responsibility to ensure, so far as is reasonably practicable, the safety, health and welfare at work of employees, in compliance with the relevant provisions of the Act and other occupational safety legislation. The employer's duties as set out in *Section 8* of the Act are as follows:

1. *Every employer shall ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees.*
2. *Without prejudice to the generality of subsection (1), the employer's duty extends, in particular, to the following:*
    - *i. managing and conducting work activities in such a way as to ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees;*
    - *ii. managing and conducting 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 or welfare at work of his or her employees at risk;*
    - *iii. as regards the place of work concerned, ensuring, so far as is reasonably practicable—*
        - *i. the design, provision and maintenance of it in a condition that is safe and without risk to health,*
        - *ii. the design, provision and maintenance of safe means of access to and egress from it, and*
        - *iii. the design, provision and maintenance of plant and machinery or any other articles that are safe and without risk to health;*
    - *iv. ensuring, so far as it is reasonably practicable, the safety and the prevention of risk to health at work of his or her employees relating to the use of any article or substance or the exposure to noise, vibration or ionising or other radiations or any other physical agent;*
    - *v. providing systems of work that are planned, organised, performed, maintained and revised as appropriate so as to be, so far as is reasonably practicable, safe and without risk to health;*
    - *vi. providing and maintaining facilities and arrangements for the welfare of his or her employees at work;*
    - *vii. providing the information, instruction, training and supervision necessary to ensure, so far as is reasonably practicable, the safety, health, and welfare at work of his or her employees;*
    - *viii. determining and implementing the safety, health and welfare measures necessary for the protection of the safety, health and welfare of his or her employees when identifying hazards and carrying out a risk assessment under section 19 or when preparing a Safety Statement under section 20 and ensuring that the measures take account of changing circumstances and the general principles of prevention specified in Schedule 3;*

ix. having regard to the general principles of prevention in Schedule 3, where risks cannot be eliminated or adequately controlled or in such circumstances as may be prescribed, providing and maintaining such suitable protective clothing and equipment as is necessary to ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees;

x. preparing and revising, as appropriate, adequate plans and procedures to be followed and measures to be taken in the case of an emergency or serious and imminent danger;

xi. reporting accidents and dangerous occurrences, as may be prescribed, to the Authority or to a person prescribed under section 33, as appropriate, and

xii. obtaining, where necessary, the services of a competent person (whether under a contract of employment or otherwise) for the purpose of ensuring, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees.

The University's Chief Operating Officer is responsible for the functional management of health and safety matters in the University and is titled as the Director of Safety. The University Management Team is the University of Galway Safety Committee (see Part 2.2.2.1). The University Safety Management structure is shown in Appendix 1.

There are six formal posts with specific responsibility for the administration of health and safety operations within the University:

- As the Director of Safety the Chief Operating Officer is responsible for and accountable for University of Galway's safety management system and overseeing the University's compliance.
- The Head of Compliance (2.2.6.2)
- Health and Safety Officer (2.2.6.3)
- Assistant/Technical Adviser (including Biological Safety) and Committee on Biological and Genetically Modified Organisms (GMO) Safety (2.2.6.4)
- Fire Prevention Officer (2.2.6.5)
- Radiation Protection Officer and Committee on Radiation Safety (2.2.6.6)

2.2.1.1 Escalation Procedure

Many safety, health and welfare at work issues in the University are addressed at source within the individual Units where they first arise in terms of local operations/ processes (infrastructural issues). Others are resolved through contacts outside the Unit, e.g. with Buildings & Estates, liaising with other Units. It is envisaged that where these mechanisms are effective, they should continue. In addition the University has formal structures which deal with more complex health and safety issues. Where such issues arise, and cannot be resolved locally, the following are the persons to inform:

1. The Head of Unit and "Principal Investigator or other relevant Senior Manager" should be informed. The area Safety Representative can be consulted.

2. The Health and Safety Office can be informed directly. However, in the event of any defect or potential hazard to safety, employees must report it directly to their line manager or other appropriate Unit contact.
3. Where the issue persists, to raise at the Safety Working Group, by requesting this via the Health and Safety Officer.
4. If the issue requires to be further escalated it will be raised at the UMT by the Director of Safety.
5. Major issues will be referred to Údarás na hOllscoile.

2.2.2 President, Údarás na hOllscoile and Director of Safety

As a corporate body, it is the President and Údarás na hOllscoile as the employer who have ultimate responsibility to ensure, so far as is reasonably practicable, the safety, health and welfare at work of employees, in compliance with the relevant provisions of the Act and other occupational safety legislation.

2.2.2.1 The Safety Committee

The role of the University of Galway Safety Committee is undertaken by the University Management Team. The Committee has responsibility for influencing, assessing and overseeing progress on the implementation of the Health and Safety management system across the University, with the strategic objective that we achieve a high standard of health and safety throughout University of Galway.

Membership is as follows:

- President
- Deputy President and Registrar
- Bursar/Chief Financial Officer
- Vice-President: Equality and Diversity
- Vice-President: International
- Vice-President: Engagement
- Vice-President: Research and Innovation
- Chief Operating Officer
- Secretary for Governance & Academic Affairs
- Director of Human Resources
- Dean of Graduate Studies
- Dean of Students
- Executive Dean of the College of Arts, Social Sciences, and Celtic Studies
- Executive Dean of the College of Business, Public Policy and Law
- Executive Dean of the College of Medicine, Nursing and Health Sciences

- Executive Dean of the College of Science and Engineering

Terms of reference are available in Appendix 9.

2.2.2.2 The Safety Working Group

The Safety Working Group is an advisory body, providing the Safety Committee, the Director of Safety, the Health and Safety Office team and the campus community with a consultative forum and mechanism for two-way discussion, enabling the management of safety in the University to proceed in a well-informed fashion. The Safety Working Group performs those functions of the University of Galway 'Safety Committee' as defined in Section 26 and Schedule 4 of the Act.

Membership

The current membership of the Safety Working Group is as follows:

- Chief Operating Officer/Director of Safety (Chair)
- Head of Compliance
- Director of Physical Resources or Nominee
- Director of Human Resources
- Health & Safety Systems Course Academic Representative Law
- Health & Safety Systems Course Academic Representative Science
- Principal Investigators Representative
- Technical Superintendent College of Science and Engineering
- Fire Prevention Officer, Buildings & Estates
- Radiological Protection Officer
- University of Galway Safety Representatives (7+)
- SU Representatives
- University Safety Officer (in attendance)
- Biological Safety Adviser (in attendance)
- Safety Training Coordinator (in attendance)
- Health & Safety Office Administrator (in attendance)

2.2.2.3 Health & Safety Office

The function of the Health and Safety Office is to assist and advise the University in making University of Galway a safe work environment by providing safety support services, advice, training, reporting, and by promoting good safety practice in all University of Galway Units. The Health and Safety Office will also inform the Director of Safety where improvements in safety management should be made.

2.2.3 Heads of Units

Heads of Units and their appointed deputies have responsibility for compliance with and the implementation of duties arising under the Safety, Health and Welfare at Work Act 2005 (the "Act") and other health and safety legislation (indicative list of legislation see Part 5 - Preamble) in their areas of authority, activity and/or responsibility in order to ensure, so far as is reasonably practicable, the safety, health and welfare at work of employees and others they are responsible for. This includes the implementation, management and enforcement of the University of Galway Safety Statement and other health and safety policies and procedures within their areas of authority, activity and/or responsibility. This role is subject to the overall policy, managerial and resource responsibilities of the President and Údarás na hOllscoile.

In summary the overall responsibilities of a Head of Unit include:

1. Responsibility to ensure that there is an **effective health and safety management system** in place for the functional areas under their control and activities undertaken in and by their Unit to ensure, so far as is reasonably practicable, the safety, health and welfare at work of employees and others (see 2.2.3.3 Outline of General Responsibilities – The Unit's Safety Management System).
2. Responsibility to ensure that the **continuing operation** of the safety management system is effective and complies with the duties arising under the Act and other applicable health and safety legislation.
3. The role of the Head of Unit in the case of work activities for which another person has **operational responsibility** for health and safety matters is principally to ensure that there is an effective health and safety management system in place for such activities being carried out within the relevant Research Institute/School and to monitor the implementation, management and enforcement of that system, so far as is reasonably practicable, to ensure that it is effective and complies with the duties arising under the Act and other applicable health and safety legislation. Work activities may include normal University research and teaching as well as all the other work contributions to the Unit, University or community. These work activities may also include all the associated support functions which include but are not limited to installation and commissioning, maintenance, calibration and the general housekeeping of the spaces and equipment.

   For particular teaching laboratories and/or academic programmes, the person(s) in charge of such laboratories/programmes may have operational responsibility for health and safety matters. Where this arises the Head of Unit must set out the specific responsibilities of such a "Person in Charge" in the Unit's Safety Statement.

   For research activities, the relevant Principal Investigator PI (see 2.2.3.4) will be the person with operational responsibility for health and safety policies and procedures relating to the safety of the research including the maintenance, management and use of particular chemicals, equipment and other risk activities. The PI has the duty to manage the health and safety requirements of

their research work. This includes identifying all hazards, assessing risks and documenting control measures; ensuring research personnel have received sufficient information and training to carry out their work safely; that effective controls and emergency procedures are in place including in shared workspaces; and reporting accidents and near misses.

4. Satisfying themselves that there is a clear "person in charge" of each activity with a clear mandate to manage the safety of that activity.
5. Verify that accurate and up to date records of hazards identified, risk assessed and risk management measures are being documented and maintained by persons in charge e.g. annual Principal Investigator Compliance Checklist completed by PI and provided to their Head of Unit.
6. Co-operate with internal control measures to provide appropriate confirmations, normally on an annual basis.

The Head of Unit may appoint a person to assist them in the discharge of their Head of Unit responsibilities (see 2.2.3.5). The Head of Unit retains overall responsibility for implementation and management of the safety management system and compliance with health and safety duties arising in respect of the functional areas, activities and matters under their control and/or remit, notwithstanding the appointment of a Safety Coordinator or other person to assist them in this role in their Unit.

The responsibilities of Heads of Units come under the following headings:

2.2.3.1 Responsibility as Head of Unit to Co-Operate

The Head of a Unit has a specific responsibility to co-operate with the President and Údarás na hOllscoile, who represent the University as the employer, in implementing the health and safety duties arising under the Act and associated legislation, and with other Heads of Units and other persons (including third party employers) responsible for health and safety matters in the discharge of their respective health and safety duties, to co-ordinate their actions in matters relating to the protection from and prevention of risks arising and to share information in relation to such risks accordingly.

2.2.3.2 Statutory Responsibility as an Employee

As employees themselves, under *Section 13* of the Act, Heads of Units have obligations including to:

- *take reasonable care for their own safety, health and welfare and that of any other person who may be affected by their acts or omissions while at work;*
- *co-operate with their employer and any other person to such extent as will enable their employer or the other person to comply with any of the relevant statutory provisions.*

See Part 2.3.1.2 for full list of employee duties.

2.2.3.3 Outline of General Responsibilities – The Unit's Safety Management System

Heads of Units are responsible for the implementation and management of the policies, procedures, arrangements and controls applicable to the activities carried on in and by their respective Units to ensure, so far as is reasonably practicable, the safety, health and welfare of the Unit's employees and others who may be affected by the Unit's activities, as outlined in their individual Unit Safety Statement (Part 4). In addition, their general responsibilities include the following duties to:

1. Ensure the identification of hazards and preparation of written risk assessments in respect of activities undertaken in and by their Unit.
2. Unit Safety Statement: prepare and review their Unit Safety Statement, based on the identification of hazards and risk assessments carried out in respect of the Unit's activities, to specify how the safety, health and welfare of the Unit's employees shall be secured and managed. The Unit Safety Statement must be reviewed and amended accordingly at least annually and also, where there has been any significant change in the matters to which it refers, there is any other reason to believe that it is no longer valid and/or a HSA Inspector directs that the Unit Safety Statement be amended. A copy of each Unit's Safety Statement is to be kept available for inspection in the Unit and provided annually to the University of Galway Safety Office on behalf of the President and Údarás na hOllscoile.
3. Ensure that the Unit Safety Statement and other relevant health and safety documentation and information are distributed to the Unit's employees in an understandable form, manner and language.
4. Ensure the proper implementation of the policies, procedures and health and safety measures required under the Unit Safety Statement or risk assessments, including carrying out internal safety audits within their Unit.
5. Ensure that safe systems of work are planned and in place in the Unit.
6. Ensure that all operational activities conducted in the Unit have a clearly and unambiguously identifiable "person in charge". The "person in charge" is responsible for ensuring that the activity in question is designed, planned and executed safely and in compliance with the University and Unit's safety management system. This requires that the Head should put in place the necessary hazard identification, risk assessments, and risk management measures. They should ensure that persons engaged in the activity have the necessary skills, knowledge and experience to work safely and that this is documented. They should also ensure that the scope of their responsibility is clearly defined and understood, and therefore that issues are resolved which might be relevant to the boundary between their own responsibilities, those of Buildings & Estates and those of the "persons in charge" of other operational activities.
7. Ensure that accidents/dangerous occurrences are reported and investigated in accordance with the Act and the University's reporting and investigation procedure.
8. Liaise and co-operate with Safety Representatives.

9. Be prepared for and locally manage fire drills, and initiate and organise other emergency plans and procedures and drills within the physical areas of their Unit.
10. Ensure that staff receive required safety training and/or instruction by directly organising relevant training or by ensuring their attendance at centrally arranged safety courses, as appropriate.
11. Ensure that staff receive required supervision.
12. Arrange for the identification of safety equipment requirements, including personal protective equipment for staff in their Unit, and to make arrangements for its provision, as far as is reasonably practicable.
13. Co-operate with other University personnel in the management of health and safety within their Unit and, as necessary, co-ordinate their actions in matters relating to risks arising and share information in relation to such risks accordingly.
14. Carry out any other measures required by the President and Údarás na hOllscoile of University of Galway.

The above list of responsibilities is for guidance purposes and is not exhaustive. For further information and/or available training and information sessions, please refer to the Staff Training website for current courses and contact the Health and Safety Office for any specific queries.

2.2.3.4 Principal Investigators

Principal Investigators (PIs) are responsible to their Head of School for the research work they undertake and so must take responsibility for the health and safety management of this work and as set out in 2.2.3 (3) above.

2.2.3.5 Unit Safety Committees and/or Safety Coordinators

Heads of Units may nominate Unit Safety Committees and/or a Safety Coordinator to assist in matters relating to the health and safety of individuals, buildings and equipment.

This is recommended, particularly in the larger Units, where assistance will be needed in communicating and implementing the Unit Safety Statement. Where an individual Safety Coordinator is being appointed, the person should be a suitable, senior member of staff and be given adequate time, resources and training to carry out their duties. The specific responsibilities of each Unit Safety Coordinator needs to be locally agreed and set out in each Unit's Safety Statement (see Part 4).

In any case, in the absence of the Head, some other appropriate person within the Unit must be appointed to take responsibility for any health and safety issues which may arise.

2.2.4 Subsidiary and Campus Companies

Within Subsidiary Companies, it is the managing director of that company, in accordance with the policy of the Board of Directors, who is the person responsible for health and safety matters, in the same way as the President and Údarás na hOllscoile is responsible within University of Galway. Each Subsidiary Company shall:

- prepare and implement a proper and effective safety statement and an effective risk management programme to minimise and where possible eliminate incidents of accident, injury or illness to staff, to members of the public and to other persons;
- provide and maintain a safe, healthy working environment and facility for public use;
- provide training and instruction where necessary;
- make available all necessary safety devices and protective equipment and supervise their use; and
- where any activity of the subsidiary company requires access to any parent university property or services, it will comply with the policies and any operating procedures of the parent university in place from time to time in relation to such activity.

The Director of Physical Resources is responsible for the fabric of the building if it is within the curtilage of University of Galway and subject to any other allocation of responsibility as set out in the terms of the lease (if any). To safeguard University of Galway staff, students, contractors and visitors whilst working, studying or visiting University Campus Companies, the President and Údarás na hOllscoile requires a current Safety Statement from each company. The Service Level Agreement between the Subsidiary Company and University of Galway shall also reiterate their health and safety obligations.

Campus Companies are private limited liability companies that operate on or close to the University campus. They are usually highly knowledge/skill intensive enterprises that are established by University staff and/or students to commercialise innovative ideas arising from scholarly activity at the University. As a separate employer, it is the managing director of that company, in accordance with the policy of the Board of Directors, who is the person responsible for health and safety matters in each Campus Company. To safeguard University of Galway staff, students, contractors and visitors whilst working, studying or visiting University Campus Companies, the President and Údarás na hOllscoile requires an annual current Safety Statement from each company to be provided to the Technology Transfer Office each year. The Annual Licence Agreement between the Campus Company and University of Galway also reiterates the Campus Company's health and safety obligations.

2.2.5 Safety Representation

In accordance with *Section 9* of the Act, the University is committed to making adequate arrangements for employee consultation on all safety, health and welfare at work issues, within the organisation. In addition to any current or future safety

consultation mechanism, the election of Safety Representatives by University staff, specifically for safety consultation purposes, has been agreed and implemented.

2.2.5.1 Number and Areas for Representation

The Safety Working Group, together with interested employee groups agreed that representation on a geographical basis would best suit the University's diverse campus situation. In this scheme, the campus is divided into seven (7) geographical areas (see link), and one Safety Representative is elected to represent each area. The Safety Representative for each area represents the employees in that location, but there is ongoing collaboration amongst Safety Representatives in their role, e.g. issues of joint concern or specialist knowledge.

2.2.5.2 Election Process

In the event of there being two or more eligible staff members willing to be the Safety Representative for the same area, this policy sets out the election process.

Eligibility

All permanent, full time employees of the University are eligible to become Safety Representatives. All staff listed on the University pay roll on a pre determined date, excluding part time demonstrators, but including Students Union employees, will be deemed as eligible to vote in the election of the Safety Representative for the geographical area in which they are based.

Provision will be made for persons excluded by this definition to appeal to the Safety Working Group for a right to vote in the election of Safety Representatives. The electoral roll will be available for at least two weeks prior to the election date. In addition contract staff who have worked in the University for more than 5 years can also become Safety Representatives.

Promotion

The University Health and Safety Office, will promote the role of the Safety Representative before the election, *inter alia*:

- Displays in the main centres of the University;
- Health & Safety Authority (HSA) guidelines on safety consultation/safety representation are available on the Health and Safety Office website.

Nomination

Candidates will be self nominated.

Election

In the event of more than one candidate being nominated in any one area, a ballot of employees in that area will take place to elect the Safety Representative. Election will be by proportional representation. Elections for each area will be conducted on the same day, and will be supervised by the University Secretary who will act as Returning Officer in the election.

2.2.5.3 Role of Safety Representatives

The role and functions of Safety Representatives as specified in *Section 25* of the Act are listed below;

1. The role of the Safety Representative is to consult with and make representations to University management on safety, health and welfare issues relevant to the work place, in accordance with the provisions of *Section 25* of the Act. University safety personnel will support Safety Representatives in their role.
2. Safety Representatives will be provided with appropriate training by the University, which will include general health and safety material, and training specific to the University environment. As an introductory training course, Safety Representatives will be expected to attend the National Irish Safety Organisation (NISO) Health and Safety Foundation course or equivalent, as soon as possible after they have taken up the position.
3. The position of Safety Representative is non remunerative. Safety Representatives are entitled to reasonable time off to conduct their functions.
4. Safety Representatives are expected to give a commitment to the position for at least three years. The Safety Representative retains the position throughout the three-year period, or for as long as they are employed by the University (whichever is the shorter).
5. Safety Representatives are indemnified in their role, in accordance with *Section 25* of the Act.
6. Safety Representatives have the right to such health and safety information as is necessary to carry out their functions, and will liaise with the University Health and Safety Office in this regard.
7. The University authorities will take such steps as are practicable to inform the Safety Representative(s) when a Health and Safety Authority inspector enters the University premises for the purpose of making a tour of inspection.
8. The functions and entitlements of Safety Representatives are defined in *Section 25* of the Act. The University shall assist and co-operate with Safety Representatives in their role, in accordance with these provisions.
9. In the event of a Safety Representative vacating the position, replacement will be by a by election in the relevant area.
10. Removal of a Safety Representative from office will require a petition duly signed by 1/3 of the members (of the area being represented), followed by a vote of no confidence by the members. The vote will be by secret ballot and based on a majority decision.
11. The University Safety Representatives are entitled to meet as an independent group and below are their terms of reference:
    i. To carry out their duties in accordance with the Safety, Health and Welfare at Work Act, 2005 and Regulations made there under.

ii. In accordance with the provisions of *Section 26* of the Act, to represent all reasonable employee views in the area of safety, health and welfare at work, and consult with University management on these matters.

iii. To liaise with the relevant bodies i.e. University employees, the Health and Safety Authority (HSA) and University management, in respect of safety, health and welfare at work issues.

iv. To elect a Chairperson and Secretary.

v. The Safety Representatives Group will convene their own meetings, as organised by the Secretary of the group. In accordance with *Section 25(5)* of the Act they may meet during working hours, for which there will be no loss of pay.

vi. Secretarial assistance will be provided by the University.

The HSA have developed a Safety Representatives Resource Book.

2.2.5.4 Existing Safety Representatives

The Safety Representatives for the three-year period (2020/23) are listed on the Health and Safety Office website.

2.2.6 University Staff/Groups with Formal Safety Role

Below are the University of Galway staff with a formal role in occupational safety management within the University. In addition the Buildings & Estates is also included because of its central role.

2.2.6.1 The Director of Safety – Mr. John Gill

The Chief Operating Officer is *ex-officio* the Director of Safety.

2.2.6.2 The Head of Compliance - Mr. Alan Lambe

The Head of Compliance will develop and implement compliance frameworks and programmes necessary to maximise compliance across the University with health and safety legislation.

2.2.6.3 University Health and Safety Officer – Ms. Alice Daly

The Health and Safety Officer is responsible for undertaking a co-ordinating role in health and safety matters. (S)he will administer the University Safety Working Group. The University Health and Safety Officer advises on safety, health and welfare practices in the University *inter alia* the University Safety Statement, safety consultation arrangements, training, accident reporting and investigation, and safety surveys and audits. In addition to the role of the Health and Safety Officer in providing advice and support to University personnel in their areas of responsibility, the Officer will liaise with relevant specialists and groups and perform specific, required safety functions.

2.2.6.4 Assistant/Technical Adviser (including Biological Safety) and Committee on Biological and GMO Safety – Dr. Michael Cairns

The Assistant/Technical Adviser is responsible *inter alia* for assisting the University Health and Safety Officer and Heads of Units on risk assessment, Safety Statement preparation and other University safety issues. In particular the Assistant/Technical Adviser is to advise and co-ordinate the necessary safety measures for biological agents (BAs) and genetically modified organisms (GMOs). These measures include management arrangements, risk assessments, safe working practices and procedures training for University staff, monitoring compliance with the relevant legislation, to accompany Environmental Protection Agency (EPA) inspectors on site tours/ inspections of the University and to convene, organise and report on the proceedings of the University's Biological and Genetically Modified Organisms (GMOs) Safety Committee. This Committee reports to the Research Committee.

2.2.6.5 Fire Prevention Officer – Mr. Samer Ourfali

The Fire Prevention Officer is attached to Buildings & Estates and reports to the Head of Building Services, Energy and Utilities who in turn reports to the Director of Physical Resources. The Fire Prevention Officer advises on matters relating to fire prevention; organises fire drills throughout the University; reviews the University's procedures and practices in the area of fire safety. The duty of the Fire Prevention Officer includes the maintenance of the University of Galway Fire Register.

2.2.6.6 Radiation Protection Officer and Committee on Radiation Safety at University of Galway

A. Role of Radiation Protection Officer - Dr. Oliver Ryan

The following description is a non-exhaustive list of the general duties and functions of the Radiation Protection Officer in accordance with the *Radiation Protection Act 1991 (Ionising Radiation) Regulations 2019*:

1. Ensuring that all work with radiation is carried out in accordance with relevant regulations and license conditions, including radiation safety procedures;
2. Assisting in the preparation and amendment of radiation safety procedures and work plans;
3. Establishing radiation safety procedures and work plans;
4. Ensuring that radiation surveys and quality assurance tests are carried out, such as regular testing and calibration of monitoring equipment and regular operational checks of safety and warning systems;
5. Reporting to the management of University of Galway and to the Environmental Protection Agency (EPA), Office of Radiation Protection & Environmental Monitoring, any incident that could give rise to a radiation hazard;
6. Arranging individual dose assessment for exposed workers;
7. Assisting the licensee in the classification of controlled and supervised areas;
8. Ensuring the safe keeping of all records required by the conditions of license;

9. Acting as the contact person with EPA, as appropriate, on all licensing matters and matters generally relating to radiological protection;
10. Liaising with the Radiation Protection Advisor(s) of University of Galway.

B. Current Radiation Protection Advisor(s) to University of Galway:

Dr. Elaine Doorly and Mr. Brendan Tuohy (Medical RPA)

C. Committee on Radiation Safety

The Committee on Radiation Safety has a specialised safety role in respect of radiological hazards. This Committee reports to the Research Committee. The functions of which are as follows:

To advise the University on all matters relating to radiation safety in all areas of the University and to serve as a communication forum between the Radiation Protection Officer (RPO) and the Radiation Protection Supervisors (RPSs) at University of Galway. This does not include the University Hospital, Galway.

The Committee includes:

1. The RPO of University of Galway;
2. The Radiation Protection Supervisors/Representatives from all Units/Facilities where regular use is made of significant amounts of radioisotopes or generators of ionising radiation;
3. A representative from Buildings & Estates.

The Committee and its members assist the University RPO to ensure that Radiation Protection safety practices and regulations including Local Rules are maintained and complied with.

Details of the duties of these personnel and the University's Local Rules are available from the RPO. A non-exhaustive synopsis of some of the main radiation safety points in given Appendix 2 and further details are on the University of Galway Radiation Safety website.

2.2.6.7 Buildings & Estates – Director of Physical Resources

Buildings and Estates has a central role in health and safety management as it is responsible for:

1. Procuring or managing the design, construction, furnishing and maintenance of all University buildings and facilities, both directly and on a contract basis (*Section 16* of the Act sets out the duties related to construction work);
2. The safe provision and management of the University's infrastructure, facilities and grounds including traffic management;
3. The provision of fire prevention measures;
4. The provision of security services;
5. The provision of adequate cleaning services and appropriate facilities;

6. The use of University facilities by external bodies (short term and long term) directly or this may be the primary role of the Conference Office;
7. The provision of certain sports facilities;
8. The provision of stewarding and other facility management services.

Because of these substantial functions, the Director of Physical Resources is to be consulted on and actively engaged in University health and safety management, in terms of both Buildings & Estates's own operations and staff and the health and safety requirements of other Units.

Certain items of infrastructure are managed by units such as ISS and CELT.

2.2.7 Employee Consultation

The consultation of all employees on safety, health and welfare at work issues is enshrined in the Act (*Section 26 of 2005 Act*) and University of Galway is committed to ensuring that effective consultation measures are in place. Staff are entitled to make representations to and consult the University on matters relating to their safety, health and welfare at work and the University, as far as reasonably practicable, must take necessary or appropriate action.

University of Galway recognises the value of staff consultation to ensuring a healthy and safe workplace:

- in identifying hazards, assessing risks and developing ways to control or remove risks;
- using the knowledge and experience of people across the organisation to achieve the best decisions on health and safety;
- involving staff is critical to ensure that decisions and actions are effectively implemented;
- fostering a culture of trust and co-operation in relation to health and safety is a key precursor to effective safety management.

Within University of Galway staff consultation is facilitated through four main mechanisms:

1. **Safety Representatives** (Part 2.2.5) may consult with, and make representations to the University on safety, health and welfare matters relating to staff in the place of work. Representations can be made on a number of levels – by consultation with the manager of the place of work, by consultation with the Health and Safety Officer or by raising the matter on the agenda of the University Safety Working Group meetings.
2. **Heads of Units** on issues specific to their areas of operation (Part 2.2.3). Staff health and safety is a key responsibility for Managers and Supervisors. There are a number of elements in safety consultation for Heads to address:
    - Ensuring that staff are trained to carry out their job safely;
    - Ensuring that health and safety policy and legislation is communicated and enforced;

- Encouraging safe behaviour and attitudes;
- Consultation with staff on matters relating to health and safety.;
- It is recommended that all Heads of Units should appoint a Safety Coordinator (and a Safety Committee where required) (see Part 2.2.3.5) to assist them in discharging their responsibilities;
- A member of staff with a health and safety issue or concern should in the first instance talk to their supervisor or manager with a view to having it resolved. Alternatively or in addition the Safety Representative may be consulted.

3. **The Safety Working Group** (Part 2.2.2.2) is the advisory group of the University on safety management, policy and consultation to assist the President and Údarás na hOllscoile in the discharge of their legal responsibilities. The Safety Working Group fulfills those functions of the University of Galway 'Safety Committee' as defined in Section 26 and Schedule 4 of the Act.
4. In University of Galway, the **Safety Statement** is the working document which supports the above three mechanisms. The Safety Statement is the University's programme for safeguarding the health and safety of staff while they carry out their duties. This Part 2 is the Management section and Part 5 is the Guideline section and the complete Safety Statement can be found on the University of Galway Health and Safety Office website. Each Unit's Safety Statement should be readily available in the place of work and contains a list of all the hazards and associated risks. It details the controls and resources required to manage the risks and also lists the persons with responsibility for managing the hazard(s). Staff must be consulted in the development of their Unit's Safety Statement and staff in turn must co-operate in this consultation and the implementation of the Safety Statement (see Part 2.3.1.2). Staff consultation ensures that the Safety Statement accurately addresses the safety concerns of staff, that all knowledge and experience is pooled, that everyone understands how safety is being managed and thereby encourages ownership and helps to make health and safety "everybody's business".

In particular, the consultation and involvement of staff in the preparation and ongoing review of this Safety Statement has been provided for by:

1. Correspondence to Heads of Units advising them of the need and importance of involving their staff in the preparation/review of the Unit Safety Statement;
2. The Safety Statement Policy is reviewed annually by the Safety Working Group;
3. It is circulated to the University insurers for their consideration;
4. Provision is made for all University staff to comment on the document;
5. The Safety Statement Policy is submitted to the University Management Team for its consideration and approval;
6. The Safety Statement is submitted to the President and Údarás na hOllscoile for their consideration and approval. When approved the document is presented to the University President for signature;
7. The approved Safety Statement will be available to staff at the following locations:

- Copy of Safety Statement Policy available on the Health and Safety Office website;
- Copy of Policy section available in Press and Information Office.

8. On an ongoing basis, employees are requested to make recommendations on improvements to the Safety Statement, either through their local Safety Representative (consultation structures) or by contacting the Health and Safety Office directly.

The University must consult in good time on anything carried out in the workplace which can have a substantial effect on safety and health. Any type of work activity already covered by safety and health law is valid for discussion. Consultation must occur on:

- any risk-protection and prevention measures;
- the appointment and the duties of staff with safety and health responsibilities;
- the outcome of risk assessments on workplace hazards;
- the preparation of the Safety Statement;
- safety and health information to be provided to employees;
- reportable accidents or dangerous occurrences;
- the engagement of safety and health experts or consultants;
- the planning and organising of safety and health training;
- the planning and introduction of new technologies, particularly on the consequences of the choice of work equipment, on working conditions and on the working environment.

2.3 IMPLEMENTATION AND OPERATION

2.3.1 Implementation

The Safety Statement enables the University to plan and prioritise safety, health and welfare at work issues. However, unless the provisions of this document are implemented, improvements in safety standards will be less effective. For this reason, the following measures will be used to reinforce the implementation of this Safety Statement:

- through employee consultation, co-operation and promotion;
- through direct implementation of the recommended controls/arrangements;
- by instruction and training;
- through the work of Buildings & Estates;
- and the use of disciplinary procedures.

2.3.1.1 Employee Consultation

See: 2.2.7 Employee Consultation.

2.3.1.2 Employee Co-operation

Every individual has a personal responsibility to work safely and co-operate with the President and Údarás na hOllscoile of the University in ensuring a safe place of work. This is a legal requirement (see below), and because a healthy and safe workplace is only achievable through the involvement and co-operation of all members of staff.

Section 13 of the Act sets out the general duties of employees, as follows:

13(1) An employee shall, while at work:

(a) Comply with the relevant statutory provisions, as appropriate, and take reasonable care to protect his or her safety, health and welfare and the safety, health and welfare of any other person who may be affected by the employee's acts or omissions at work;

(b) Ensure that (s)he is not under the influence of an intoxicant to the extent that (s)he is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person;

(c) If reasonably required by his or her employer, to submit to any appropriate, reasonable and proportionate tests for intoxicants by, or under the supervision of, a registered medical practitioner who is a competent person, as may be prescribed;

(d) Cooperate with his or her employer or any other person so far as is necessary to enable his or her employer or the other person to comply with the relevant statutory provision, as appropriate;

(e) Not engage in improper conduct or other behaviour that is likely to endanger his or her own safety, health and welfare at work or that of any other person;

(f) Attend such training and, as appropriate, undergo such assessment as may reasonably be required by his or her employer or as may be prescribed relating to safety, health and welfare at work or relating to the work carried out by the employee;

(g) Having regard to his or her training and the instructions given by his or her employer, make correct use of any article or substance provided for use by the employee at work or for the protection of his or her safety, health and welfare to work, including protective clothing or equipment;

(h) Report to his or her employer or to any other appropriate person, as soon as practicable:

i. any work being carried on, or likely to be carried on, in a manner which may endanger the safety, health and welfare at work of the employee or that of any other person;

ii. any defect in the place of work, the system of work, any article or substance which might endanger the safety, health or welfare at work of the employee or that of any other person; or

iii. any contravention of the relevant statutory provisions which may endanger the safety, health and welfare at work of the employee or that of any other person, of which (s)he is aware.

(2) An employee shall not, on entering into a contract of employment, misrepresent himself or herself to an employer with regard to the level of training as may be prescribed under subsection (1)(f).

As well as these general duties, it is important that employees be aware of the health and safety duties assigned to them in their Unit's Safety Statement as part of their normal duties. These delegated duties are essential for the day to day implementation of safety measures, and employees are obliged to carry out these functions in accordance with *Section 13(1) (d)* of the Act, as above.

In accordance with *Section 27* the University shall not penalise or threaten penalisation against an employee for:

(a) Acting in compliance with the relevant statutory provisions;

(b) Performing any duty or exercising any right under the relevant statutory provisions;,

(c) Making a complaint or representation to his or her safety representative or employer or the Authority, as regards any matter relating to safety, health or welfare at work;

(d) Giving evidence in proceedings in respect of the enforcement of the relevant statutory provisions;

(e) Being a safety representative or an employee designated under section 11 or appointed under section 18 to perform functions under this Act; or

(f) Subject to subsection (6), in circumstances of danger which the employee reasonably believed to be serious and imminent and which he or she could not reasonably have been expected to avert, leaving (or proposing to leave) or, while the danger persisted, refusing to return to his or her place of work or any dangerous part of his or her place of work, or taking (or proposing to take) appropriate steps to protect himself or herself or other persons from the danger.

Section 14 of the Act applies to all persons and requires that:

A person shall not intentionally, recklessly or without reasonable cause:

(a) Interfere with, misuse or damage anything provided under the relevant statutory provisions or otherwise for securing the safety, health and welfare of persons at work; or

(b) Place at risk the safety, health or welfare of persons in connection with work activities.

As explained in the HSA Guide to the Act as an example this section could .."apply to students if they behaved recklessly in a school or college laboratory…..or to persons

interfering with, or removing equipment such as fire extinguishers etc, and as a consequence putting people at risk in a college laboratory".

2.3.1.3 Promotion of Safety Statement

The University of Galway Safety Statement is the primary means for detailing the necessary safety measures and making the University a safer place to work and study. In order for the Safety Statement to be effective it must be implemented, and a critical precursor to this is the promotion of the document itself. University personnel are made aware of the Safety Statement through the consultation procedure outlined above, but its promotion should continue once the Safety Statement is in place. Units should locally display their Safety Statement (or its key entries) in the appropriate location(s) to ensure that the Safety Statement is brought to the attention of all relevant personnel. For example as suggested above in some Units the Safety Statement entry for specific laboratories/other areas is displayed prominently in the relevant location for staff and student information and training.

In addition to the promotion of the Safety Statement amongst staff and students, the contents of relevant sections of the Safety Statement must be communicated and promoted amongst other parties, e.g. contractors and visitors; this is addressed in Part 5 – Contractors and Visitors respectively of this Safety Statement.

2.3.2 Recommended Controls/Arrangements

Where reasonably practicable, controls and other safety measures identified in the Safety Statement must be put in place immediately. In other cases where the scale or cost prohibits immediate action, a programme of action must be planned by the relevant Head of Unit and put into effect and the relevant deadline listed in the Safety Statement. Depending on the risks involved, appropriate interim action must be taken i.e. if the risk is high, effectively discontinue the operation the operation in the interim. The implementation of these arrangements must be reviewed regularly, proportionately to the risk. Provision must also be made in respect of new equipment or procedures to pre-plan the required safety measures before use. Regard should be had to the duties of other parties under the Act and relevant regulations e.g. *Section 16* of the Act set out the general duties of designers, manufacturers, importers or suppliers of articles and substances for use at work.

2.3.3 Instruction and Training

The objective of health and safety training is to "help people to acquire the skills, knowledge and attitudes to make them competent in the health and safety aspects of their job". University of Galway recognises that the provision of relevant training and instruction by competent trainers is a key tool in the control of risks within the University. Health and safety training in University of Galway is designed to encompass the legal requirements of:

- Eliminating the risks as far as possible;
- Complying with all relevant statutory requirements;

- Providing information on hazards, risks, controls/arrangements and emergency procedures;
- Taking account of the employee's capabilities including any personnel requiring particular assistance or requirements in relation to their safety, health and welfare. Employees must not be put at risk by being given work that they do not have the competence to undertake.

It is a legal duty of the Head of Unit to identify what safety training staff in their Unit need and to ensure that Unit staff participate. Therefore safety training requires the active management of each Head of Unit. Most safety training is arranged centrally by the Health and Safety Office. In addition certain Units need to organise specific training for risks that are unique to their areas/activities. All employees are entitled to appropriate time off to attend approved health and safety training courses.

Appropriate training and instruction is an important safety management tool and a legal requirement to control many of the risks identified in the University/Unit's Risk Assessments. Training and instruction also serves to improve safety awareness and attitudes that are essential for effective safety management. Good safety training starts with a safety induction on recruitment, and appropriate safety training should be also arranged at key stages including:

- In the event of transfer/change of tasks assigned;
- The introduction of new work equip., systems of work or changes in existing equip./systems;
- On the introduction of new technology.

In addition to this statutory duty to employees, the University also has a duty to all students to provide such training as is necessary to enable the students to undertake their studies in a manner which, in so far as it is reasonably practicable, is safe and does not give rise to risks to health. The provision and extent of any necessary safety training is dependent upon such factors as:

- The nature of the academic discipline being pursued;
- The experience and disposition of the students involved;
- Their familiarity with any equipment/substances to be utilised;
- The environment/conditions where the activities may be discharged; and
- The extent to which supervision is necessary and available.

Where training is deemed necessary it should adhere to established best practice and university norms and is to be organised by the Academic Unit responsible for that student(s). This includes the appropriate safety induction of new students, preferably as part of an integrated lecture or general induction process.

Many of these requirements correlate to *Section 10(3)* of the Act which requires that training in relation to employees' safety, health and welfare at work is provided to employees:-

The Safety Training and Cancellation Policy QA150 sets out the Safety Training Process in University of Galway, responsibilities, Central and Unit Specific Health and Safety Training, ensuring training attendance and Records. This policy also sets out

the process for certain selected courses, where it may be necessary for a Unit to pay a fee if a staff member cancels a place without adequate notice.

2.3.4 Buildings & Estates

In identifying and prioritising the controls and arrangements necessary to implement the requirements of the Safety Statement, substantial demands are placed on Buildings & Estates. Much of this work is ongoing maintenance and repairs. In addition, a programme of prioritised preventive maintenance in selected areas/activities, testing and building improvements has been devised and is being implemented.

All scheduled health and safety work for each Unit will be identified as:

1. Routine works or;
2. Improvement projects.

All high priority infrastructural safety work will be attended to as soon as possible, based on prioritisation and subject to the availability of funding. All other routine work will be attended to by Buildings & Estates staff when carrying out preventative maintenance or when work is requested by the Unit through the Pemac work request system. All other improvement projects will be planned and costed (as minor works projects) and carried out on a priority basis, subject to the availability of funding. A minor works projects list will be compiled and reviewed annually. All renovation projects carried out by Buildings & Estates will ensure that the completed project complies with all relevant health and safety legislation.

2.3.5 Disciplinary Procedure

University employees must co-operate, by complying with all relevant safety procedures and practices, to ensure their own safety and that of others. This is the responsibility of the individual. In addition supervisory staff must monitor and ensure that safe practices are being complied with. If an employee continues to be unco-operative, disciplinary measures will be implemented and will follow the University's Disciplinary Procedure including QA125 Academic Disciplinary Policy

2.4 MEASURING PERFORMANCE (KEY SAFETY INDICATORS)

The Health and Safety Office will, with the co-operation of the Safety Working Group, develop a range of Key Safety Indicators that will be considered by the Safety Committee. These may include, but are not limited to, the following:

1. Numbers of Unit safety statements completed, on time and level of completion;
2. Accident statistics (including near misses);
3. Key safety information from the Unit Safety Statements for example the status of the Unit's risk assessments or in the case of STEM Units, the Annual Principal Investigator Compliance form returned to their Head and training status;
4. Results of audits and the status of improvement plans;

5. Health and safety training performance;
6. Enforcement actions;
7. Numbers of First Aid Responders in place.

2.4.1 Review

It is University policy that this Safety Statement shall be annually revised.

While the University is not legally obliged to make an evaluative report on the implementation of this Safety Statement, an annual progress report shall be submitted by the Director of Safety to the University Management Team (UMT) as the University of Galway Safety Committee.

2.4.1.1 Health & Safety Management Review

The Health and Safety Office will prepare and present an annual report to the Safety Working Group. The Safety Working Group will use this report as the basis to review health and safety performance on an annual basis in order to evaluate:

1. The overall University of Galway Safety Statement and does it meet its planned objectives;

   The key concerns in terms of reducing the potential for injury and ill health, verifying compliance and providing assurance to the Safety Working Group, UMT and Údarás na hOllscoile remains the need to ensure:

   i. That all levels of staff are aware of their responsibilities, and act accordingly;

   ii. The completion of legally required risk assessments; and

   iii. The consistent attendance by all staff at all required safety training.

2. An annual review of the Unit Safety Statements provided to the Health & Safety Safety Office on behalf of the President and UMT and the Unit's Key Safety Indicators is given as a measure of Unit compliance, actual measures in place and level of safety planning/progress;
3. Progress made against planned objectives and the effectiveness of follow-up actions from earlier reviews;
4. Potential solutions to recurring health and safety issues, some which require Senior Management support and resources e.g. systems, integration, prioritisation.

2.4.2 University Data

Certain data on health, safety and welfare matters will be used to provide monitoring information. Such data includes:

- Accidents/dangerous occurrence records;
- Training records;

- Trial emergency procedures and fire evacuations;
- Completed risk assessments;
- Complaints investigated;
- Infra-structural improvements;
- Safety projects completed;
- Safety initiatives.

These will be collated annually to monitor University health and safety standards and formally reported to the University's Safety Working Group and the University Management Team (as the University of Galway Safety Committee) as part of the annual Health and Safety Report.

2.4.2.1 University Data and Data Protection

University of Galway and it's staff (including the main management of Units/ Schools) maintain health and safety records and data including that listed in 2.4.2 for the purposes of accident and ill-health prevention. These records are therefore required to ensure compliance with the *Safety, Health and Welfare at Work Act 2005* and associated regulations. Some of this health and safety data will be personal data under the *Data Protection Acts (1988 and 2003)* and the *EU General Data Protection Regulations (GDPR) 2016*.

The legal basis for processing is compliance with a legal obligation. Such personal health and safety data is listed in the table below and how this data is to be managed by the University of Galway Health & Safety Office and other Units is also set out.

Specific Personal Health and Safety Data	**Management of Personal Data**
Health and safety training records	Retain on Personnel File* for duration of employment plus 7 years after resignation/retirement then destroy. ** Safety Training Records not maintained on CORE*
	Unit training records also made available to Heads of Unit/Safety Coordinators for safety training management purposes as this is an over-riding legal obligation.
Accident reports and witness statements	Retain on Personnel File for duration of employment plus 7 years after resignation/retirement then destroy.
Personal Risk Assessments e.g. pregnancy risk assessment, Display Screen Assessment, etc. that highlight medical issues.	Retain on Personnel File for duration of employment plus 7 years after resignation/retirement then destroy.
Unit Safety Statement Policies	Retain by Unit for 5 years after superseded

Staff Complaints	Retain in accordance with relevant Policy or indefinitely.
Occupational Health Reports – employee specific including Carcinogen/Mutagen exposure records**.	Held by Occupational Health Physician and referred to Human Resources. Retain on Personnel File for duration of employment plus 7 years after resignation/retirement then destroy. Ensure retained for at least 40 years where related to a regulatory requirement.
Occupational Health Reports – general reports	Retain for 40 years after date of incident and review.
Vision screening application form (minimal details)	Retain until retirement
Biosafety GMO Licencees with the EPA	Retain until superseded
Monitoring records e.g. radon	Retain indefinitely
Other General Health and Safety Data	**General Management of Records**
General Risk Assessments/Reports	Retain by Unit for 5 years after superseded

2.5 AUDITING AND REVIEWING PERFORMANCE

Monitoring the implementation of the Safety Statement will be by the following means:

2.5.1 Audits, Inspections and University Personnel

Safety audits and other related audits/reviews need to be periodically undertaken to ensure that safety is being appropriately managed. These include:

2.5.1.1 Unit Audits (Internal)

Internal safety audits within Units must be conducted at various times, but at least annually (the frequency will depend on the magnitude of the risks involved). They are to be initiated and carried out by the Unit Head and staff and similarly to the Unit Safety Statement such internal safety audits are to be brought to the attention of Unit staff at least annually (*Section 20 (3) (a)* of the Act). It is the responsibility of the Head of each Unit to ensure that audits are carried out and, accordingly, this function should be assigned to a specific member(s) of their staff. Where appropriate, outside expertise may be engaged. Checklists such as those included in Appendix 4 (Offices) and Appendix 5 (Laboratory areas) can be used for auditing purposes. Audits shall be based on the Unit Safety Statement, and shall consider such issues as the following:

Weekly visual inspections of all areas, checking for new hazards ensuring that all fire escape and emergency routes are free from obstruction.

Monthly/quarterly in-depth visual inspections of all areas and equipment and operations, to ensure implementation and validity of Safety Statement provisions.

The findings of all inspections are to be recorded and reported to the Head of Unit who must arrange appropriate remedial action. A copy of the report is to be sent to the Health & Safety Office together with details of subsequent action. These records are to be made available to the University Safety Working Group, and potentially others such as Inspectors from the HSA and University Safety Representative(s), as required, and will be retained for three years.

2.5.1.2 Central Safety Audits (External)

The Health and Safety Office will, with the co-operation of Unit Heads and the Safety Working Group, arrange for a programme of safety audits by the Health & Safety Office or other party in conjunction with the Unit's own programme of internal inspections/audits. This audit programme will be on a priority basis. The purpose of such audits is to monitor on behalf of the President and Údarás na hOllscoile, the overall implementation and management of occupational safety, health and welfare matters in the University.

The University Health & Safety Office will ensure that issues and recommendations that arise from such audits are recorded, and management are informed. The Director of Safety will review audit and inspection reports and ensure compliance with recommended actions.

2.5.1.3 Quality Reviews

In accordance with the Irish Universities Act 1997 quality reviews of University of Galway Units are undertaken periodically to review overall performance. As part of these reviews, University Units must submit their Unit Safety Statement.

2.5.1.4 Safety Representatives

Consistent with *Section 25* of the Act, Safety Representatives (Part 2.2.5.1) are entitled to investigate and make representations in respect of any potential hazards or on receipt of a complaint from an employee.

2.5.1.5 Employees

All employees (Part 2.5.1) have a duty to report to their employer or immediate supervisor without unreasonable delay, any defects, dangers, or contraventions, which might endanger safety, health or welfare, of which they become aware (*Section 13(1) (h)* of the Act).

2.5.2 Health and Safety Authority

Inspectors of the Health and Safety Authority (HSA) have power "to enter any place which (s)he has reasonable grounds for believing is used as a place of work". Inspections may be carried out without prior arrangement, but inspectors must be identified before being admitted to restricted areas of University buildings.

All University personnel must co-operate with an authorised HSA Inspector in his duties and ensure that they have access to all requested areas and safety documentation. The Safety Representative for the area being inspected must be advised of the inspector's arrival, where possible. Staff facilitating a HSA inspection must directly notify the University Health and Safety Officer of the inspector's presence.

Reports or notices following an inspection will be communicated to staff and Safety Representatives in the relevant area(s). Following a HSA inspection a number of outcomes are possible. If an inspector is satisfied that the Safety Statement is inadequate, they may make a direction that it be revised within 30 days (*Section 20 (5)* of the Act). Following any inspection the HSA report is usually sent to the Secretary of the University. Where unsatisfactory conditions are found, an inspector may serve legal documentation requiring specified action(s). Such documentation may take the form of:

- An Improvement Direction: served when the work activities involve or are likely to involve a risk to the safety or health of persons. The direction requires that the person served with this document submits an improvement plan, which specifies "the remedial action proposed to be taken to rectify the matters set down in the direction" (*Section 65* of the Act);
- An Improvement Notice: served when it is the inspector's opinion that a relevant statutory provision is being or has been contravened. The notice requires that the alleged contravention be remedied within a specified period (*Section 66* of the Act);
- A Prohibition Notice: served when it is the inspector's opinion that the work activities involve a risk of serious personal injury. The prohibition notice requires that the relevant work activities will not be carried on unless the matters specified in the notice have been remedied. A prohibition notice can have immediate effect (*Section 67* of the Act).

On receipt of any such documentation from the HSA, the recipient shall take immediate action where specified and contact the University Health and Safety Office directly for further advice.

HSA inspectors may also bring criminal proceedings against the University, or any staff member, for a breach of duty under the Act and any Regulations made thereunder *(Section 58)*.

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PART 3:
UNIT RISK ASSESSMENT METHODOLOGY

The linked document sets out the method to assess the risks for the various hazards that are present in each Unit or as part of a Unit's activities. Risk assessment is the means to prioritise the issues and identify the most appropriate control measures to eliminate or reduce the risks. These control need to be actually implemented. Risk assessment is a legal requirement and in certain cases such as manual handling, the specific regulations require a particular risk assessment form – see Part 5 Guidance.

Any risk assessed as high or very high where the control measures cannot be immediately implemented must be reported in your Unit's Risk Register especially where the severity of the harm is severe or extreme.

PART 4:
UNIT SAFETY STATEMENTS

The Unit Safety Statement (Part 4) must be read in conjunction with the other parts of the University of Galway Safety Statement. This link gives the list of University of Galway Units who's Head of Unit need to prepare and at least annually update their Unit's Safety Statement. This link also lists the Heads of Units and Safety Coordinators.

A Unit's Safety Statement includes the following:

1. A completed and signed Unit Safety Statement – see template;
2. The status of the different types of risk assessments for all of their areas and activities (on PEMAC Care or other equivalent format). The details for preparing and updating Unit risk assessments are set out in Part 3 of this University of Galway Safety Statement;
3. A record of the Unit's annual Unit Safety Training Needs Assessment (either as a separate record or integrated into other University of Galway process such as workload or operational planning);
4. The safety elements of your Unit's Annual Plan or other safety actions to be implemented on a priority basis;
5. A current Safety Contacts poster as an indication of local emergency planning and communication.

Each Unit must make its Unit Safety Statement and other safety documents (such as (but not limited to) those listed above) available to Unit staff on their SharePoint site. The shared folder or equivalent must also be made accessible to members of the Health & Safety Office team. Relevant entries should be locally displayed for emergency, risk reduction purposes.

The University of Galway Safety Statement must be read in conjunction with the Unit Safety Statement.

This University of Galway Safety Statement contains guidance and information on hazards and their risk assessment that are relevant to the University in general. Each Unit Safety Statement contains information and risk assessments that are relevant to the Unit and the activities it carries out. Unit specific risk assessments are documented in each Unit Safety Statement.

PART 5:
SPECIFIC HEALTH AND SAFETY GUIDELINES

The purpose of this part of the Safety Statement is to give further detail on health and safety issues of relevance to the University. In addition to dealing with issues that are specific to the University environment, it also summarises the main occupational legislation that currently applies to the University. The following are the principle Irish health and safety Acts and Regulations currently applicable to University of Galway:

- Fire Services Act, 1981.
- The Radiological Protection Act (Ionising Radiation) Order 2000.
- Safety, Health and Welfare at Work (Carcinogens) Regulations 2001 and 2015.
- Safety, Health and Welfare at Work (Chemical Agents) Regulations 2001 and 2015.
- Safety, Health and Welfare at Work (Confined Spaces) Regulations 2001.
- Genetically Modified Organisms (Contained Use) Regulations 2001.
- Licensing of Indoor Events Act 2003
- Public Health (Tobacco) Act 2002.
- Public Health (Tobacco) (Amendment) Act 2004.
- Safety, Health and Welfare at Work Act 2005.
- Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006 and (Amendment) Regulations 2010.
- Safety, Health and Welfare at Work (General Application) Regulations 2007 (Eight parts dealing with the workplace, use of work equipment, personal protective equipment, manual handling, use of computers (display screen equipment) electricity, work at height, noise at work, vibration at work, protection of children and young persons, protection of pregnant, post-natal and breastfeeding employees, night work and shift work, safety signs at places of work and explosive atmospheres).
- Genetically Modified Organisms (Contained Use) (Amendment) Regulations 2010.
- Safety, Health and Welfare at Work (General Application) Regulations 2010.
- Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2012 – Pressure systems.
- Safety, Health and Welfare at Work (Construction) Regulations 2013.
- Safety, Health and Welfare at Work (Construction) Amendment Regulations 2013, 2019.
- Safety, Health and Welfare at Work (Biological Agents) Regulations 2013.
- Safety, Health and Welfare at Work (Electromagnetic Fields) Regulations 2016.
- Safety, Health and Welfare at Work (General Application) (Amendment)(No. 3) Regulations 2016.
- Safety, Health and Welfare at Work (General Application) (Amendment) (No. 3) Regulations 2020.

- Safety, Health and Welfare at Work (Biological Agents) (Amendment) Regulations 2020.

These following guidelines to the above legislation and other safety issues relevant to the University are a synopsis of how the issue under consideration should be addressed in accordance with relevant legislation and current good practice. However, they are not stand alone documents and should be read in conjunction with the actual legislation and authoritative guidance, and with Parts 2, 3 and 4 of this Safety Statement, which detail the University's policy and procedures in the implementation of safety, health and welfare matters. The Unit Safety Statements contain the detail of the Hazards and their risk assessment that are relevant to the specific activity or area.

FIRE AND EMERGENCY PROCEDURES

Aims and Objectives

It is the intention of University of Galway to comply with the provisions of the *Fire Services Act, 1981, the Safety, Health & Welfare at Work Act, 2005*. It is the intention of University of Galway to:

- Identify fire hazards and to assess the risks therefrom;
- Identify and implement appropriate measures to reduce fire risks;
- Ensure the safety of persons, so far as is reasonably practicable on University premises/buildings in the event of fire.

Specifically, the *Safety, Health & Welfare at Work (General Application) Regulations, 2007* require that employers provide the necessary measures for fire fighting and the evacuation of employees, to be taken in emergencies, taking account of the nature of the activities, and the size of the place of work and taking into account other persons present.

Premises/Buildings

University of Galway, comprises of premises/buildings or parts of premises/buildings, to which the Fire Services Act, 1981 applies. The principle uses of relevance under this Act include the use of University premises/buildings as art galleries, assembly hall(s), concert hall(s), conference hall(s), indoor games courts, library buildings, museum(s), non residential University(s) and club(s), premises licensed for the sale of intoxicating liquor, restaurants, cafe(s), or theatre(s).

Fire Safety Programme

In keeping with the provisions of the *Fire Services Act 1981* and the *Safety, Health and Welfare at Work Act, 2005* a fire safety programme has been devised to deal with the following:

Management

It is the duty of University management to ensure that premises/buildings under their control are managed in a safe and responsible manner. The implementation and success of this Fire Safety Programme largely depends on the co-operation of University Management and their staff. The Fire Services Act 1981 states that:

"It shall be the duty of every person having control over premises to which this section applies, to take all reasonable measures to guard against the outbreak of fire on such premises, and to ensure as far as is reasonably practicable the safety of persons on the premises in the event of an outbreak of fire". Section 18 (2).

"It shall be the duty of all persons being on premises to which this section applies, to conduct themselves in such a way as to ensure that as far as is reasonably practicable any person on the premises is not exposed to danger from fire as a consequence of any act or omission of theirs". Section 18 (3).

To explain how this legislation applies to the University the person having control over premises includes the owner (the University authorities), the occupier, or anyone who is allowed to use the building for any period. The level of responsibility placed on persons will depend on the level of control they exercise over the premises. For example, the principle owner (the University) might normally be expected to ensure that the structural fire safety of the premises is adequate, while a person in occupation of the premises (Head of Unit or building) for a period, would be expected to ensure that appropriate fire safety procedures are implemented and enforced within their Unit/Building. As a specific example of this, it is the responsibility of the person giving a class to ensure that the room can be safely evacuated in the event of an emergency e.g. that the room is not overcrowded, and that aisles are not obstructed.

Staff Training

Staff to whom specific duties have been assigned will be given instruction, training and equipment to carry out these duties. Within each Unit, local personnel must be appointed as Fire Marshals by the Head of the Unit to assist in the local implementation of fire and emergency procedures. Their role is outlined as follows:

1. To receive and communicate information on any emergency within their area;
2. To organise the local evacuation of their area. Sufficient marshals must be available to evacuate the area of the Unit without risk to their own safety. It is recommended that zones be defined for each marshal to cover in the event of an emergency and that for each zone at least two marshals be nominated to provide adequate cover and/or expedite the evacuation of the zone. On exiting the building, the marshals to confirm to security (and the Emergency Services) that the zone is clear, or otherwise;
3. To secure the exits of evacuated buildings to prohibit re-entry;
4. To liaise with Security (and the Emergency Services) while the emergency continues;
5. To ensure their own safety and proceed to a safe area for the risk period;

6. As a routine measure to carryout checks on the means of escape, fire equipment, etc., within their zone.

Training and instruction will be provided to all staff (including temporary and part-time staff) in relation to the following:

a) Fire and emergency procedures and Emergency numbers;

b) The evacuation procedures for occupants requiring special attention i.e. disabled persons, the infirm, the young, the old and the injured;

c) The arrangements for ensuring that escape routes and exit doors are not obstructed and are available for use at all times;

d) The closing of doors and windows to prevent the spread of fire;
Note: All staff to be aware of the purposes of the self-closing fire doors and to ensure that such doors are not wedged open. Where they are wedged open it increases the risk of fire and smoke spread. Staff finding such doors wedged open should remove the wedges and report any recurring issues to their Unit Fire Marshal(s) or Safety Coordinator;

e) The shutting off of electricity supplies, fuel supplies, and ventilation systems where applicable.

All staff (including temporary and part-time staff) will be advised of the location of:

a) Escape routes;

b) The location of the fire alarm call points;

c) The location of the fire fighting equipment;

d) The location of the fire assembly point(s).

Heads of Units must ensure that all new/existing staff/temporary employees and visitors are informed of the required evacuation procedures and have received appropriate fire safety training.

Fire Procedures Protocol

In accordance with the *Fire Services Act 1981* and *Safety Health and Welfare at Work Act 2005*, all staff, students and other persons on University premises have a personal duty to co-operate in the event of the fire alarm sounding or other emergency situation. This duty is to ensure their own safety and the safety of others e.g. a lecturer must ensure the safe evacuation of students in the class they are giving.

Where someone fails to co-operate in the event of a fire drill, actual emergency, etc., the following is the procedure:

- Person be informed directly of their inappropriate action/behaviour;
- Head of Unit be informed of the situation;
- A local meeting be organised where required;
- Where appropriate the Chief Operating Officer - in the case of staff, and the Dean of Students - in the case of students, to be informed of the situation, and write to the person directly;

- And where appropriate the incident is recorded on the staff members personnel file.

Note: All staff and students must directly leave a building in the event of the (continuous) fire alarm sounding. The role of Fire Marshals is as a double-check that an area has been evacuated – they should not have to instigate the evacuation of areas.

Modified Procedures

Examinations

The emergency procedures have been modified to deal with the specific aspects of an emergency arising during examinations. This information is circulated by the Academic Administration Office to relevant personnel.

Personnel Requiring Particular Assistance

All occupants of University of Galway buildings need to be able to evacuate University buildings quickly and safely. The University's procedures need to reasonably accommodate staff and students with any particular physical, sensory, mental health or intellectual ability or disability by adopting a universal access approach.

This approach requires action in University of Galway at the following levels:

- Prevention and integration using Universal Design:
- Use measures which enable staff and students with particular needs to readily evacuate themselves or with minimal assistance e.g. ramped access, location of wheelchair bays in tiered lecture theatres at ground level, use of EVAC lifts, etc.
- Information

  Provision of clear information:

  - on the primary and secondary escape routes from venues; and
  - a general evacuation guide

    for staff and students is needed in a number of formats.

Using this, individuals, their lecturers and others will be able to determine if the individual:

- Can evacuate themselves;
- Can be accommodated so that they can evacuate themselves e.g. change of venue; or
- Requirses assistance to evacuate the building and what specific assistance this is.

Training

General and specific training is needed for staff and students for awareness and to perform required functions in the event of an actual evacuation. Certain aspects will be incorporated into existing Fire Safety and Fire Marshal Training so that all

staff and Fire Marshals are fully aware of the necessary actions to take to assist an employee or student requiring assistance during a fire drill or evacuation.

Personnel Requiring Particular Assistance
Using this Universal Design approach, the number of employees or students requiring particular assistance i.e. a PEEP to evacuate a building will be less. A PEEP is a Personal Emergency Evacuation Plan (PEEP) i.e. it is a bespoke "escape plan" for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of an emergency. A PEEP is provided for the specific person who has an established requirement. University of Galway is currently finalising its Personal Emergency Evacuation Plan Policy/revising its General Emergency Evacuation Plan.

This guidance is of a general nature, as specific arrangements will depend on such factors as the nature of the person's disability, the location of the emergency and the availability of personnel to assist. However, the following are the general principles to be followed:

Evacuation procedures for personnel with a particular disability should start as soon as fire has been detected within the building e.g. even when the alarm is ringing intermittently.

Designated refuges in the main University of Galway buildings will be sign posted in the Summer of 2022.

Arrangements must be put in place so that Unit management and supervisory staff are aware of staff, and Teaching staff know which students require specific assistance in advance of any fire drill or actual emergency evacuation. In all cases local staff need to be aware and prepared to implement local evacuation procedures.

A practice fire drill in which at least one person in a wheelchair is assisted to a place of safety, to be carried out at least once a year. This to be made as realistic as possible with a full post-event review so that staff and students learn from the experience and any identified improvements are made.

To ensure the safety of all persons, any person who would be unable to evacuate a building unaided in an emergency, must as far as possible use only ground floor or ramp accessible locations.

Use of the designated EVAC Lifts – training and procedures.
In the event of an evacuation of personnel who are wheelchair users from locations that cannot be escaped from other than by use of a lift, all personnel are reminded that in University of Galway the lifts are not to be used in the event of an emergency. All University buildings with lifts are provided with evacuation chairs as an emergency measure only to assist in the evacuation of physically disabled personnel. Their use will normally require the assistance of at least two able bodied, trained persons. Therefore, for students who may need to be evacuated in this way, it is critical particularly in less populated locations or outside normal hours that they arrange in advance that colleague(s) are readily available who are trained and can provide such assistance should the need arise.

The University is aware and sympathetic to the need to provide a hospitable environment so that persons requiring particular assistance can enjoy the University experience as an employee or student. These modified procedures have been compiled to provide a balance between this aim and developing measures to pre-empt anyone's disability issues, which may be prejudicial to their health and safety. For further information see Workplace Standards – Employees with Disabilities.

Fire Evacuation Drills

It is the responsibility of Heads of Units to ensure that Fire drills are carried out in their Unit buildings(s) at least once a year. Fire and evacuation drills will be organised by Buildings & Estates in accordance with the Buildings & Estates Fire Drill Policy QA122 in the following manner:

a) Fire procedure notices Instructions in the Event of Fire are erected throughout University premises/buildings informing personnel of the action to be taken in the event of fire and on hearing the fire alarm sound;

b) Local emergency response arrangements and procedures will be established by the Head of Unit;

c) Fire and evacuation drills will be held at suitable and varying times, simulating different fire situations e.g. obstructed escape routes, etc.

d) All staff and personnel on University premises will co-operate and participate in fire and evacuation drills.

This Fire Drill Policy also sets out how the Head of Unit(s) involved will carry out a local review of the drill and any issues identified. The Policy includes a specific form for this purpose. This fire drill review will be in consultation with management and staff and the necessary modifications identified will be locally implemented thereafter and reported to Buildings & Estates for attention where necessary.

Informing the Public – Fire Safety and Emergency Announcements

As far as possible an appropriate fire safety announcement will precede all events in University premises/buildings. This announcement will be made by the host or organiser of the event and cover the procedures to be followed in the event of fire or other emergency specific to the premises/building involved. The following is an example.

> Ladies and Gentlemen,
>
> In the interests of safety, I would ask you to note the position of and access to the exits from this room/area. There are (number of) exits one there (point to 1st exit), another there (point to 2nd exit) and so on.
>
> In the event of an emergency, walk quickly to the nearest exit and make your way to the outside, following the instructions of staff members. **Do not delay; do not return** until you are advised it is safe to do so.

Escape Routes

All exit routes will be clearly sign-posted and will be maintained free of obstructions and available for use at all times of occupancy.

All exit routes and exit doors will be adequately illuminated at all times.

Fire resisting door-sets, smoke stop door-sets together with hardware, will be adequately maintained at all times.

External areas adjacent to final exits will be maintained to a high standard free from obstructions, adequately illuminated and shall lead to a place of safety.

Inspection & Maintenance of Fire Protection Equipment

Fire protection equipment relevant to risks will be provided in all University premises/buildings.

Fire alarm systems will be provided in all University premises/buildings.

Fire protection equipment and systems will be regularly inspected and maintained to relevant IS, BS, EN and SI Standards.

Records will be kept of all maintenance and inspections carried out on fire protection equipment. These maintenance and inspections will be arranged by the Fire Prevention Officer who will also maintain the records of these.

Assisting the Fire Brigade

Assistance will be given to the Fire Brigade in its response to fire or other emergency calls to University premises/buildings.

Access routes will be kept clear of obstruction and free for use by Fire Brigade appliances and equipment.

Information on the specific fire incident will be provided to the Officer in Charge of the Fire Brigade regarding the following:

a) The number and location of persons still on the premises (where known);

b) The location of the fire;

c) The location of special hazards and risks;

d) Access and entry points to buildings;

In addition as far as possible the Fire Authority will be informed in advance of special hazards (item c above) and building layouts (item d above), in addition to the following:

a) Information relating to water supplies, gas, oil and electricity controls will be made available to the Officer in charge of the Fire Brigade;

b) A detailed plan of all University premises/buildings and relevant risks will be prepared and forwarded to the Fire Brigade headquarters annually;

c) The plan will indicate access routes, entry points to buildings, special risks, fire assembly points and other relevant data;

d) The plan will be regularly amended and updates forwarded to the Fire Authority.

Record Keeping

A Fire Safety Register as an adjunct to the University's Safety Statement will be kept to record all fire safety matters.

The Fire Safety Register will be available for inspection by authorised officers of the Fire Authority. This register will be kept in the Buildings & Estates Main Office and will be maintained by the University Fire Prevention Officer.

The following data will be recorded:

a) The name of the Fire Safety Manager and their deputies;

b) Details of specific duties assigned to staff including marshals;

c) Details of training given to staff;

d) Details of fire and evacuation drills;

e) Details of fire protection equipment, fire protection systems, water supplies etc.;

f) Details of periodic tests and service maintenance on fire protection equipment, fire alarm systems, and the results of same;

g) Details of repairs and maintenance to doors, seating, etc.;

h) Details and records of all fire incidents including false alarms.

Other Emergency Measures

In accordance with Section 11 of the 2005 Act the University is obliged to prepare and revise as necessary "*adequate plans to be followed in emergencies*".

Within the University, certain emergencies other than a fire may arise which necessitate the prompt evacuation of University premises by all personnel. Such emergencies might be a gas leak, chemical spillage.

Units need to set out their own local Emergency Procedures (either as part of their Unit Safety Statement or a standalone document). These emergency procedures must be available centrally on the Unit's Safety SharePoint site and be regularly communicated to Unit staff.

In addition to the Emergency Plans of a Unit, a central Emergency Response Plan has been developed by the Buildings & Estates for the various significant emergencies that are likely to require Buildings & Estates input.

Persons Responsible:

- University Management Team;
- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
- Heads of Units;
- Principal Investigators;
- University Fire Prevention Officer;

- Health and Safety Officer;
- All Staff.

Resources:

- HSA Website – Emergency Information
- University of Galway website – Emergency Information

FIRST AID

[Part VII Chapter 2 of Safety, Health and Welfare at Work (General Application) Regulations, 2007 s. I. 299 of 2007]

First aid is the "*treatment for the purposes of preserving life or minimising the consequences of injury or illness until the services of a registered medical practitioner or registered general nurse are obtained*" or the "*treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a registered medical practitioner or registered general nurse*". The 2007 Regulations state that a "first aid responder" is a "*person trained and qualified in first aid*." In accordance with Regulation 165(1)(d)(i) of the *Safety, Health and Welfare at Work (General Application) Regulations, 2007*, this Safety Statement includes information on first aid measures. As of 2018 the term First Aid Responder is used instead of Occupational First Aider.

Additional information on first aid arrangements is included in:

a) Each Unit Safety Statements;

b) Unit Safety Contact Posters listing trained first aid responders, etc.;

c) Emergency Telephone Label includes space for contact number for the nearest first aid responder(s);

d) Health and Safety Office website – See Emergency Information/First Responders for first aid resources.

e) Emergency Contact Numbers Card.

Training

At each place of work, an appropriate number of first aid responders must be in place, taking into account the size and hazards of the workplace. The 2007 Regulations require that the employer must "*designate"..... "the number of first aid responders required to provide adequate cover"*. Each Unit completes an First Aid Responder Assessment Form to determine the number of first aid responders necessary and whether they have any specialist first aid requirements. First aid requirements will be reviewed by Heads of Units on an ongoing basis, in accordance with the risks assessed or those that need to be assessed.

First aid responder training is organised in the University to ensure that a suitable number of staff receive training and are certified as first aid responders. In advance, prospective first aid responders are advised by circular of the first aid responder objectives of the course. As far as possible, it will also take into account the likely first aid situations that University employees may have to deal with. Training is provided by registered first aid responder instructor(s), and, once trained and

certified, University first aid responders are recognised as competent in first aid for two years. Within 2 years, first aid responders must complete a two day refresher training course, otherwise the full three day initial training must be repeated. First Aid Responders who completed their training more that 24 months previously and who have not refreshed their training in the meantime will have their names taken off the University of Galway current first aid responders list. An annual programme of initial and refresher training in First Aid is organised by the Health and Safety Office.

Good Samaritan Provision

As a result of the Civil Law (Miscellaneous Provisions) Act 2011, there is now legal protection for "good samaritans" and volunteers when assisting third parties in the event of an emergency. It states that a "good Samaritan" will not be personally liable for negligence in an emergency while providing assistance, advice or care to another person (Section 4 of the Act). This protection applies to:-
"*..administration of first-aid, treatment of the person using an automated external defibrillator and the transportation of the person from the scene of an emergency to a hospital or other place for the purposes of ensuring the person receives medical care.*"

Insurance

University insurance includes cover in respect of its liability to and for its employees, which includes the administration of first aid by trained first aid responders, in the course of their employment. Since July 2007 this cover also includes the use of Automated External Defibrillators (AEDs) by University staff trained in their use (known as "AED Responders"). All first aid responders are trained in the use of AEDs as part of the standard course content.

Resources – Equipment

Adequate and appropriate first aid equipment must be provided and maintained in every place where working conditions require it.

- All Units shall have appropriate first aid equipment available for use within their areas, in accordance with the hazards identified in the Unit. The equipment will be provided in marked and accessible containers. The first aid box must only contain approved first aid equipment – see HSA website.
- First aid responders should take the following precautions to reduce their risk of infection:
    - cover any cuts or grazes on your skin with a waterproof dressing;
    - wear suitable disposable gloves when dealing with blood or any other body fluids;
    - use suitable eye protection and a disposable plastic apron where splashing is possible;
    - use devices such as a CPR pocket mask when you give mouth-to-mouth resuscitation;

  - wash your hands before and after each procedure..
- Analgesics or any other medication must not be stored in first aid kits. They also must not be dispensed by first aid responders or any other member of staff (only exception - see point below on Aspirin). Individual employees who may require personal medication are responsible for their own supplies. Within each Unit a nominated first aid responder must ensure that first aid kits are regularly checked and appropriate restocking arranged.
- "*In certain circumstances First Aid Responders can assist in the administration of aspirin (300mg), if available, for suspected cardiac chest pain*". As of 2009 First Aid Responders are trained in the administration of aspirin in accordance with the relevant guidelines. A supply of aspirin has been made available to trained First Aid Responders as it is not permitted in first aid kits.
- Four supplementary "emergency response kit-bags" are provided on campus for use in dealing with outdoor first aid emergencies. These contain basic items that may be required in dealing with a first aid situation on the University grounds e.g. a blanket, disinfectants, etc.
- Where University personnel are working away from main University buildings, and special hazards are identified e.g. certain fieldwork, appropriate travel first aid kits must be available.
- A first aid record form must be completed to record the details of any first aid treatment given in the event of an accident, the University of Galway accident form must be used whether first aid was administered or not.
- Unless the risk assessment indicates that it is appropriate, it is not normally necessary for first aid responders in the workplace to be immunised against Hepatitis B virus. As a first aid responder it is important to remember that you should not withhold treatment for fear of being infected with a blood borne virus as it is an unlikely risk (HSE Website – Blood-borne Viruses in the Workplace).

Administering first aid can on occasion be an upsetting and traumatic experience. As part of the First Aid Responders training, all First Aid Responders are specifically briefed on "Critical Incident Stress Awareness" and appropriate responses. Any first aid responder experiencing any difficulties at or following any incident should follow the advice given during their training and may wish to speak specifically with:

- Their local colleagues;
- Their Head of Unit or Supervisor;
- Health and Safety Office staff;
- The First Aid Responder training providers;
- The Employee Assistance Programme – contact HR for further information.

Resources – First Aid Rooms

In the event of a significant injury, the victim should not be moved unless it is safe to do so, or if there is an imminent danger to them. Thus in many cases first aid may have to be administered in the area of the accident/emergency, or in some

other public location. Where the casualty is mobile but urgent medical attention is required, the emergency medical services must be called. Where the situation is less serious, some alternative means should be used to bring the casualty to A&E or a General Practitioner. There are the following first aid facilities within University of Galway: the Student Health Unit has a treatment area for students, there are two unstaffed first aid rooms in the University of Galway Kingfisher Sports Centre and a First Aid/Physio Room in the Dangan Sports Pavillion.

First Aid – Some Practical Points

- When responding to a call or incident, it is recommended that first aid responders should seek the assistance of another first aid responder as far as possible (buddy system).
- In the case of a non-urgent casualty requiring transfer to a doctor, nurse or hospital, a taxi should be used where there is any reservation about use of another vehicle on insurance or other grounds. Note that any such reservation should be addressed by the *Civil Law (Miscellaneous Provisions) Act 2011*, as set out above.

Persons Responsible:

» Heads of Units;
» Principal Investigators;
» All Employees;
» Health & Safety Office (Training);
» Buildings & Estates (Equipment)

Resources:

» HSA Website – Guidelines on First Aid at Places of Work (2007)
» HSA Website – First Aid
» University of Galway website – First Aid Responder

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POLICY

Automated External Defibrillators (AEDs) are available in the University. This is an important first aid facility for dealing with cardiac arrest emergencies i.e. where the person's (casualty) heart has stopped and they are no longer breathing.

This is the link to the AED web page and the University of Galway Automated External Defibrillator (AED) Policy. The AED policy sets out the logistics and procedures for the effective use of AEDs in University of Galway. AEDs should only be used by trained personnel.

ACCIDENT AND NEAR MISS REPORTING

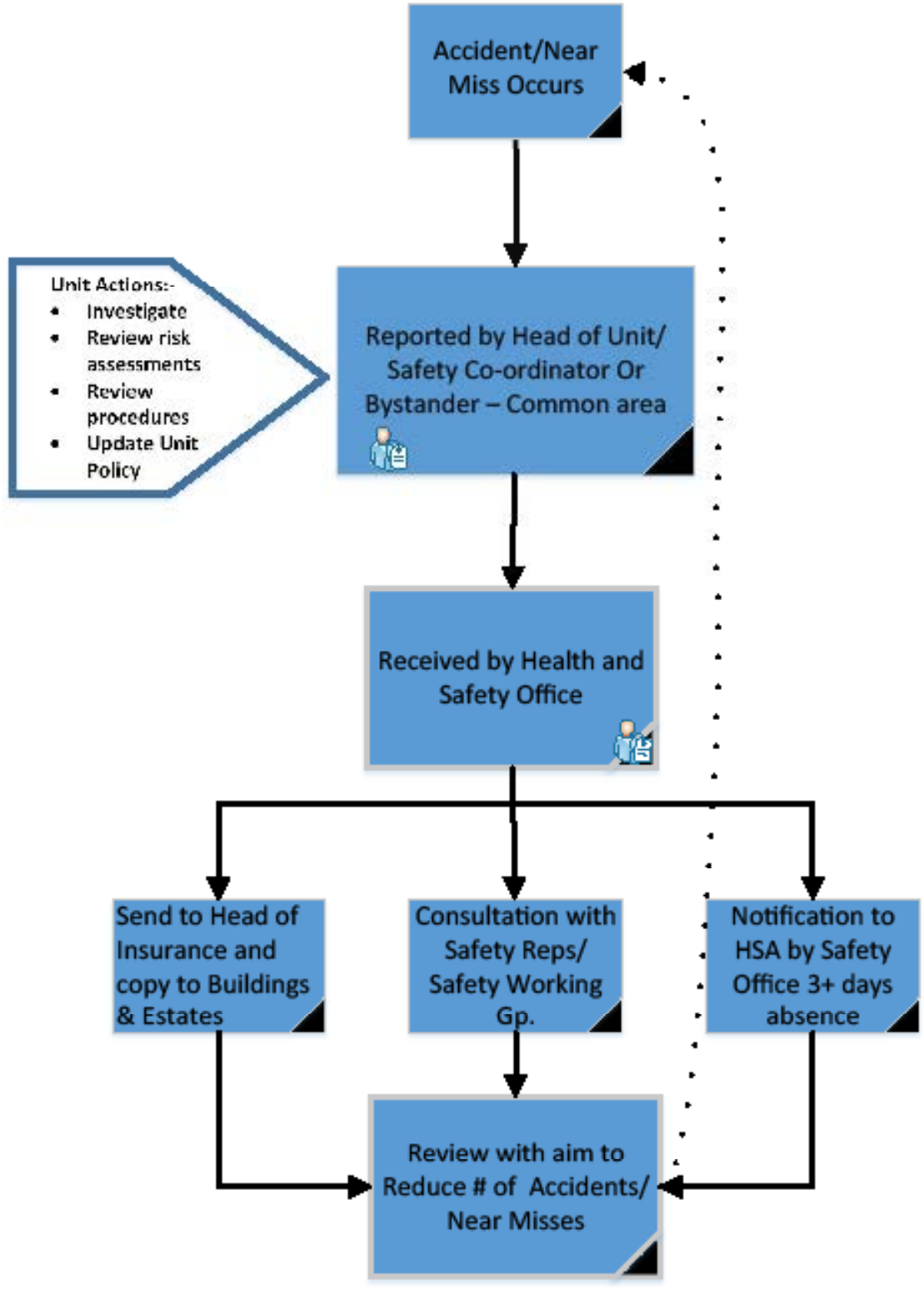


Figure 1. Summary of University of Galway accident/near miss report workflow

[Safety, Health and Welfare at Work (General Application) (Amendment)(No. 3) 2016]

The primary aim of accident reporting is to identify the causes and prevent the recurrence of such events.

Reporting Procedure (Summarised in Figure 1 below.)

The "University of Galway Accident Report Form" is to be used to promptly report all accidents or near misses which occur on University of Galway premises or as a result of University work activities elsewhere. All sections of the form are to be completed other than those that are not applicable in the particular case mark these sections ("N/A").

When an accident or near miss occurs within a specific Unit, the Head of that Unit must arrange for the form to be completed and must sign it. Accidents should be reported to the University's Health and Safety Office within 24 hours of their occurrence.

When an accident occurs in a common area e.g. in a theatre or on University grounds, the casualty or the member of staff who witnessed, or subsequently assisted in, the accident should contact Security at ext. 2198/3333 who can provide a copy of the Accident Report Form.

Because "non-injuring accidents" or what are commonly known as "near-misses" are very good indicators of potential accidents in the work-place these too need to be recorded. While defined as "unplanned events with the potential to cause injury or ill-health", these cover a range of very serious to more minor occurrences which could have been an accident except for some factor(s) prevented actual injury/ ill health. The same University of Galway Accident Report Form should be used for reporting such events (except that the last two sections Details of the Injury/ Outcome of the Accident are not applicable).

Contractors and other non-University of Galway employees must complete their own employer's accident report form and send on a copy to the University of Galway Health and Safety Office in the event of an accident to them that is associated with University of Galway premises or activities. In the event of them not having their own report form they should complete the University of Galway form. But this is for University of Galway purposes only. The employer of such contractors or other non-University of Galway employees has their own employer's responsibilities on accident reporting that they must comply with e.g. reporting the accident to the HSA where required.

Investigation

All accidents and near misses are to be investigated promptly by the Head of the relevant Unit and Safety Coordinator with the objective of determining the root causes of the accident or near miss and the appropriate controls required to prevent their recurrence. Therefore, the Head of Unit must ensure that all staff and students that they are responsible for are aware of the accident and near miss reporting procedure and of their duty to use it. Heads of Units must ensure that within the Unit there is a person appointed to be the "Accident Recorder" and that this person is familiar with the University of Galway Accident Report Form and its completion. The

initial accident/near miss investigation should be made by the person immediately in charge of the work (PI or Line Manager). Commensurately senior staff within the Unit should investigate the more serious accidents/near misses and the University Health and Safety Officer, the local Safety Representative or other relevant party should also be included in any high level investigations.

In order that the investigation is carried out properly it is necessary that:

- Heads of Units must ensure that investigators are appropriately trained. Where there are reasonably practicable measures which can be taken to prevent recurrence, Heads of Units have a duty to ensure that these are implemented and subsequently checked to monitor their effectiveness;
- The Unit and employees concerned, including the casualty and witnesses, must be involved and co-operate fully in such an investigation;
- Witness statements should be recorded and annotated as soon as is practical after the incident. Photographs and videos are also useful in establishing an accurate record;
- The investigation must also include a review of the relevant risk assessment(s) and Unit Safety Statement, to ensure that they are current and reflect best practice;
- A copy of any report arising from the investigation will be forwarded to appropriate parties/ personnel, particularly so that the recommendations made will be applied in other relevant Units.

At the University Safety Working Group a summary of the accidents and near misses is given for the information of the Safety Representatives and other members.

Escalation

On notification of any serious or significant accident or near miss, the Health and Safety Office will inform the Head of Compliance/Director of Safety immediately.

In the case of a fatality or serious accident, the University Authorities must immediately inform the Health and Safety Authority (by phone, fax or e-mail), and the scene of the accident is to be secured and not to be disturbed, except where action is necessary for securing the safety of any person(s).

The University of Galway Health and Safety Office reports on the following accidents and dangerous occurrences to the Health and Safety Authority as required by the above regulations:

1. A work accident causing the death of an employee;
2. A work accident that prevents an employee from working for more than three consecutive days (including non-working days) but not including the day of the accident;
3. An accident caused by a work activity which causes the death of, or requires medical treatment to, a person who is not an employee;
4. A scheduled dangerous occurrence, as listed in Schedule 15 of the [Safety, Health and Welfare at Work (General Application) (Amendment)(No. 3) 2016].

Remedial Actions

Following the investigation of any accident or near miss within a Unit, it should be determined what were the root causes and what remedial actions are needed to prevent their recurrence. Interim safety measures may also be needed to ensure personnel safety in the interim e.g. the machine cannot be used until investigation has been completed and it should be tagged off and made unusable in the meantime. Any remedial actions identified need to be specific, assigned to the relevant staff member, given a date for completion and any necessary resources allocated.

Review

As part of the accident/near miss review within a month of the accident it should be followed up to ensure that the remedial actions are being appropriately addressed and that the casualty has been appropriately involved in the accident follow-up process.

Persons Responsible

- Heads of Units;
- Principal Investigators;
- Supervisors;
- All Employees;
- Health and Safety Officer.

Resources

University of Galway Health and Safety Office website – Accident reporting.

ABSENCE MANAGEMENT

Absence may be related to issues such as stress, etc, and this Human Resources policy is linked here so that staff would be aware of the procedures and supports that apply.

ALCOHOL, GAMBLING OR OTHER SUBSTANCE ABUSE – POLICY FOR DEALING WITH THESE ISSUES

Intoxicants can have adverse effects on the individual, their colleagues and on workplace safety in general. Human Resourses have developed an Intoxicants Policy for University of Galway staff. It is available at this link.

ANTI-BULLYING POLICY FOR STAFF

As a potential source of stress for employees in the workplace, Human Resources have developed a policy to deal with bullying in University of Galway. It is available at this link.

ARTIFICIAL OPTICAL RADIATION – ITS CONTROL AT WORK

[Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2010. S.I.176 of 2010].

These regulations refer to the control of artificial optical radiation at work and apply to employees who are potentially at risk from artificial optical radiation (AOR), and,

in particular, the risk to the eyes and to the skin. They set out requirements relating to the control of the exposure of employees to artificial optical radiation, including exposure limit values, determination of exposure and assessment of risks, provisions aimed at avoiding or reducing exposure, employee information and training and health surveillance. The HSA have issued a Guidance Document on these regulations which provides further compliance guidance.

As set out in these Regulations, Optical radiation means any electromagnetic radiation in the wavelength range between 100 nm and 1 mm. The spectrum of optical radiation is divided into ultraviolet radiation, visible radiation and infrared radiation'. The HSA Guidance clarifies that "any man-made source of light, whether visible or invisible, is considered to be artificial optical radiation. Office lighting, computer displays, blowtorches, welding arcs and stage lighting are all examples of typical artificial optical radiation sources. The majority of light sources in most workplaces are considered trivial and do not present any significant optical risk to workers".

Specific Regulations

Regulation 178 – Exposure Limit Values

Exposure limit values for non-coherent optical radiation, that is, optical radiation other than that emitted by natural sources of optical radiation or laser optical radiation, are set out in Parts 1 and 2 respectively of Schedule 11 of the Regulations.

Regulation 179 – Determination of Exposure and Assessment of Risks

In consultation with the employees the employer is to make an appropriate assessment of the risks arising from exposure to AOR. Such assessments, to be conducted competently, are to include consideration of a number of parameters including the level, wavelength range and duration of exposure to AOR. They must also consider indirect effects such as temporary blinding, explosion or fire, and the effects of exposure from Class 3B or 4 lasers. Such assessments, and the steps taken to avoid or reduce exposure, are to be recorded in the Unit Safety Statement and must be reviewed at suitable intervals.

Reg. 180 – Provisions Aimed at Avoiding or Reducing Exposure

In consultation with the employees the employer shall take reasonable technical and organisational measures to ensure that risk from AOR is either eliminated at source or reduced to a minimum. Where exposure limit values may be exceeded, the employer shall devise and implement a plan designed to prevent exposure exceeding the limit value. Regulation 180 sets out further requirements and considerations in respect of avoiding or reducing exposure to AOR, and the steps to take when an exposure limit value has been exceeded.

Regulation 181 – Employee Information and Training

The employer, in consultation with employees, shall provide suitable and sufficient information and training relating to the outcome of the risk assessment for AOR. Regulation 181 further sets out the issues that must be included in the information and training, including potential risks to health, signs and symptoms of adverse health effects and proper use of personal protective equipment.

Regulation 182 – Health Surveillance

The employer shall ensure that health surveillance is made available to those employees, for whom the risk assessment reveals a risk to their health, including employees exposed to AOR in excess of the limit value. Regulation 182 gives further details on how health surveillance is to be conducted and what steps to take if an employee has an identifiable illness or adverse health effect as a result of exposure at work to AOR.

Persons Responsible:

- Heads of Units;
- Principal Investigators.

Resources:

- HSA - Guidance for Employers on the Control of Artificial Optical Radiation at Work Regulations 2010.

ASBESTOS

[Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations, 2006.]

[Safety, Health and Welfare at Work (Exposure to Asbestos) (Amendment) Regulations 2010.]

[The Safety, Health and Welfare at Work (Construction) Regulations also apply to asbestos removal work]

Asbestos is the name for a group of six naturally occurring fibres which are strong and resistant to both heat and chemicals. It is a confirmed carcinogen. Breathing air containing asbestos dust can lead to asbestos-related diseases. For this reason most types of asbestos have been banned from general use since the early 1980's. The REACH Regulation (EC) No. 1907/2006 prohibits the placing on the market, the supply and use of asbestos fibres of all types and of products containing asbestos fibres. It is important to understand that the potential risk of breathing in the fibres depends on the type of asbestos product, the condition of the product, and how it is worked on e.g. an asbestos cement roof in good condition where no mechanical tools are used on it would be very low risk.

Regulation 5 – General Duties of the employer

The University *"is obliged to assess the risk to any employee's health or safety resulting from any activity from which an employee is or may be exposed in their place of work to dust arising from either, or both, asbestos and materials containing asbestos".* Where exposure is sporadic and of low intensity and the risk assessment assesses that the exposure limit value (ELV) will not be exceeded at work then certain regulations do not apply.

Regulation 6 – Exposure Limit Value

The ELV for airborne asbestos is not to exceed 0.1 fibres per cm^3 as an eight hour time weighted average (TWA).

To assess the risks, asbestos surveys of University buildings were carried out by an external asbestos consultant. The initial survey of prioritised locations in 1997 identified areas of asbestos lagging where its removal was recommended and

this was carried out that year. In other locations, the asbestos was assessed as being non-hazardous in normal use. In 2002 a further survey was completed to re-assess previously identified asbestos locations and to identify any new sources. All this information has been collated into an asbestos-register that is maintained by Buildings & Estates as they directly deal with asbestos surveys, monitoring and removal work. This register gives details of where asbestos is known to be, an assessment of its condition, and where removal is not currently required what controls/arrangements to avoid exposure are in place e.g. encapsulation, signs. These controls include ensuring that all maintenance staff (including contractors) are aware of the asbestos locations and ensure that any work in these areas does not release asbestos fibres. This system must be regularly monitored and audited to ensure that it is effective. These "non-destructive" surveys assessed the likely locations for asbestos and all major buildings (pre-1985) on campus, however there remains the potential for asbestos products to be uncovered. Further surveys are arranged by Buildings & Estates as required and where asbestos is identified as part of the refurbishment works it is removed.

Regulation 7 – Identification of the Presence of Asbestos

The University *"shall not undertake any work which would expose or would be liable to expose an employee to asbestos dust",* unless he/she has carried out a risk assessment…if there is any doubt he/she shall assume that asbestos is present.

All University personnel and others (e.g. contractors) carrying out work on University buildings must ensure that their work does not result in the release of asbestos fibres. Therefore if the materials are in any way suspect the material must be analysed before work proceeds to confirm whether they contain asbestos or not or otherwise treated as if they are asbestos or asbestos-containing material. This is reiterated in Regulation 12 – Presumed Asbestos-Containing Materials.

Regulation 8 – Determination and Assessment of Risk

The University is obliged to assess the risk to any employee's health or safety resulting from any activity from which an employee is or may be exposed in their place of work to dust arising from either or both asbestos and materials containing asbestos.

This assessment includes the asbestos surveys and register referred to above. But any Unit whose employees are likely to be exposed to asbestos fibres must include an assessment of this risk in their own Unit Safety Statement.

Regulation 9 – General Measures Relating to Exposure to Asbestos

Where an employee is or may be exposed in their place of work to asbestos dust the University shall reduce such exposure to a minimum.

Any work where asbestos fibres may be released must be carried out in accordance with this regulation.

Regulation 13 – Measures In The Event Of Unforeseen Exposure

Where employees are exposed in their place of work, the University *"shall identify the reasons for the limit being exceeded and shall implement appropriate measures to remedy the situation as soon as possible".*

Where an unforeseen exposure occurs the staff carrying out the work must:

- Stop work immediately;
- Not disturb the material;
- Make the area safe without personal risk;
- Restrict access to area;
- Contact Buildings & Estates directly – analysis of the material to be arranged by Buildings & Estates/nominated contractors as this is the only way to conclusively confirm that the material contains asbestos or not;
- If it is asbestos it will require specialist removal and must be disposed of as specialist waste by a licensed contractor. In such circumstances Buildings & Estates will arrange for reassurance testing (during removal) and that the required procedures and documentation are completed and compiled with (including pre-notification to the HSA of any asbestos removal work - 14 days before work commences (Regulation 11)).

Where the ELV (Exposure Limit Value) is likely to be reached or exceeded the University will contract the services of a specialist contractor (Regulation 16), who will comply with these regulations in respect of the Plan of Work (Regulation 15), measures to be taken where the ELV is foreseeably exceeded (Regulation 14), and other relevant requirements.

Regulation 17 – Training and Information

The University "*shall provide appropriate training and adequate information for all employees who are, or are likely to be exposed to asbestos dust".* The training will cover the knowledge and skills set out in Regulation 17(2).

The Health and Safety Authority provide an online Asbestos safety course. It is the obligation of the relevant Heads of Units to ensure that all their relevant staff attend.

Regulation 18 deals with the provision and cleaning of protective clothing and Regulation 19 and 20+ deal with Responsible Medical Practitioners and Health Assessments.

Persons Responsible:

- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
- Any Head of Unit where their work may involve exposure to asbestos.
- University of Galway staff appointing contractors to carry out work involving "building fabric";

Resources:

- HSA Booklet – Safety with Asbestos
- HSA Website – Guidelines on Working with Materials Containing Asbestos Cement
- HSA Website – Asbestos

BIOLOGICAL AGENTS

[Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013]

[Genetically Modified Organisms (Contained Use) Regulations, 2001]

[Genetically Modified Organisms (Contained Use) (Amendment) Regulations, 2010]

[Safety, Health and Welfare at Work (Biological Agents) Amendment Regulations 2020]

These Regulations are separately enforced by the Health and Safety Authority (Biological Agents) and the Environmental Protection Agency (Genetically Modified Organisms). For the purposes of these Regulations the following are the relevant definitions:

A "biological agent" means microorganisms, including those which have been genetically modified, cell cultures and human endoparasites, which may be able to provoke any infection, allergy or toxicity, classified into 4 risk groups according to their level of risk of infection;

"Genetically modified organism" (GMO) means an organism in which the genetic material has been altered in a way that does not occur naturally by mating or natural recombination, or by a combination of both;

"Genetically modified micro-organism" (GMM) means a micro-organism in which the genetic material has been altered in a way that does not occur naturally by mating or natural recombination, or by a combination of both.

An important feature of these Regulations is that they extend controls beyond direct work i.e. in the case of biological agents, both direct and indirect work is covered, and the GMO Regulations refer to the contained use of such genetically modified organisms.

The University of Galway, Biological (and Genetically Modified Organisms) Safety Committee was established in 2001. The health surveillance process for those staff working with biological agents is as follows:

1. All employees complete a pre-employment medical which has regard to the specific work that the employee will be undertaking in University of Galway;
2. Where an employee is concerned about any potential work related health issue they are to report it to their Supervisor/Head of Unit in the first instance;
3. A referral will be arranged by Human Resources to the occupational health service;
4. Specialist procedures are in place for particular risks.

Persons Responsible:

- Heads of Units;
- EPA licencees;
- Principal Investigators.

Resources:

- University of Galway Health and Safety Office website – Biological Agents

CHEMICAL AGENTS

[Safety, Health & Welfare at Work (Chemical Agents) regulations, 2001 S1 619 of 2001]

[Safety, Health & Welfare at Work (Chemical Agents) (Amendment) regulations, 2015 SI 623 of 2015]

[Safety, Health & Welfare at Work (Chemical Agents) (Amendment) regulations, 2021]

These regulations implement two EU directives 98/24/EC and 2000/39/EC on chemical agents. The regulations define hazardous chemical agents as: "any chemical agent which meets the criteria for classification as a dangerous substance or

preparation as set out in Annex VI to Directive 67/548/EEC and Directive 99/45/EC respectively (other than those that only meet the criteria for classification as dangerous for the environment), and any chemical agent which because of its physicochemical, chemical or toxicological properties and the way it is used or is present in the workplace, presents a risk to the safety and health of employees, including any agent assigned an occupational exposure limit value (OELV)".

The Health and Safety Authority (HSA) issued guidance following the enactment of the Safety, Health & Welfare at Work (Chemical Agents) regulations, 2001 including a Code of Practice on these regulations which "provides practical guidance specific to regulations 4(1)(e), 4(5)(d), 6(1)(c), (d) and (e) and 9 (1) (b) of these regulations and occupational exposure limit values (OELVs) for a number of chemical agents (Schedule 1 of the Code)". The HSA Code sets the legal standard and together with the other the authoritative HSA documents are summarised as follows:

Regulation 3 – Application
These regulations apply where hazardous chemical agents are/may be present. In the case of radiation protection and carcinogens specialist requirements also apply. The employer must ensure that other persons at work e.g. students, contractors, etc., who may be exposed to hazardous chemicals are similarly protected.

Regulation 4 – Determination and Assessment of the Risk of Hazardous Chemical Agents
The purpose of a chemical agent risk assessment is to enable the employer to make a valid decision about the measures necessary to prevent or control the exposure of his/her employees to (hazardous) chemical agents arising from the work activity.

The University of Galway methodology to be used for Chemical Agent Risk Assessments is given on the Health and Safety Office website.

Regulation 5 – Prevention and Control of Exposure to Hazardous Chemical Agents
The risk(s) to the health and safety of employees must be eliminated or reduced to a minimum by the hierarchy of control measures specified in *Regulation 5(1)(a)*.

Regulation 6 – Specific Protection and Prevention Measures

The risk to the safety and health of employees from hazardous chemical agents must be eliminated so far as is reasonably practicable or reduced to a minimum by:

1. avoiding the use of the hazardous chemical agent(s) or its substitution by a non/less hazardous agent;
2. design of work processes, use of engineering controls, etc., to minimise the release of the agent;
3. the use of appropriate extraction systems to remove the hazardous chemical agents at source;
4. where exposure cannot be prevented by other means to use individual protective measures.

As of 2015 it is a University of Galway insurance requirement "that all flammable chemicals be stored in Flame Proof Cabinets which comply with EN14770-1 (Fire Safety Storage Cabinets – Part 1: Safety Storage Cabinets for Flammable Liquids). As this is a new requirement then all new/additional cabinets being procured must comply with EN14770-1."

Regulation 7 - Duties of Employees

All employees must make full and proper use of any control measure, personal protective equipment or other protective measure provided, take all reasonable steps to return such control measures/means to any accommodation provided for it and to report any defects they discover in the control/protection measures provided.

Regulation 8 – Arrangements to Deal with Accidents, Incidents and Emergencies

There must be an action plan in place to be put into effect in the event of an accident, incident or emergency related to the presence of hazardous chemical agents in the workplace. This regulation includes the requirement for regular safety drills; appropriate first aid facilities; provision of warning and other communication systems; affected area to be restricted to only essential workers and that they are provided appropriate protective clothing, PPE, etc.; that the plan includes the remedial actions to restore the situation to normal as soon as possible and to inform employees who may be affected. Regulation 8 (c) requires that specific information on emergency arrangements be made available to employees and on request to the relevant internal/external emergency services.
Refer to University of Galway Unit Emergency Action Plan – Chemical Spills

Regulation 9 – Information, Training and Consultation

Employees and their Safety Representatives to have access to the risk assessment(s) data; information on the hazardous chemical agents; training and information on appropriate precautions and access to relevant Safety Data Sheets.

All containers and pipes used at work for hazardous chemical agents must be clearly labelled as to their contents and the employer will consult with employees and Safety Representatives on the requirements of these regulations.

Regulation 10 – Health Surveillance and Health and Exposure Records

The employer must make provision for appropriate health surveillance to be made available under the responsibility of an occupational health professional, to those employees for whom a risk assessment reveals a risk to their safety and health.

The University of Galway health surveillance process for those staff working with chemical agents is as follows:

(1) Where an employee is concerned about any potential work related health issue they are to report it to their Supervisor/Head of Unit in the first instance;

(2) A referral will be arranged by Human Resources to the occupational health service.

Resources:

- University of Galway Health and Safety website – Chemical Agent Risk Assessment
- HSA - Chemical Agents Code of Practice 2021
- HSA - Chemical Safety
- Emergency Action Plan - Chemical Spills
- HSA's Risk Assessment of Chemical Hazards
- Basic Principles for the Safe Use of Chemicals

CHEMICAL AGENTS - CARCINOGENS

[Safety, Health & Welfare at Work (Carcinogens) Regulations, 2001 SI 78 of 2001]
[Safety, Health & Welfare at Work (Carcinogens) (Amendment) Regulations 2015 SI622 of 2015]
[Safety, Health & Welfare at Work (Carcinogens) (Amendment) Regulations 2019 SI592 of 2019]

The above regulations were enacted to give effect to the EU directive 90/394/EEC (as amended by directives 97/42/EC and 99/38/EC). For the purpose of this legislation, a carcinogen means:

(a) a substance which meets the criteria for classification as a category 1 or 2 carcinogen as set out in Annex IV of Directive 67/548/EEC;

(b) a preparation composed of one or more substances referred to in subparagraph (a) where the concentration of one or more of the substances meets the requirements for concentration limits for the classification of a preparation as a category 1 or 2 carcinogen set out in either:
i. Annex I to Directive 67/548/EEC, or
ii. Annex I to Directive 88/379/EEC where the substance(s) do not appear in Annex I to Directive 67/548/EEC or appear in it without concentration limits; or

(c) a substance, preparation or process referred to or released by a process referred to in Schedule 1 of the Carcinogen Regulations. The scope of the regulations also includes Class 1 and 2 Mutagens.

The Health and Safety Authority have provided guidance on Carcinogens on their website. As chemical agents the same principles should be followed in chemical management terms with additional controls in view of their health risks. University of Galway has prepared a Guidance Note on Carcinogens. Below is a summary of the main regulations and the relevant University of Galway procedures.

As addressed in the University of Galway Guidance Note on Carcinogens and set out in the HSA's Guidance Note on CMRs a Register of staff working with CMRs must be maintained. The HSA's Guidance Note specifies in the case of Class 1a and/or Class 1b CMRs an annual register must be maintained by the responsible person, therefore the Head of Unit/PI must maintain a CMR register based on the annual records collated from all Unit's work with these CMRS. Annually each Unit working with these specific CMRS are to submit this register in the form of the relevant CMR risk assessment(s) with the names, staff id numbers and dates of birth of those to whom the CMR assessment applies. These are to be sent to the Health and Safety Office.

These records will be kept for up to 40 years as is the standard practice with occupational health records. This is consistent with GDPR requirements.

Regulation 3 – Application to Employers/Self Employed
These regulations apply where carcinogens or mutagens are/may be present. The employer must ensure that other persons at work e.g. students, contractors, etc., who may be exposed to these chemicals are similarly protected.

Regulation 4 – General Duties of Employer
The purpose of these regulations is to ensure that the Head of Unit/PI or other Person in Charge (as the employer) eliminates or where not possible minimises the exposure of his/her employees to carcinogens or mutagens arising from the work activity. This regulation sets out the specific duties of the employer in such terms as the Schedule 3 risk reduction measures to be applied, the completion of risk assessments, the elimination or where not possible the reduction of risk in accordance with the given hierarchy of controls and good practices.

In the case of Class 1a and/or Class 1b substances that are carcinogenic or mutagenic, University of Galway and its staff must maintain a **Carcinogen Register** based on the annual records collated from all Units who work with these Carcinogens. Each Unit working with these specific Carcinogens are to submit this register in the form of the relevant Chemical risk assessment(s) with the Names, Staff ID Numbers and dates of birth of those to whom the Carcinogen risk assessment applies. These are to be sent electronically to the Health and Safety Office (details of the secure means for this will follow).

These records will be kept confidentially for up to 40 years as is the legal requirement. This is consistent with GDPR requirements and these records are only accessible to authorised parties such as the Health & Safety Authority in accordance with the Safety, Health and Welfare at Work (Carcinogens) Regulations 2001 and (Amendment) Regulations 2015.

Regulation 5 – Information made Available to the Authority
The Head of Unit/PI or other Person in Charge (as the employer) is to provide the risk assessment findings (in Reg. 4) to the HSA when requested. And where the risk assessment reveals a risk to employee's health or safety, the employer can be requested to provided further specified information.

Regulation 6 – Unforeseen Exposure
The Head of Unit/PI or other Person in Charge (as the employer) shall inform the employees in the event of any unforeseeable event/accident, which is likely to result in abnormal exposure wherever a carcinogen or mutagen has been used.

In the event of such an occurrence/accident the employer shall ensure that the situation is managed to minimise exposure to all employees including employees involved in any necessary repairs or others who should not be allowed to work in the affected area.

Regulation 7 – Foreseeable Exposure
The Head of Unit/PI or other Person in Charge (as the employer) shall inform the employees in respect of any activity where there is a potential for a significant increase in exposure to carcinogens or mutagens, and where all technical preventative measures have already been exhausted, to comply with the four defined measures given in the regulations to minimise exposure.

Regulation 6(3)/7(3) – Other Employees
The Head of Unit/PI or other Person in Charge (as the employer) shall ensure that the provisions of Reg. 6 (1), Reg. 6 (2), Reg. 7 (1) and Reg. 7 (2) are applied to other employees who may be associated with such unforeseen or foreseeable exposures.

Regulation 6(4) and 7(2) – Personal Protective Equipment(PPE)
All employees must wear the PPE provided by the employer.

Regulation 8 – General Measures
In the case of any activity where there is a risk of contamination by carcinogens or mutagens, the Head of Unit/PI or other Person in Charge (as the employer) shall take appropriate measures to ensure that the five control/hygiene measures specified in Regulation 8 are complied with.

Regulation 9 – Duty not to make Charges for PPE
In accordance with Reg. 7 of the General Application Regulations employees must be provided with PPE free of charge.

Regulation 10 – Training and Information
The Head of Unit/PI or other Person in Charge (as the employer) shall take appropriate measures to ensure that employees receive appropriate training and information on carcinogens and on the specific points set out in Regulation 10 including the potential risks to health, including additional risks due to tobacco consumption; precautions to be taken to prevent exposure; hygiene requirements; the wearing and use of protective equipment and clothing, etc.

Regulation 11 – Consultation
Consultation with employees and their Safety Representatives on the requirements of these regulations takes place. Within University of Galway this is by means of the Safety Working Group and locally at Unit level.

Regulation 12 – Health Surveillance and Health and Exposure Records
The Head of Unit/PI or other Person in Charge (as the employer) must make provision for appropriate health surveillance to be made available under the responsibility of an occupational health professional, to those employees for whom a risk assessment reveals a risk to their safety and health.

The University of Galway health surveillance process for those staff working with chemical agents is as follows:

1. All employees complete a pre-employment medical which has regard to the specific work that the employee will be undertaking in University of Galway.
2. Where an employee is concerned about any potential work related health issue they are to report it to their Supervisor/Head of Unit in the first instance.

3. A referral will be arranged by Human Resources to the occupational health service.

Persons Responsible:

- Heads of Units;
- Principal Investigators;
- Director of Human Resources;
- Health and Safety Officer.

Resources

- Safety, Health & Welfare at Work (Carcinogens) Regulations, 2001 SI 78 of 2001:
  - Scheduled Carcinogens – Schedule 1
  - Scheduled Limit Values – Schedule 2
  - Scheduled Risk Reduction Measures – Schedule 3

CHEMICAL AGENTS - NANOMATERIALS

Namomaterials are defined by the European Commission as "A natural, incidental or manufactured material containing particles, in an unbound state or as an aggregate or as an agglomerate and where, for 50% or more of the particles in the number size distribution, one or more external dimensions is in the size range 1 nm - 100 nm". They are toxicologically quite novel. For assessment purposes they should be treated as Chemical Agents and in some cases as Carcinogens. Their size allows interaction with biological molecules in a manner that is quite distinct from that of the bulk material. The potential engineering and scientific applications for nanotechnology, and the benefits that it may bring, require a considered and careful approach to ensure their safe use. Authoritative guidance on their safe use is being revised and updated regularly so PIs and researchers working with Nanomaterials need to keep informed with current best safety practices.

Resources:

- University of Galway Health and Safety website – Nanomaterials Nanotechnology
- European Agency for Health & Safety at Work: Nanomaterials Safety Guidance
- University of Galway Health and Safety website – Chemical Agent Risk Assessment
- HSA - Chemical Agents Code of Practice 2021
- HSA - Chemical Safety
- Emergency Action Plan - Chemical Spills
- HSA's Risk Assessment of Chemical Hazards
- Basic Principles for the Safe Use of Chemicals
- HSA - Chemicals Legislation Enforcement: Nanomaterials
- HSA - Nanomaterials Information Sheet

CHEMICAL AGENTS – COMPRESSED GASES

Compressed gases are used in many teaching and research applications. Particular risks apply to the gases themselves (as chemical agents), the fact that they are under pressure and that they require particular care in their storage, handling and use. The University of Galway Code of Practice – Compressed Gas Cylinders has been developed as a resource for Units using compressed gases to have effective systems in place to ensure their safe use.

CHILDREN AND YOUNG PEOPLE - THEIR PROTECTION AT WORK

[Part 6 Chapter 1 Safety, Health and Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007]

Legislation

Reg. 143 defines a child as "*a person resident in the State who is under 16 years of age*" and a young person as "*a person who has reached 16 years of age but is under 18 years of age*". Night work is specifically defined in relation to a child or young person.

Reg. 144 requires that the employer shall:

(a) Carry out a risk assessment before employing a child or young person or whenever there is a major change in the place of work that could affect a child or young person.

Reg. 145 requires that the employer shall not employ a child or young person where a risk assessment reveals that the work has particular risks.

Reg. 146 requires that an employer shall make appropriate health surveillance available where the risk assessment reveals a risk.

Persons Responsible:

- Heads of Units;
- Director of Human Resources.

Resources:

- HSA website – Protection of Children and Young Persons
- University of Galway Child Protection Policy includes those on work experience placements or temporary employees.

CHILD PROTECTION POLICY

The protection of children includes certain workplace safety aspects and so this Human Resources policy is linked here so that relevant staff are aware of the procedures and supports that apply.

CONTRACTOR - SMALL PROJECTS

The University engages various contractors to perform certain functions on University property. The presence of contractors on site results in higher risk conditions due to factors such as limited local knowledge, communication problems, etc. For this reason, it is important to ensure the safety of both University personnel and contractors by developing adequate contractor safety procedures even when the size or nature of their operations seems small.

University staff who engage contractors are required to manage the safety of the project which includes getting the contractor's safety statement, the method statement for the work being carried out and Public Liability and Employer Liability insurance certificates. These requirements are set out in the Contractor Safety Checklist and together with this policy outlines safety procedure which must be complied with by any University personnel engaging the use of a contractor for

University work. Such a member of University personnel will be regarded as the person responsible for making the contractor aware of their health and safety obligations while engaged on University projects, unless another responsible person has been agreed.

Procedures

In the case of contract work which includes work to buildings/fabric, no building work is to be commissioned without first confirming the agreement of Buildings & Estates.

Evaluate potential contractor(s), as to their safety standards. All contractors' staff engaged in building work or entering a building site/area must have completed Safe Pass training.

In the case of major building works (and other relevant projects) a Project Supervisor Design process and a Project Supervisor Construction Stage will be appointed at the appropriate junctures in the project (see Construction Regulations guidance).

University personnel who engage contractors need to ensure that the project is properly managed, that a Safe System of Work Plan has been developed and is implemented. Periodic checks should be carried out to verify that the agreed arrangements and necessary controls are in place. If any deficiencies are noted they, as the person who engaged the contractor, are to liaise with the contractor to rectify the problem(s).

In the case of laboratories where contract staff or other unfamiliar staff may be accessing the lab to carryout maintenance, servicing or other works a specific QA 121 Contractor Safety in Laboratories and Other Unit Rooms policy has been developed for Laboratory Principal Investigators and other Managers to manage the safety of such contract staff.

Persons Responsible:

- Head of Unit;
- Principal Investigators;
- University Staff engaging the Contractor;
- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor or nominated contract manger.

Resources:

- Health and Safety Office website – Contractor Safety Checklist

CONSTRUCTION REGULATIONS

[Safety, Health and Welfare at Work (Construction) Regulations, 2013.]

[Safety, Health and Welfare at Work (Construction) Amendment Regulations 2013.]

[Safety, Health and Welfare at Work (Construction) Amendment Regulations 2019.]

Construction work is extensively defined in these regulations and includes the "*carrying out of any building, civil engineering or engineering work, other than drilling*

and extraction in the extractive industries, and includes construction, alteration, conversion, fitting out, commissioning, renovation, repair, upkeep, redecoration or other maintenance (including cleaning which involves the use of water or an abrasive at high pressure or the use of substances or preparations classified as corrosive or toxic for the purposes of relevant EC regulations), de-commissioning, demolition or dismantling, the preparation for an intended structure, the assembly of prefabricated elements, the removal of a structure or of any product or waste or the installation, commissioning, maintenance, repair or removal of mechanical, electrical, gas, compressed air, hydraulic, telecommunication and computer systems, or similar services which are normally fixed within or to a structure" (see Reg. 2 Interpretation for the full definition).

These regulations require that safety, health and welfare is taken into account during design and tendering, managed and co-ordinated on site using the Safety and Health Plan and that all safety information is passed on in the Safety File. Specific responsibilities are placed, in particular on clients, designers and contractors. In the main the University will be the client and these Regulations require that the client must:

1. Appoint competent Project Supervisors (PS) for both the design stage at or before the start of the design process and the construction stage, prior to the commencement of construction work. Their appointment must be made in writing and accepted by them in writing. The same person can be both PS (Design Process) PSDP and PS (Construction Stage) PSCS. PSs have explicit duties as defined in the regulations, and by working with all the relevant parties provide the safety and health link throughout the entire construction project. Before work commences, the PSCS must notify the HSA of any "notifiable" project (lasts more than 30 working days/500 person days). The PSCS must also co-ordinate consultation arrangements including where more than 20 people are normally employed by facilitating the appointment of a Safety Representative;
2. Keep the Safety File and make this information available to those requiring it and must co-operate with the PSDP and PSCS (s).

Designers

Designers must take into account the health and safety of those who will be constructing, maintaining or repairing the structure they design (specifically to take account of the Principles of Prevention, the Safety and Health Plan and the Safety File). It is the contractors who must manage site safety, but designers must "design-out" health and safety problems as far as possible. The regulations require that designers must:

1. Co-operate with and take into account any directions from the PSDP and PSCS (s) and co-operate with other designers;
2. Promptly provide the appropriate PSDP and PSCS (s) with information in writing on any particular risks of the project and other information to enable the PSDP and PSCS (s) comply with these regulations, including information required for the safety file.

Contractors and Service Providers

"Contractor" means a contractor or an employer whose employees undertake, carry out or manage construction work, or a person who:

a) carries out or manages construction work for a fixed or other sum; and

b) supplies materials, labour or both, to carry out the work project (See Reg. 2 Interpretation for the full definition).

Contractors are responsible for ensuring the health and safety of their employees and others on site. There are many specific safety measures that the contractors must put in place including:

1. General site safety (Part 4) and "particular" high risks including, for instance, working at heights (Part 13), demolition (Part 12) and excavations (Part 5) must be appropriately managed;
2. To co-operate, take account of directions and provide promptly any necessary information, on all fatal or notifiable accidents or dangerous occurrences to the PSCS including a copy of any reportable accidents/incidents;
3. Ensuring that all persons under their direct control have received the relevant specified training (Safe Pass Programme and Construction Skills) and to provide the PSCS with written confirmation of training and any other relevant certificates, documentation. Specifically that Safe Pass cards and Solas CSCS cards are given to employees.
4. To provide the minimum requirements for construction sites and on-site indoor workstations, including welfare facilities;
5. The appointment of a Safety Officer where the contractor employs more than 20 people;
6. The provision to all contractor employees (and/or their Safety Representative(s)) with all information and training relating to health and safety at work and consultation with them on all matters relating to their health and safety at work;
7. Comply with any reasonable rules, applicable to him in the Safety Plan and ensure so far as is reasonably practicable that his/her employees comply with such rules;
8. Supply a site specific Safety Statement to the PSCS;
9. Promptly provide relevant information for the Safety File;
10. Bring to the attention of employees any reasonable rules contained in the Safety Plan and to ensure compliance of those rules by his/her employees.

The regulations require the preparation of a Preliminary Safety and Health Plan by the PSDP for all notifiable sites and where there are particular risks. This provides initial detail on the project and its risks and enables the contractors when tendering to include adequate resources to ensure safety on site, in the tender costs. Based on this plan the more detailed Construction Safety & Health Plan is developed by the PSCS. The PSCS will update this Plan to ensure all the potential hazards on site

are included, including written rules. The PSCS has extensive duties in managing, co-ordinating and informing personnel involved in the construction stage so as to maximise site safety. The Safety File is the reference document for the safe maintenance of the finished building. It will contain information, which may be needed to ensure persons carrying out maintenance work, or alterations at a later stage can do so safely. Employees are also required to comply with any reasonable rules in the Safety Plan and to make proper use of any work equipment supplied.

Persons Responsible:

» Director of Physical Resources, as delegated to relevant Manager and/or Supervisor

CONFINED SPACES REGULATIONS

[Safety, Health and Welfare at Work (Confined Spaces) Regulations, 2001]

In these regulations 2(1) a confined space is defined as:

"any place which by virtue of its enclosed nature creates conditions which give rise to a likelihood of accident, harm or injury of such a nature as to require emergency action due to:

(a) the presence or the reasonably foreseeable presence of

i. flammable or explosive atmosphere

ii. harmful gas, fume, or vapour,

iii. free flowing solid or an increasing level of liquid

iv. excess of oxygen

v. excessively high temperature

(b) lack or reasonably foreseeable lack of oxygen".

These regulations do not apply to any place below ground in a mine; or any diving operations.

It is the employer's duty to ensure that these regulations are complied with in respect of any work carried out by his employees and work carried out by persons other than employees insofar as the provisions relate to matter which are in the employers control. Where a workplace is shared, employers must co-operate in implementing these regulations.

Every person at work must:

a) co-operate in complying with these regulations; and

b) make proper use of equipment, including any personal protective equipment or other items provided for their safety.

A person shall not enter a confined space to carry out work unless:

- it is unavoidable (i.e. not reasonably practicable to do this work without such entry.);
- an identification and evaluation of the risks to safety and health from such entry or work has been made;

- there has been provided a system of work, which has been planned, organised, performed and maintained so as to ensure that the work is safe, and without risk to health. Any person involved in carrying out this system of work must be provided with adequate information, instruction and training appropriate to the work they will be involved in.

A person shall not enter a confined space to carry out work unless suitable and sufficient emergency arrangements are in place including measures to ensure the health and safety of rescuers, a suitable and reliable system of raising the alarm, measures to ensure that rescue equipment is readily available and maintained, and that rescue personnel are provided with adequate information, instruction and training appropriate to the work they will be involved in that required resuscitation arrangements are in place.

Certain confined spaces associated with certain services have already been identified but Heads of Units need to ensure that they have identified any confined space risks that their location or activities may generate and ensure that appropriate controls are in place e.g. liquid nitrogen cannot be stored in a cold room, as an asphyxiant gas in an inadequately ventilated room this creates a potential confined space.

Persons Responsible:

- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor or nominated contract manager;
- Heads of Units (risk agents/facilities);
- Principal Investigators.

Resources:

- HSA – Code of Practice on Confined Spaces

COVID-19

Exposure to COVID-19 may present a health risk to staff and other persons in the workplace. Accordingly, University of Galway's management of COVID-19 is included in the University of Galway Safety Statement until there are effective measures in place to manage this disease. The occupational health approach appropriate for COVID-19 readily fits into the Plan – Do – Check – ACT framework as set out in this policy.

University of Galway as the employer must ensure the health and safety of our employees, students, contractors and visitors to university premises in relation to COVID-19. The University including its employees must comply with any continuing government guidelines, including for example social distancing. *The Safety Health and Welfare at Work Act 2005* sets out the employer's duties (see Section 8 pg. 2-2). Employee's have duties to co-operate and report as set out in the employee's duties (see Section 13 pg. 2-17).

DISPLAY SCREEN EQUIPMENT (DSE)

[Part 2 Chapter 5 of Safety, Health and Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007]

Introduction

The provisions of this part of the Regulations apply to employees who habitually use display screen equipment (DSE) as a significant part of their normal work. DSE is legally defined as "*any alphanumeric or graphic display screen, regardless of the display process involved*", most typically VDUs or microfiches, but would also include certain other equipment with display screens. Within the University, such habitual users are defined as University employees who use DSE for a continuous hour or more every day, or whose average total time spent on DSE work is two hours or more every day. Within each Unit the DSE assessment procedure should be implemented.

Risk Assessment

All existing workstations shall be evaluated as to their health and safety risks (see DSE assessment procedure). Within the various Units, local staff have been trained as DSE assessors; their role is to provide assistance to the Head in assessing the DSE workstations of the staff in the Unit. On the basis of such evaluations, appropriate measures to remedy these risks shall be taken. This evaluation shall take into account the requirements of Schedule 4 of the Regulations.

- All existing workstations shall be evaluated by suitably trained DSE assessors.
- Staff requiring their computer workstation to be risk assessed should contact their Unit's DSE Assessor or Unit Safety Coordinator.
- A copy of the evaluation shall be issued to the employee and Head of Unit indicating the follow up action (if any) which is required.
- A reference to the completed assessment to be included in the Unit Safety Statement.
- Records of assessments will be kept by the Head/their nominee.
- Records of training will be kept centrally and locally on the Unit's SharePoint Site with due regard for any personal, sensitive data.

Compliance

All new workstations shall comply with the minimum requirements specified in Schedule 4 of the Regulations.

- Information Solution and Services personnel having a role in the purchase and replacement of DSE workstation equipment, have been advised of the implications of this legislation;
- Buildings & Estates staff who may be involved in the design/modification of areas to be used for DSE workstations or the purchase of furniture for use at DSE workstations, have been advised of the relevant requirements of this legislation;
- Where a new workstation is being provided the local DSE assessor should be contacted in the event of specific queries and in anticipation of the new workstation requiring assessment.

Work Pattern

DSE work must be periodically interrupted by breaks or changes of activity (Reg. 72 (1)c). Work arrangements must allow for natural breaks, alternating work type, etc., for the DSE operator.

Training

Workers shall be provided with training in the use of DSE and relevant information on the health and safety considerations of DSE work.

- Employees will be provided with information on DSE workstation safety. This is available on the University of Galway Health and Safety Office website – DSE/ Computer Workstation Assessments.
- Employees will be kept informed of health and safety improvements to their DSE workstations (as above);
- Employees shall be provided with adequate training in the use of the DSE e.g. IT courses for staff.

Eye/Eyesight Testing

Employees (as defined in the introduction above) are entitled to an appropriate eye and eyesight test. The arrangements for this are set out on the Eye and eyesight test webpage.

Persons Responsible:

» Heads of Units;
» Principal Investigators;
» Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
» Director of Information Solutions and Services;
» Director of Human Resources;
» Health and Safety Officer.

Resources:

» HSA – Display Screen Equipment
» University of Galway website – DSE/Computer Workstation Assessments

DIVING FOR WORK POLICY AND PROCEDURES (SCUBA)

A number of Schools and Research Groups are involved in diving operations. As a high hazard activity all diving operations must be carried out in accordance with the law and current best practices.

The University of Galway Diving Policy and Procedures QA190 have been developed to comply with the relevant parts of the *Safety, Health and Welfare at Work (Diving) Regulations 2018 (S.I. No. 254 of 2018)* and the HSA's Code of Practice for Inland Diving and Inshore Diving (Safety, Health and Welfare at Work (Diving) Regulations 2018).

This Policy sets out the responsibilities of the Diving Supervisors, relevant School's and University of Galway's Diving Control Board (see Fieldwork & Diving Website for this Policy and further information.)

DRIVING FOR WORK

The Health and Safety Authority confirms that “driving for work" includes any person who drives on a road as part of their work either in:

- A company vehicle; or
- Their own vehicle and receives an allowance from their employer for kilometers driven.

Commuting to work is not generally classified as driving to work, except where the person’s journey starts from their home and they are travelling to a work location that is not their normal place of work.

Because of the potential risks to the driver, other road users and others if vehicles are not driven safely, the Health and Safety Authority and the Road Safety Authority have collaborated to produce guidance on Safe Driving for Work (see Resources).

University employees using their vehicles in the course of their employment must comply with the requirements of University of Galway’s Policy and Procedures Manual - Travel and Subsistence section (Consult University of Galway website on updated Accounts, and Insurance details, one such link is given here).

The transporting of dangerous substance in private vehicles is prohibited. Certain low hazard material may be transported by road provided an adequate risk assessment has been completed in advance and the appropriate arrangements are made to ensure personnel and environmental safety i.e. proper containment, safe handling procedures, PPE, etc.,

A complete Driving for Work Safety Policy is available at this link.

Further driving safety points to be considered before driving for work are set out on the Health and Safety Office website (see Resources).

Persons Responsible:

» Heads of Units owning/hiring vehicles;
» Principal Investigators;
» All Staff who drive for work.

Resources:

» HSA – Driving for Work
» RSA – Driving for Work
» Health & Safety Office - Driving for Work

ELECTRICAL SAFETY

[Part 3 of Safety, Health and Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007]

Regulation 75 – Application

The provisions of this Part of the Regulations apply to the generation, transformation, conversion, switching, controlling, regulating, rectification, storage, transmission, distribution, provision, measurement or use of electrical energy at a place of work. However, these regulations do not apply to electrical equipment or electrical installations used exclusively for electrical testing or research purposes or medical electrical equipment, but such latter equipment or installation(s) shall be constructed, installed, maintained, protected and used with adequate precautions being taken so as to prevent danger.

Requirements

The Health and Safety Authority (HSA) have issued a Guide to the Safety, Health & Welfare at Work (General Application) regulations, 2007 Part 3 Electricity.
The University acknowledges its responsibility to comply with Part 3 of the regulations and any authoritative guidance such as the above HSA Guide. This guidance document will be used by University of Galway staff to comply with these regulations.

Within University of Galway, Buildings & Estates is responsible for the safe management of the electrical supply. Units need to manage the safety of electrical equipment that belongs to them. Below is a summary of the main regulations:-

All live parts which may cause danger shall either be suitably covered with insulating material and so protected as to prevent danger; or have such precautions taken in respect of them (including their location) as will prevent danger.

Regulation 76 – Suitability of electrical Equipment and Installations

Regulation 77 – Adverse or Hazardous Environments

Regulation 78 – Identification and Marking

Regulation 79 – Protection Against Electric Shock In Normal Conditions

Regulation 80 – Protection Against Electric Shock In Fault Conditions

Regulation 81 – Portable Equipment (refer to Electrical Safety - Portable Equipment in these Safety Guidelines).

Regulation 82 – Connections and Cables

Regulation 83 – Over-current Protection

Regulation 84 – Auxiliary Generator and Battery Supply

Regulation 85 – Switching and Isolation for Work on Equipment made Dead

Regulation 86 – Precautions for Work on Electrical Equipment

Regulation 87 – Work Space, Access and Lighting

Regulation 88 – Persons to be Competent to Prevent Danger

Regulation 89 – Testing and Inspection

Regulation 90 – Earth Leakage Protection for Higher Voltage

Regulation 91 – Substation and Main Switch Rooms

Regulation 92 – Fencing of Outdoor Equipment

Regulation 93 – Overhead Lines and Underground Cables

Persons Responsible:

- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
- Heads of Units;
- Principal Investigators;
- Technical Personnel (equipment use);
- All Staff (reporting defects).

Resources:

- CE Marketing – Directive
- ETCI Management of Electricity at Work
- HSA – Electricity
- HSE – Maintaining portable and transportable electrical equipment

ELECTRICAL SAFETY – PORTABLE EQUIPMENT

[Part 3 of Safety, Health and Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007]

Accordingly to ensure the safety of University of Galway staff and students using University portable electrical equipment, an Electrical Safety - Equipment Policy has been developed for University of Galway Units to appropriately implement.

Any unsafe or out of service equipment must be securely labelled and its use prevented until it is made safe, serviced or effectively disposed of/recycled.

EMPLOYEE ASSISTANCE PROGRAMME

Human Resources have facilitated an Employee Assistance Programme as a counselling and information service to staff (and members of their families/ households) for the range of problems or crises that may arise some of which may be related to workplace safety issues.

EVENT MANAGEMENT SAFETY

The organsation of events requires proper planning and management of safety measures to ensure that the event goes ahead without any injuries or incidents. From the initial planning of the event, it is important that safety is factored in so that unnecessary risks can be designed out and that there is sufficient lead in time to ensure that any required safety arrangements are in place such as fire marshals, emergency procedures, additional space, availability of ambulance/first aid crew, etc., An Event Managment Safety Guide has been developed by Buildings & Estates and the Health and Safety Office to assist Event Organisers in organising a safe and successful event.

EXPLOSIVE ATMOSPHERES AT PLACES OF WORK

The Health and Safety Authority (HSA) have issued a Guide to the Safety, Health & Welfare at Work (General Application) regulations, 2007 Part 8 Explosive Atmospheres at Work.

These regulations apply to workplaces where employees are potentially at risk from an explosive atmosphere.

The legislation does not apply to five areas. Most notably for the University, the following exclusions apply:

1. Areas used directly for and during the medical treatment of patients;
2. The use of appliances burning gaseous fuels (Council Directives 90/396/EEC of 29 June 1990 as amended by 93/68/EEC of 22 July 1993);
3. The manufacture, handling, use, storage and transport of explosives or chemically unstable substances;
4. Mineral extractive industries as referred to in the relevant statutory provisions; and
5. Means of transport where international agreements, including ADR and the relevant EC directive apply, but means of transport intended for use in a potentially explosive atmosphere shall not be excluded.

The University acknowledges its responsibility to comply with Part 8 of the regulations and any authoritative guidance such as the above HSA Guide. This guidance document will be used by University of Galway staff to comply with these regulations.

Below is a summary of the main regulations:

Regulation 169 – Assessment of Explosion Risk and Explosion Protection Document
Regulation 170 – Classification of Places where Explosive Atmospheres may Occur
Regulation 171 – Prevention Against Explosion
Regulation 172 – Safety of Plant, Equipment and Protective Systems
Regulation 173 – Training, Instructions, Permit to Work
Regulation 174 – Protection of Employees from Explosion
Regulation 175 – Coordination at Workplaces

Persons Responsible:

- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
- Heads of Units (Unit equipment);
- Principal Investigators (Unit equipment).

Resources:

- HSA – Explosive Atmospheres at Places of Work

FIELDWORK CODE OF PRACTICE

The Health and Safety Office has developed this University Policy and Model Code of Practice on Fieldwork in University Units as a resource for Units carrying out

fieldwork. This is intended to enable them to define their local arrangements and systems for ensuring the safety of University of Galway fieldworkers.

LATEX GLOVES – GUIDELINES AND POLICY ON THEIR USE

Introduction

The number of allergic reactions to exposure to latex, either natural rubber latex (NRL) or synthetic latex, has increased significantly in the last 10 years, particularly in laboratory workers and those in healthcare occupations who wear latex gloves as a method of personal protection against biohazardous agents. Such reactions are triggered by either proteins present in NRL or the chemical agents used in the manufacture of natural or synthetic rubber gloves coming into direct contact with the skin, or by inhalation of powder contaminated with latex proteins, or other agents, from powdered latex gloves.

Sources Of Latex

NRL on processing forms a strong, flexible and durable material with excellent dexterity and protective features for use as protective gloves, amongst other applications. Synthetic rubber latex does not possess the natural proteins of NRL but may contain other allergy-inducing agents.

Allergies To Latex

There are two types of allergy related to latex: Type I - caused by the natural proteins in NRL; and Type IV - caused by other chemicals used in the processing of NRL or the manufacture of synthetic latex. Once acquired, latex allergy is a lifelong condition; there is no cure but there are effective treatment strategies. Some people may experience an irritant reaction when using latex gloves, known as irritant contact dermatitis, but this is not a true allergy.

Type I allergy is an immediate allergic reaction and is potentially life threatening. Symptoms include urticaria (hives) and hay fever-type symptoms. More severe symptoms such as a drop in blood pressure, breathing difficulties or even loss of consciousness and death have occurred. Many years of exposure may precede the onset of a Type I latex allergy, and repeated exposure to latex may progress the condition causing sensitisation.

Type IV allergy usually has a delayed onset of symptoms, ranging from 6-48 hours post-exposure, but usually diminishes with time. A red, itchy, scaly skin rash usually localised to the area of exposure, and inflammation of the eyes and nose are the most common symptoms. Chemicals most likely to cause Type IV latex allergies include thiurams, dithiocarbamates and mercaptobenzothiazoles.

Persons At Risk

- Healthcare workers
- Laboratory personnel

- Persons with a history of certain food allergies, such as banana, kiwi fruit, chestnut, avocado
- Persons with atopic allergic disease
- Persons working in workshops, catering and electronics
- Persons routinely using latex gloves
- Persons in the vicinity of users of powdered latex gloves

Factors To Consider When Choosing Latex Gloves

Suppliers of latex gloves should be asked to identify potentially harmful agents found in the latex glove, including chemical process accelerators used in their manufacture. If gloves contain constituents, which have been assigned any of the following risk phrases or hazard statements, it is imprudent to use them:

- R21: harmful in contact with skin/H 312 Harmful in contact with skin
- R24: toxic in contact with skin/H 311 Toxic in contact with skin
- R27: very toxic in contact with skin/H 310 Fatal in contact with skin
- R38: irritating to skin/H 313 Causes skin irritation
- R42: may cause sensitisation by inhalation/H 334 May cause allergy or asthma symptoms or breathing difficulties if inhaled
- R43: may cause sensitisation by skin contact/H 317 May cause an allergic skin reaction

It is likely that low risk, tested gloves will be slightly more expensive, but there is a higher risk that cheaper gloves may invoke an allergy due to inadequate process purification methods and lack of testing. Glove suppliers should be asked to give a written guarantee that the gloves they supply have not caused allergic reactions to their customers.

Policy

University of Galway acknowledges its responsibility to reduce, so far as is reasonably practicable, the exposure of its employees to latex in the workplace. It recognises that whilst exposure to latex occurs through the use of many products used in normal daily life, those whose work activities repeatedly expose them to latex, such as users of latex gloves, require particular attention. The University undertakes to follow best practice in latex allergy management and is committed to providing information and education on latex allergy to its employees.

1. Where gloves are used as a means of personal protective equipment, their necessity of use must be the subject of a written risk assessment by the respective Unit, in accordance with Part 2 of Chapter 3 of the Safety, Health and Welfare at Work (General Applications) Regulations, 2007, (See Personal Protective Equipment). The risk assessment must also account for the wearer's pre-existing allergies or skin complaints.

2. Latex gloves, both NRL and synthetic, should not be used where there are acceptable non-latex alternatives.
3. Where latex gloves are considered essential, glove wearers must be fully informed of the risks of latex allergy.
4. Gloves with as low a level of extractable protein as is reasonably practicable should be used. (Manufacturing standards of less than 50µg/g are reasonably achieved.)
5. Powdered latex gloves should never be used.
6. Use of a non-latex (cotton) liner between skin and latex should be encouraged.
7. Users of latex gloves should avoid using oil-based creams or lotions which may cause deterioration of the glove. This may promote enhanced latex exposure and exposure to the hazard being handled. On removal of latex gloves, users should inspect their hands for any irritation and wash them with a suitable agent and dry them thoroughly.
8. Any member of staff using latex gloves who subsequently develops any skin or respiratory problem must be immediately referred for medical advice.
9. Where latex gloves are currently in use at the time of the introduction of this policy bullets (8 above) must be implemented without delay.

Persons Responsible:

- Heads of Units;
- Principal Investigators;
- Supervisors;
- All Staff.

Resources:

- University of Galway Safety Statement – Personal Protective Equipment (PPE)
- Guidance Note on Biological Agents relevant to Service Support Staff

LONE WORKING

Lone working refers to the situation where a person's work involves a proportion of their time, in circumstances where there is no close, frequent and regular involvement with other workers or supervision.

Various University personnel and students work alone, and these guidelines identify the general safety measures to be adopted in lone working situations. If lone working arises because of out-of-hours work, see Out of Hours guidance in this document.

The identification of hazards and the assessment of risks for all activities within the Unit is completed in the Unit Safety Statement and risk assessments. But for any of these activities where they are carried out alone the risk will generally be higher. This is because working in isolation may jeopardise safe working practices, and results in communications problems e.g. calling for assistance in the event of an injury. For this reason the controls/arrangements must emphasise the role of communications. The following are the measures, to be used in reducing the risks of lone working.

1. Hazardous work such as using high hazard equipment e.g. confined space work or hazardous electrical work shall not be conducted alone.
2. Avoid lone working where possible. Any hazardous work must, as a minimum, be conducted in pairs (buddy system) and appropriately supervised.
3. Establish a reporting procedure for all persons working alone, and the agreed action to be taken in the event of non contact, e.g. if person has not returned by a pre arranged time, supervisor (or other nominee) to phone the "lone worker" at work site/home.
4. Arrange appropriate supervision in advance.
5. Arrange appropriate communication system if working in a remote location in advance.
6. Plan lone work to avoid hazardous conditions, e.g. the equipment/substances being used, weather, time of day, geographical location, etc.
7. Ensure equipment is in good condition.
8. Appropriate safety equipment, e.g. first aid kit, torch, etc., to be available.
9. Appropriate training to include specific hazards of lone working and their prevention.
10. Risk assess the use of warning options such as "man down systems". In using such systems managers and staff need to be aware of any limitations, dependence on technology, who will respond, users and responders need to be trained, what will the response time be, potential for false alarms, etc. and have a defined procedure in place that is tested and reviewed regularly.

Persons Responsible:

- Heads of Units;
- Principal Investigators;
- Supervisors;
- Academic Supervisor.

Resources:

- HSA – Lone Workers
- HSE – Working Alone in Safety: Controlling the Risk of Solitary Work

MANUAL HANDLING OF LOADS

[Part 2 Chapter 4 of Safety, Health and Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007]

Manual handling is defined as the "*transporting or supporting of a load by one or more employees and includes lifting, putting down, pushing, pulling, carrying or moving a load, which by reason of its characteristics or of unfavourable ergonomic conditions involves risks, particularly of back injury, to employees*".

Requirements

The University is required to take appropriate measures to avoid the need for manual handling of loads by employees, e.g. by the use of mechanical equipment, organisational arrangements, etc.

Where manual handling cannot be avoided, the University shall take appropriate organisational measures, use or provide appropriate means to reduce manual handling risks, having regard to the matters specified in Schedule 3 of the Regulations.

Where manual handling cannot be avoided, workstations shall be organised in such a way as to make such handling as safe and ergonomic as possible. The employer, must in addition:

1. Take account of the risk factors specified in Schedule 3 of the 2007 Regulations, assess the health and safety conditions of the type of work involved and take appropriate measures to avoid or reduce the risk, particularly of back injury, to employees;
2. Ensure that particularly sensitive risk groups of employees are protected against any dangers that specifically effect them in relation to the manual handling of loads and the individual risk factors as set out in Schedule 3;
3. Ensure that where employees are undertaking tasks that their health and safety capabilities are taken into account including in relation to the manual handling of loads by employees, the individual risk factors set out in Schedule 3;
4. When carrying out health surveillance in relation to the manual handling of loads by employees, to take account of the appropriate risk factors in Schedule 3.

All employees involved in manual handling shall receive general indications and, where possible, precise information on:

- the weight of each load;
- the centre of gravity of unusual (eccentric) loads.

In accordance with the Work Equipment Regulations equipment used for lifting loads must be used properly, marked correctly, its use properly planned and supervised, tested and maintained in accordance with Reg. 42.

Training

Training of staff in manual handling shall be coordinated and arranged through the Health & Safety Office. This training will be provided on a priority basis, i.e. staff with a substantial involvement in manual handling shall be trained first but ultimately all staff potentially handling loads at work shall have a knowledge of manual handling principles (see Resources below).

Persons Responsible:

» Heads of Units;
» Principal Investigators;
» Supervisory Staff;
» Health and Safety Officer;

» Health & Safety Office (training).

Resources:

» University of Galway website – Manual Handling Assessment Form
» HSA – Manual Handling of Loads
» University of Galway website – Manual Handling

MANUAL HANDLING – BOTTLED WATER DISPENSERS

[Part 2 Chapter 1 and 4 of Safety, Health & Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007]

In accordance with Regulation 18(d) every employer is obliged to ensure that "*an adequate supply of potable drinking water is provided and maintained at suitable points conveniently accessible to all employees*". While various forms of piped drinking water supplies have been provided in University buildings, for ease of access, aesthetic and other reasons there has been a significant increase in the number of local (refrigerated) drinking water dispensers being used by University employees. The bulk of these are as bottled water dispensers (the larger bottles having a mass of 19.5kg) and a substantial number of such bottles are handled by University personnel annually. Therefore, as a substantial manual handling issue the University must ensure that its practices and procedures for handling such bottles ensure that this risk is eliminated or reduced as far as possible in accordance with Part 2 Chapter 4 of Safety, Health and Welfare at Work (General Application) Regulations, 2007.

Requirements

The University is required to take appropriate measures to avoid the need for the manual handling of loads by employees.

- As far as possible University Units shall be provided with a piped water supply either as a tap supply or refrigerated dispenser unit.

Buildings and Estates to assess in first instance.

Therefore the handling of bottled water must be avoided and only where a piped supply is not feasible, should Units use a bottled water dispenser(s). In such cases where the bottles are to be handled, an assessment of the manual handling work shall be carried out and thereafter appropriate measures to avoid or reduce the risk shall be taken, including:

- the Unit to arrange the assessment of the handling risks before the dispenser is installed;
- the Unit to ensure that all the risks are minimised before the dispenser is installed e.g. by ensuring that area is kept clear for safe handling and access;
- the bottles to be supplied in the smaller unit size (11.5kg);
- the supplier of the water bottles to provide instructions in the handling of them by one and two persons;
- the water bottles to be clearly marked up as to their weight, etc.;
- all staff who at any time may have to handle these bottles to be trained in their handling.

NOTE: While not a direct manual handling issue, the siting of any drinking fonts/ systems needs to be risk assessed by Buildings & Estates or Unit (whichever is arranging the font/system) to ensure that the risk of spills is eliminated or adequately reduced/managed.

Persons Responsible:

- Heads of Units;
- Principal Investigators;
- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
- Supervisory Staff;
- Health and Safety Officer;
- Health & Safety Office (training).

Resources:

- University of Galway website – Manual Handling Assessment Form
- HSA – Manual Handling of Loads
- University of Galway website – Manual Handling

NIGHT WORK AND SHIFT WORK

[Part 6 Chapter 3 Safety, Health and Welfare at Work (General Application) Regulations, 2007 (S.I. No. 299 of 2007)]

The Legislation

Night workers are defined as "*employees who normally work at least 3 hours of their daily working time during the night time (the period between midnight and 7am the following day) and whose annual number of hours worked at night equals or exceeds 50 per cent of their annual working time*".

Shift worker means "*any worker whose work schedule is part of shift work ... whereby workers succeed each other at the same work stations according to a certain pattern... entailing the need for workers to work at different times over a given period of days or weeks*".

Regulation 154. These Regulations apply to:

(a) An employee or employer to whom the Organisation of Working Time Act, 1997 applies; and

(b) A self-employed person.

Regulation 155 requires that the employer carry out a risk assessment, taking account of:

(a) The specific effects and hazards of night work; and

(b) The risks to the health and safety to the employee concerned related to the work that a night worker is employed to do,

so as to determine whether that work involves special hazards or a heavy physical or mental strain.

Regulation 156 requires that the employer, taking account of the Reg. 155 risk assessment, shall:

(a) Take appropriate steps for the protection of the safety and health or a night worker of shift worker;

(b) And have regard to this above duty in complying with section 18 of the Organisation of Working Time Act, 1997.

Regulation 157 requires that the employer

(a) Before employing a person as a night worker;

(b) At regular intervals during the period that that person is employed as a night worker,

shall make available to that person a health assessment by a registered medical practitioner, in relation to any adverse effects that night work may have on the night worker's health.

The purpose of this health assessment is to determine if the employee's health is being adversely affected by their current or potential night work. On completion of the assessment the person who performed it will inform the employer and employee concerned:

i. Their opinion as to whether they are fit or unfit to perform the night work;

ii. If their opinion is that the person is unfit by reason only of the particular conditions under which that work is being performed, that they will suggest changes in these condition that could be made so that the employee could be considered fit to perform night work;

This information is of a private and confidential nature.

If night workers become ill or exhibit symptoms of ill-health and these are recognised as being connected with the fact that they perform night work, then the employer shall re-assign such workers to day work and to work which they are suited.

Persons Responsible:

» Head of Units;
» Principal Investigators.

Resources:

» HSA – Night Work and Shift Work

NOISE IN THE WORKPLACE

[Part 5 Chapter 1 Safety, Health and Welfare at Work (General Application) Regulations, 2007. S.I. 299 of 2007]

The objective of this section of the 2007 General Application Regulations is to protect workers from the risks of hearing damage caused by loud noise and sets out three exposure limit values and exposure action values (Regulation 123), as follows:

(a) Exposure limit values
L EX, 8h = 87dB(A) and ppeak = 140dB(C) in relation to 20 μPa;

(b) Upper exposure action values
L EX, 8h = 85dB(A) and ppeak = 137dB(C) in relation to 20 μPa;

(c) Lower exposure action values
L EX, 8h = 80dB(A) and ppeak = 135dB(C) in relation to 20 µPa.

The HSA have issued a Guide to the Safety Health and Welfare at Work (General Application) Regulations Chapter 1 of Part 2 Control of Noise at Work.

Noise is measured in decibels (dB(A)s) and ranges from a silent 0 dB(A) to 140 dB(A) in the noisiest situation. As an example, if you cannot clearly hear what someone is saying when you are about 2m away, the level is likely to be above one of the three exposure values i.e. over 80 dB(A).

Hazards

Loud noise at work can cause irreversible hearing damage. It accelerates normal hearing loss (deafness) which occurs as we grow older. It can cause other problems such as tinnitus (troublesome noises in the ear), and may interfere with workplace communications, resulting in accidents and/or also contribute to workplace stress.

Risk Assessment – Regulation 124

Where employees are liable to be exposed to noise at work above a lower exposure action value, the risks shall be assessed locally and detailed in the Units own Safety Statement (Part 4) for the relevant occupational noise sources. This assessment shall be carried out in consultation with the employees or their representatives. This risk assessment shall be competently carried out in compliance with the details of Regulation 124. It will include:

- Identification of representative noise sources for the relevant areas/equipment in the Unit;
- Noise survey to be carried out where the noise level in the workplace requires formal assessment or where the actual noise level needs to be established. Records of any previous surveys organised by the Health and Safety Office have been forwarded to the relevant Unit who must retain these together with records of noise reduction measures;
- Establish how long people are exposed to the noise levels and determine the daily personal noise exposure (Lep,D).

Controls/Arrangements

(1) The employer shall ensure that the risks arising from exposure of his/her employees to noise is either eliminated at source or reduced to the minimum (Regulation 125(a)). In particular the employer shall take into account:

- Other methods of work;
- Choice of work equipment (see “Buy Quiet Policy” below);
- Design and layout of workstations;
- Adequate information and training for employees to use equipment correctly;
- Noise reduction by technical means such as by the use of shields or isolation;

- Equipment, places of work and systems of work to be properly maintained (Reg. 125).

(2) If the risk assessment indicates that the upper exposure action level is exceeded then a programme of technical and organisational measures or both shall be established and implemented to reduce noise exposure (Reg. 126).

(3) If the risk assessment indicates that there are workstations where employees noise exposure is likely to exceeded 85dB(A) then mandatory warning signs shall be displayed conveying that hearing protectors are available and must be worn. And where appropriate such areas should be protected from unauthorised access (Reg. 127).

(4) Ensure no exposure above the exposure limit values (ELV) and if despite compliance measure exposure is exceeded then:

- Take immediate action to reduce noise below the ELV;
- Identify the reason;
- Amend measures to prevent recurrence (Reg. 128)

(5) Appropriate, properly fitting, individual hearing protection shall be made available to employees where the risks cannot be prevented by other means. This is required where the noise exposure exceeds the LEAV. Employees must wear hearing protectors where their exposure equals or exceeds the UELV. Hearing protection must be effective and comply with Reg. 129.

(6) Where employees are potentially/exposed to noise at or above the lower exposure action value, suitable and sufficient information and training related to the risks resulting from noise exposure shall be provided to the employees and/or representatives in accordance with Reg. 130.

(7) Health surveillance must be provided to employees where the risk assessment reveals a risk to their health. In the case of employees whose exposure exceeds an upper exposure action level value, hearing checks by a registered medical practitioner must be made available to them. In the case of employees whose exposure exceeds a lower exposure action level value, preventive audiometric tests must be made available to them. These checks and tests are to provide an early diagnosis of any hearing loss due to noise and to assist in the preservation of hearing. These checks, tests, records and associated requirements must comply with Reg. 131.

(8) If noise levels reach or exceed 85dB(A) (First Action Level) relevant employees must be informed about the risks and precautions required.

(9) Other control methods/advice that should assist in reducing noise exposure include:

(a) Buy Quiet Policy

- Select quieter machines or processes. If buying new machines insist on noise generating data before purchase;
- Identify the health and safety hazards (including noise) that are likely to be present when the machinery is used;

- Assess and eliminate the likely risks in advance;

(b) Check whether manufacturer's information on noise levels are correct when in use;

(c) If elimination of the risks is not possible:

- provide safeguards (e.g. providing noise enclosures) or, if that is not possible;
- provide information about any residual risks and place signs on the machinery to warn of risks that cannot be reduced in other ways (e.g. 'noisy machine' signs)**;**
- reduce exposure by rotating jobs or providing noise refuge areas.

The above legally required and best practice control measures procedures are to be prioritised as immediate short, medium and long-term requirements based on the risk and nature of the controls/arrangements required, and reviewed annually.

Persons Responsible:

» Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
» Heads of Units (Unit equipment);
» Principal Investigators (Unit equipment).

Resources:

» HSA – Control of Noise at Work
» HSA – Noise
» Health & Safety Executive (UK) L108 Controlling noise at work The Control of Noise at Work Regulations 2005 (2021)

OUT-OF-HOURS WORKING POLICY AND PROCEDURES

Introduction

In the context of the Strategic Priorities on Research, the University has developed a policy which supports staff in their need for access to laboratories, offices and other University facilities on a 24/7 basis. The University recognises that certain staff have needs for continuous access to laboratories for experimental reasons, to work with colleagues across different time zones and who are also frequently working to deadlines which may require out-of-hours access. That these needs should be facilitated is a reasonable expectation of such highly motivated staff.

However, 24/7 access also has attendant risks to health and safety and the University must provide access in such a manner as will minimise risk. This policy document serves to balance the need for access with a reasonable system that provides for a safe environment for staff and complies also with working time legislation.

While it wishes to support the work of staff by all reasonable means possible, the University requires that out-of-hours work shall only be undertaken having due regard to the health, safety and personal security of the individuals concerned directly and indirectly.

Where work entails a risk of serious injury or fire, Heads of Units are required to prohibit staff / Post Graduate (PG) students from working out of hours.

Out-of-hours working must not substitute for work that can reasonably be carried on during normal working hours. However, for those many highly motivated staff who desire or need to work outside normal hours, compliance with these policies and procedures is essential in the interests of safety.

Definitions

1. This policy sets out the required procedures for all staff and postgraduate students of University of Galway intending to conduct out-of-hours work on campus.
2. Nothing in this policy shall supersede in whole or in part the duties of employers or employees under:
   i. Existing statutory provisions relevant to health, safety and welfare at work;
   ii. Common law;
   iii. University Safety Statement.
3. Out-of-hours working is defined as follows:
   - Any Laboratory / Experimental work undertaken outside of 9am-6 pm Monday– Friday;
   - Any other work undertaken outside of 7am-10pm Monday – Friday and during the hours of 9am-6pm on Saturday, Sunday & Bank/Public Holidays.
4. NOTE: All buildings must be vacated by 6pm on Saturdays, Sundays and Bank/ Public holidays when they will be subject to full lock up.
5. At Christmas the campus will close down for a specified number of days and access will only be granted under exceptional circumstances.
6. No PG student shall be allowed to work alone in a laboratory/workshop under any circumstance.

Table 1. Time-Table: Out of hours work for the 3 different categories

Times	**Monday to Friday**		**Weekends/Bank-holidays**
	Lab/Exp. Work **	**Any other Work ***	
9am – 6pm	Normal Hours	Normal Hours	Any work ***
6pm – 10pm	Lab/Exp. Work **	Normal Hours	Closed
10pm – 7am	Lab/Exp. Work **	Any other work *	Closed
7am – 9am	Lab/Exp. Work **	Normal Hours	Closed

Key to Out of Hours Work: ** Any other work * Any Work ***

7. The following Risk Categories apply to Out-of-hours Work. At all times normal safety management measures and required protective and preventive controls must be in place – see relevant Unit Safety Statement/risk assessments.

Table 2. Risk Categories

Category A Risk (Unacceptable)	Activities to be carried out 9am – 6pm Mon – Fri only e.g. proposed novel, high risk laboratory work by lone, inexperienced researcher.
Category B Risk (High - excludes significant hazards)	Activities to be carried out only by experienced researchers with competent 'Buddy' in attendance and all required controls in place.
Category C Risk (Medium)	Activities to be carried out by sufficiently competent researchers and Buddy within contact range.
Category D Risk (Low)	Activities to be carried out by any PG student / staff member (e.g. computer work) in a non-hazardous area. Strongly recommended that a buddy should be in the vicinity.

Buddy refers to another authorised member of staff or a PG student who is in the same working area (within visual/vocal contact range) and who is reasonably familiar with the work being done and knows what to do in the event of an emergency involving their buddy.

Procedures

Risk Assessment

1. The Head of each Unit and relevant Academic Staff are responsible for undertaking a thorough risk assessment for each work activity proposed to be carried out out-of-hours, and categorising the risk associated with those activities as A, B, C or D (as defined in 4 above) (Out of Hours Form Page 1). Where the activity has already been risk assessed as part of the Unit's Safety Statement or a Project Risk Assessment, only additional details relating to out-of-hours work aspects need to be completed on Form 1. The risk assessment and approval forms will also identify those areas of the Unit where the PG student/ staff member is authorised to work out-of-hours.
2. All relevant University of Galway policies and Unit Safety Statements/Risk Assessments should be referred to as part of the Out of Hours risk assessment process. In particular refer to other relevant guidance in Part 5 of the University of Galway Safety Statement.
3. Based on an assessment of their experience and knowledge, each PG student will be defined as competent (or not) for a particular risk category established in 1 above. This assessment will be completed by the PG student's academic supervisor. (Note: This assessment must be reviewed/upgraded periodically). (Out of Hours Form Page 2).
4. Staff members or PG students, in individual Units will be considered competent to engage in Category D activities, but must be assessed as to whether Category C or B work can be undertaken. For any out-of-hours work they must be specifically authorised by the Head of Unit.

Induction

5. All persons requiring 'Out-of-hours' access must have completed an annual 'Safety/Security' Induction prior to gaining access, as well as all other required safety training – see Training.

Records

6. Once an activity is on the master list (Out of Hours Form), and the user is defined as competent, the approval form must be authorised by the Head of Unit or their appointed representative. The list of those authorised for after hours access and dates and times must then be submitted to Security in order to facilitate their out-of-hours working, at least 3 working days before the work is due to commence (Out of Hours Form Page 3).

   The Head of Unit or their appointed representative will hold the master record of the risk assessment and the approval forms, associated risk categories and defined competencies. S/he will also retain an up to date listing of all of those who have attended the 'Safety/Security' Induction.

Log-in System

7. Security will hold a copy of the list of personnel approved for out-of-hours working in each building (Out of Hours Form Page 3). Staff may use card access or log on if no card access is available to record their presence in a building. If persons are already in the building at lock up/access controlled time and intend staying on, they must also log on at that time, to record their presence.

Safety Procedures

8. Heads of Units must ensure that all personnel working out-of-hours are aware of all relevant emergency procedures, including the alternative means of escape, the provision of qualified first aid responders where appropriate, etc. They must also ensure in advance that personnel can contact Security in any areas they may be in e.g. that lifts have telephones that can call Security and that personnel are aware of the relevant numbers.

9. Where the continuous Fire alarm is activated in a building after hours, all occupants must evacuate the building. They must immediately assemble at the building fire assembly point and wait there until Emergency Services have confirmed their safe evacuation. Otherwise emergency services will assume that they are still in the building. All personnel authorised to be in University buildings out-of-hours must strictly follow emergency procedures as otherwise they may be putting other lives at risk.

Staff /PG Student Requirements

10. In order to ensure the safety and security of persons working in buildings 'out-of-hours', access to each building is strictly limited to those authorised by the Head of Unit concerned. Authorised persons must not admit any other person to the building. Persons claiming to be authorised but without a swipe access card or key should be referred to Security for access. Cards/keys to University of Galway premises are not transferable.

11. All staff and PG students intending to access University of Galway buildings out-of-hours must make adequate personal safety arrangements such as parking close to the building, coming and leaving the building with a colleague, etc,. They

must also comply with all out-of-hours requirements, as actions such as leaving final exits open compromise the safety and security of all.

12. All staff and PG students working in University of Galway out-of-hours must wear their University of Galway ID on them at all times.
13. Any unattended experiments must be clearly identified and planned for (use the Unattended Experiments Form). Only experiments which are assessed as completely safe to be unattended by the Principal Investigator/Research Supervisor are to be permitted as "Unattended Experiments".
14. Authorised staff / PG students must only undertake the tasks that they are authorised to carry-out during the out-of-hours period. If the task requires the assistance or back-up of another person(s), then only carry it out if that help is available.

Enforcement

15. Security staff have the authority to ask the identity of persons found in University buildings out-of-hours and to check this information against their out-of-hours documentation. Any person found to be in breach of these procedures can be asked to leave the premises immediately, and any breaches will be reported to the Head of Unit for appropriate corrective action.
16. Researchers or Staff members who, in exceptional circumstances, require access during 'Christmas close-down' must seek authorisation for such access from the Vice President for Research (requires at least 3 working days notice). The The Vice President for Research may agree with University of Galway Security to arrange such 'once-off' access, but it will still be necessary to complete the required risk assessments (Out of Hours Form Page 1).

    Breaches of the above procedure will result in sanctions including revocation of out-of-hours access rights. Heads of Units must take appropriate corrective action where informed of any breaches or safety issues relating to out-of-hours work.

Persons Responsible:

- Head of Unit;
- Principal Investigators;
- Academic Supervisor.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

[Part 2 Chapter 3 of Safety, Health & Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007.] Safety, Health and Welfare at Work (General Application) (Amendment) Regulations, 2021 S.I. 610 of 2021].

The Health and Safety Authority have issued a Guide to the Safety, Health and Welfare at Work (General Application) regulations 2007 Chapter 3 of Part 2 Personal Protective Equipment. Staff should refer to this authoritative guidance where they require further detail on PPE and its provision to reduce risks in the workplace.

Introduction

Personal protective equipment (PPE) is defined in the Regulations as "*all equipment designed to be worn or held by an employee for protection against one or more hazards likely to endanger the employee's safety and health at work, and any additions and accessories to the equipment, if so designed, but does not include:*

(a) Ordinary work clothes and uniforms not specifically designed to protect the safety and health of an employee;

(b) Personal protective equipment for the purposes of road transport;

(c) Sports equipment;

(d) Self defence equipment or deterrent equipment; or

(e) Portable devices for detecting and signalling risks and nuisances.

Regulation 62 – Provision of Personal Protective Equipment

The University and thus Unit Heads are obliged to provide PPE to employees where the risks at a place of work cannot be avoided or sufficiently limited by technical means of collective protection, or by measures, methods or procedures of work organisation. Thus, PPE is to be regarded as the "last resort" option. The employer must have regard to the matters in Schedule 2 when providing PPE, and any PPE provided must comply with the relevant EC directives regarding design and manufacture of PPE with respect to safety and health.

Regulation 63 – Assessment of Personal Protective Equipment

Before selecting PPE, an evaluation shall be carried out to determine whether such equipment complies with Regulations 62, 63 and 64 and will include:

(a) An analysis and assessment of risks present which cannot be avoided by other means;

(b) Definition of the essential characteristics of the PPE necessary for it to be effective against the risks identified and if the PPE itself creates any risks;

(c) Comparison of the characteristics of the PPE available with those required.

This assessment will be reviewed if any of the relevant factors change and where as a result of this review changes in the assessment are required, such changes shall be made.

Regulation 64 – Conditions of Use and Compatibility

Where the use of PPE is necessary, Units shall determine the conditions of use of this equipment in particular the period for which it is worn, on the basis of:

(a) The seriousness of the risk;

(b) The frequency of exposure to the risk;

(c) The workstation characteristics for the relevant employee(s);

(d) The adequacy of the PPE.

PPE shall only be used for the purpose specified. Where the simultaneous wearing of more than one item of PPE has been deemed to be necessary, Units must ensure that all such items of PPE are compatible and effective when used together.

Regulation 65 – Personal Issue

All PPE is as far as possible for the specific use of one employee only. Where it is necessary for an item of PPE to be shared, the employer must ensure that such use does not create a health or hygiene problem for any users. Employees provided with PPE shall take all reasonable steps to ensure that such equipment is returned to storage after use by them.

Employees are obliged to wear the PPE they have been provided with and no person shall intentionally or recklessly interfere with or misuse any appliance, protective clothing or other equipment provided in the workplace for health and safety purposes (Section 13(1)(g) of the Act).

Regulation 66 – Maintenance and Replacement

PPE shall be maintained at all times in good working order and in a satisfactory hygienic condition, by means of any necessary storage, maintenance, repair or replacement. This is the overall responsibility of the University, as the employer, but is delegated to specific employees within Units by the provision of appropriate information, training and facilities. Records of all checks must be kept, together with information on any repairs.

Regulation 67 – Information, Training and Instruction

In providing PPE, Units shall ensure that the relevant employees are:

(a) Informed of the risk(s) the PPE is protecting against;

(b) Given adequate information on the PPE itself;

(c) Informed of the level of protection afforded by the PPE provided;

(d) Instructed in the use of the PPE;

(e) Provided with training and if appropriate receive demonstrations in the wearing of such equipment.

Records of training details shall be kept in the case of more complicated PPE and that which is used for protecting against major hazards.

Certain PPE is of a general nature and used routinely for a range of applications e.g. disposable gloves, disposable suits, etc. The allocation, use and maintenance of such equipment can be handled generically, i.e. once wearers have received initial information and training, the ongoing use of such equipment will be part of general supervision. However, where procedures require the use of specialised or non routine PPE, a record of PPE details shall be completed and signed on receipt of the equipment by the employee. A Unit must provide further required details on the use of PPE and associated arrangements in their risk assessments, SOPs, local training, etc.

Persons Responsible:

- Heads of Units for University staff PPE requirements;
- Principal Investigators;
- The PPE required by students during their studies must be provided by the students themselves, in accordance with the requirements of the Unit;
- Supervisory Staff.

Resources:

- HSA – Personal Protective Equipment

PREGNANT, POST-NATAL AND BREASTFEEDING EMPLOYEES

[Part 6 Chapter 2 Safety, Health & Welfare at Work (General Application) Regulations, 2007 S.I.No. 299 of 2007]

This section of the Regulations applies to pregnant, post-natal or breastfeeding employees, defined as follows:

"Employee who is breastfeeding" means an employee, who having given birth not more than 26 weeks previously, is breastfeeding;

"Post-natal employee" means an employee who gave birth not more than 14 weeks preceding a material date;

"Pregnant employee" means an employee who is pregnant.

These regulations apply to an employee subject to her notifying her employer of her condition as soon as practicable after it occurs and at the time of the notification, giving to her employer or producing for her employer's inspection a medical or other appropriate certificate confirming her condition.

The requirements of these regulations come into effect when the employee has notified her employer of her condition in writing. In practice there is usually a period of 4-6 weeks during which an employee may not be aware that she is pregnant and is therefore unable or reluctant to inform her employer. This potential problem can be overcome by identifying the risks as part of the general risk assessment (and include in the Unit's Safety Statement) and taking special care in respect of all workers by reducing their exposure to harmful agents. If this general assessment does reveal a risk, all female employees and students of childbearing age who may be exposed to the risk, should be informed about the potential risks if they are, or could in the future be, pregnant or breastfeeding. Managers/Supervisors/Lecturers should also explain what they plan to do to make sure that pregnant, new or breastfeeding mothers are not exposed to the risks that could cause them harm and also stress the importance of written notification of pregnancy or breastfeeding being given as early as possible. While not defined in the regulations, it is considered good practice that women who are undergoing active fertility treatment should have a risk assessment of their work completed once they have confirmed this situation to their employer in writing.

Once the employer has been notified in writing, the regulations require that the University, as the employer, complies with the following requirements:

- Carry out an assessment of the risk(s) to the safety or health of such employees and any possible effects on the pregnancy of, or breastfeeding by, employees resulting from any activity at the employers place of work likely to involve a

risk of exposure to any agent, process or working condition (Schedule 8 Part A – this list is not exhaustive) and for that purpose to determine the nature, degree and duration of exposure to any of the above. Regulation 149 (for details see Appendix 8). It is not a requirement of these regulations, but it is also recommended that facilities, including rest rooms be considered in carrying out this assessment. The assessment is usually completed by another employee who is sufficiently familiar with the pregnant employee's work such as their Supervisor or Unit Safety Coordinator;

- Take necessary protective and preventive measures to ensure the safety and health of such employees and avoid any possible effects on such pregnancy or breastfeeding; and
- Without prejudice to the Chemical Agents legislation and relevant occupational exposure limit values assess any risk to safety or health likely to arise from exposure of a pregnant employee to the agents/working conditions listed in Schedule 8 Part B resulting from any activity at the work place;
- Assess any risk to safety or health likely to arise from exposure of an employee who is breastfeeding to an agent/working conditions listed in Schedule 8 Part C resulting from any activity at the work place;
- If a risk is identified to ensure that the employee does not have to perform such duties;
- Reg. 150 - Where a risk is identified and the protective or preventive measures cannot ensure the safety or health of employees, to temporarily adjust the working conditions or hours, so as to avoid exposure to the risk;
- If it is not feasible to adjust the working conditions or hours, to provide the employee concerned with other work which does not present a risk to health and safety;
- Reg. 151 - in the case of night work (11 pm to 6 am - 3 hours in the normal course or 25% of the employees monthly working time), an employee may be transferred to day work or granted leave where a medical practitioner certifies that she should not be engaged in night work;
- Reg. 152 - the employees or their Safety Representative(s) (or both) shall be kept informed of the results of the assessments (Regulation 149) and the measures being taken to comply with these Regulations.

On completion of the Pregnant Employee's risk assessment, the employee's manager needs to follow up on all the listed Corrective Actions Required. In the case of queries in relation to the completion of the Pregnant, Post-Natal and Breastfeeding Employees risk assessments please contact the Health and Safety Office.

The completed Risk Assessment Form for Pregnant, Post-Natal and Breastfeeding Employees then needs to be sent to Human Resources for uploading on the employee's CORE record.

Persons Responsible:

» Heads of Units;
» Principal Investigators;

- Director of Human Resources;
- All Female staff of child-bearing age.

Resources:

- Further information – which includes the relevant schedules
- HSA – Protection of Pregnant, Post Natal & Breastfeeding Employees
- University of Galway website – Risk Assessment Form For Pregnant, Post-Natal or Breastfeeding Employees
- See workplace standards Reg 24 for details on University of Galway Facilities

PRESSURE SYSTEMS

[Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2012]

The Health and Safety Authority have issued a Guide to the Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2012 Pressure Systems

Pressure systems include a wide range of equipment that is used in various sectors of the University. Because the failure of such systems can result in fatalities and serious injuries and cause major damage to property it is important that such systems are adequately managed. As stated by the Health and Safety Authority the purpose of these Regulations is to "provide a robust regime for the management of pressure systems, including clear requirements for periodic statutory examinations of pressure vessels". University of Galway has developed further guidance on Pressure Systems in addition to the University of Galway Code of Practice – Compressed Gas Cylinders and guidance on the Statutory Examination Process.

The examination of relevant pressure systems by a competent person and the relevant reports (Regulation 191 to 193) are arranged as part of the University of Galway insurance contract and the Statutory Examination Process provides further details on this process including Unit Site Contacts, access to reports and their follow-up.

RADON IN THE WORKPLACE

[Radiological Protection Act 1991 (Ionising Radiation) Regulations 2019]

(1) Hazard Identification.

(a) Radon is a naturally occurring radioactive gas; it is colourless, odourless and tasteless and can only be measured using specific equipment. Radon can sometimes accumulate to unacceptably high concentrations and in such circumstances can increase the risk of lung cancer. Under the above legislation the Reference Level for radon gas in workplaces is 300 Becquerel's per cubic meter of air (Bq/m^3), averaged over any three-month period.

(b) The *Radiological Protection Act, 1991* (implementing council directive 96/29/EURATOM) deals with exposure to natural radiation including radon in the workplace, including the surveying of exposure, which the University as an employer must implement. The measurement of Radon in 'above ground workplaces" is required in "High Radon Areas." High Radon Areas are any areas where it is predicted that 10% of dwellings will have radon concentrations greater than 200 Bq/m^3 and Galway City is such an area.

(c) The *Ionising Radiation Order, 2000*, sets out the measures for the protection of workers from occupational exposure to Radon gas. In addition, the *Safety, Health and Welfare at Work Act, 2005*, requires that employers identify, assess, and appropriately address all hazards in the workplace which include radon, and accordingly, this policy sets out how University of Galway has and is addressing this hazard. The Environmental Protection Agency (EPA) as the national organisation with regulatory and advisory responsibilities in such matters has developed guidelines on radon surveys in workplaces. See Resources below.

(2) Risk Assessment

(a) Radon gas is measured in ground-floor and basement workplaces in enclosed buildings that are occupied for 100 hours per year or more by any one person. The focus is on rooms, but other areas and facilities, such as lecture theatres, corridors, plant rooms and lavatories are also considered, as they are the workplaces of housekeeping and maintenance staff. Planning radon monitoring is coordinated between the Health and Safety Office and Buildings & Estates.

(b) Radon monitoring must also be conducted on ground floor and basement rooms where there have been alterations or modifications to windows, doors, ceilings, walls, floors, and ventilation or air handling services. Newer buildings will have a radon mitigation mechanism in place, such as a membrane or sump, installed at the construction phase. However, it is advised that radon monitoring should also be conducted in these buildings to ensure the effectiveness of these mechanisms.

(c) In 2011/2012 a comprehensive programme of monitoring radon in all University basement and ground floor occupied rooms was undertaken. Over 840 locations were monitored and 20 rooms (13 of which were previously undiscovered) were found to have elevated radon levels. This programme has meant that University of Galway has made significant progress in assessing the radon risk in the University. It is planned to monitor new buildings and to re-monitor any locations where mitigation systems are in place or internal room refurbishments have been carried out. Buildings & Estates are to notify the Health and Safety Office after substantial refurbishments of a building have been carried out, which will trigger localised radon monitoring to be carried out by the Health and Safety Office in that area. Buildings and Estates will ensure that the Health and Safety Office are notified of any relevant refurbished buildings or room(s) every 3 months during the year. Unit Head(s), relevant local staff and Safety Representatives are advised about follow-up mitigation measures and remonitoring results.

(3) Monitoring

(a) Measurement of radon is carried out under strict conditions laid down by the EPA, using passive diffusion devices (CR39 alpha track detectors) that detect radon particles in the air. These detectors, which are harmless, must be in place for at least 3 months during which time they must not be moved. An approved measurement service must be used to quantify the radon detected by the device.

(b) Buildings & Estates has a radon detector that measures radon levels over any chosen period of time. This device (RAD7) both determines the relative presence of radon gas (before statutory monitoring) and if radon remediation measures are proving effective. It cannot, however, replace the statutory 3-month monitoring period using a CR39 detector.

(4) Reporting

The results of radon levels are received from the approved measurement service in writing by the Health and Safety Office and are relayed in writing, together with any advisory measures, to the occupant(s) of each room (where possible), and to the relevant Head of Unit (or their delegate), the relevant Safety Representative and certain Buildings & Estates staff. Such advisory measures may include that no action is necessary if the radon level is below the reference level, or that action is necessary to reduce exposure to the gas. In these cases, such action may include a reduction in time spent in the affected area until it has been shown to be safe to occupy normally, following mitigation work and subsequent statutory monitoring. Unit Heads, relevant local staff and Safety Representatives are advised about follow-up mitigation measures and remonitoring results.

(5) Control Measures

(a) When the radon level in any workplace is less than the reference level of 300Bq/m^3 no further action by the occupant or the University is necessary. There is no period specified by the EPA as to when further testing is necessary, except when structural changes have been made to the workplace (see section 2(b) above).

(b) When the radon level exceeds the reference level of 300Bq/m^3 the University must "evaluate if remedial measures to reduce radon should be taken". Such evaluation, undertaken by the Health and Safety Office and Buildings & Estates, must take into account the length of time the room is occupied by any one person, as this will determine if the exposure to radon exceeds 800kBq/m^3h. (This figure is derived from multiplying the reference level by the expected occupancy rate – 2000 hours, the assumed average period of time spent at work over one year). In practice, because room occupancy levels are often near the average, some degree of radon remediation/mitigation is usually warranted if the radon level exceeds 300Bq/m^3.

(c) The Health and Safety Office and Buildings & Estates agree the remediation options available. Figure 1 of the RPII/EPA's Guidance on radon surveys (see Resources) summarises the steps to follow if radon remediation is necessary. Buildings & Estates undertakes the engineering elements of any remediation works and the Health and Safety Office arranges for subsequent radon monitoring to determine if the remediation has been successful. Statutory post-remediation monitoring is subject to the same conditions detailed in section 3a above.

(d) When remediation is shown to be successful, occupants and others are informed of the outcome and are permitted to return to normal working practices. Such locations will be retested every 5 years to ensure that the control measures remain effective, or when other subsequent structural changes have been made to the workplace (see section 2b above).

(e) When remediation has been shown to be ineffective, alternative control measures must be considered and implemented where reasonably practicable. Such measures may include further engineering works and/or a change in the use of the affected areas to ensure that the exposure to radon gas does not exceed 800kBq/m^3h.

(6) Information, Advice and Counselling

Staff and students have access to this policy, and are also informed, where possible, of the effects of radon gas when monitors are deployed in their workplaces by way of an information sheet. As with undue exposure to any workplace hazard, an affected employee should be given the fullest information as to the effects of radon gas on their health and safety. The effects of exposure to radon gas should be communicated in a confidential and professional fashion by the University of Galway occupational physician. Consultations are arranged via the Human Resources Office. The affected person is also encouraged to discuss the matter with their own GP.

Persons Responsible:

- Health and Safety Office (monitoring);
- Buildings & Estates (mitigation work);
- Human Resources (health referral where required);
- Head of Units;
- Principal Investigators.

Resources:

- University of Galway website – Radon
- EPA Radon Information website

SAFETY SIGNS AT PLACES OF WORK

[Part 7 Chapter 1 Safety, Health and Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007]

Reg. 160 requires that the employer provide safety or health signs, or both where hazards in the workplace cannot be avoided or adequately reduced by collective protection measures or organisation of work measures, methods or procedures. The employer/Head of Unit shall ensure that such signs are in place and have regard

to the Unit Safety Statement/risk assessment in determining whether or not safety signs are needed.

Signboards as defined as a "*sign which provides specific information or instruction by a combination of a geometric shape, colours and a symbol or pictogram, without written words which is rendered visible by lighting of sufficient intensity*".

Reg. 161 requires that the employer provide information to employees or representatives or both as regards the safety or health signs being provided at work, relevant specific behaviour and suitable instruction including the meaning of the signs.

Reg. 162 requires that the employer ensure that any signs provided in compliance with this part of the regulations do not include any information other than authorised information.

Persons Responsible:

- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
- Head of Units;
- Principal Investigators.

Resources:

- HSA – Safety Signs – FAQs
- HSA – Guide to the General Application Regulations Safety Signs at Work 2016

SHARED FACILITIES

University of Galway like many Universities operates a range of shared facilities that are made available to staff and students from a number of Units and also external personnel. These facilities create certain safety challenges and require particular arrangements, co-ordination and information to ensure that these facilities operate safely. This Shared Facilities Guidance has been developed to highlight the key safety management issues for the staff who are responsible for such facilities.

SMOKING RESTRICTIONS POLICY

[Public Health (Tobacco) Act 2002]
[Public Health (Tobacco) (Amendment) Act 2004]

To ensure the safety of University of Galway staff, students and visitors, the University has in place a Smoking Restrictions Policy which is in compliance with the tobacco regulations and further developed in consultation with University of Galway staff and students.

STRESS IN THE WORKPLACE POLICY

Definition

Workplace stress can be defined as "the reaction people have to excessive demands or pressures, arising when people try to cope with tasks, responsibilities or other

types of pressures connected with their jobs but find difficulty, strain or worry in doing so" (elsewhere in this policy where the term stress is used it refers to excessive workplace stress as set out in this definition).

University of Galway as an employer is committed to providing a safe and healthy working environment in accordance with the *Safety, Health and Welfare at Work Act 2005* and associated regulations. The Health and Safety Authority has clarified that workplace stress must be managed and controlled in the same way as other workplace hazards. Accordingly, University of Galway will endeavour to ensure that its employees' health is not placed at risk through excessive and sustained levels of stress at work. The specific objectives of this policy are:

- To take action to reduce and, as far as possible, eliminate the sources of workplace stress;
- To increase awareness of how stress can be dealt with and assist employees to develop the skills necessary to deal effectively with workplace stress;
- To assist individuals to recover from ill-health related to workplace stress.

Not being able to cope is a common denominator of stress and it can affect people at all levels in an organisation. While individuals vary in what causes them stress and in how they deal with it, workplace stress must be treated as an organisational issue. However, stress in one area of life is likely to affect other areas. The primary purpose of this policy is to address workplace stress, i.e., to reduce the potential causes of stress that are in the control of the organisation, while assisting in the management of other sources of stress and/or its effects in co-operation with the employee, e.g. through the Employee Assistance Programme (EAP) or Occupational Health.

Possible Sources of Stress in the Workplace

Please note that this is not an exhaustive list.

Organisational factors: Problems at work can be triggered or made worse where people feel a high degree of uncertainty about their work, where work schedules are unreasonably inflexible or over-demanding, or where there is prolonged conflict between individuals.

Physical Conditions in the Working Environment: Physical hazards or poor working conditions can contribute to workplace stress.

Threatening or Abusive Behaviour: Where employees may face potential hazards from threatening behaviour during the course of their work (verbal abuse, threats or actual physical assault) they are likely to be affected by this behaviour. Harassment, bullying, intimidation or sexual assault can cause severe distress to the victim. This may include loss of self-esteem, severe emotional and psychological distress.

Effects of Stress: Particularly where pressures are intense and continue for some time, the effects of stress can be more sustained and damaging. These effects include emotional, physical and mental or behavioural changes.

At work employees attendance may change (excessive, erratic, or ceasing – temporarily or permanently). Their performance at work may be impaired and

there is the risk of accidents or dangerous occurrences as an effect of stress or an inappropriate coping method e.g. increased alcohol consumption or substance abuse.

How to Alleviate Stress in the Workplace

In a well-managed work environment, stress due to organisational factors should be minimised as far as possible and stress management must be integrated into all relevant managerial arrangements. In order to achieve the aim of managing workplace stress, the following steps will be taken in partnership between University management, the management of its individual Units and individual members of staff:

Objective 1. To reduce/eliminate the sources of workplace stress.

- To communicate this stress policy to all managers and Heads of Units.
- To communicate other relevant policies (such as bullying, substance abuse) to all managers and Heads of Units.
- To offer its managers, management training, which includes dealing with stress.
- To ensure that individuals are aware and comply with their duty to take reasonable care of their own health and safety and that of others who might be affected by their actions. In stress-prevention terms this requires that individual behaviour and organisational factors that lead to excessive workplace stress must be avoided and that the prevention of stress be managed as an organisational issue.
- To use relevant University procedures (such as recruitment arrangements, quality assessments) to identify and pre-empt workplace stress issues.
- To take account of stress when planning changes to work organisation and conditions of employment.
- To encourage staff to attend personal development courses (such as time management, assertiveness training) and courses in relevant skills (such as IT, dealing with the public) so that they are better able to prevent/manage the sources of workplace stress they may encounter.
- To ensure that the agreed working arrangements that the University has put in place (such as special leave) are appropriately availed of to manage/minimise stress.
- To use reporting/assessment procedures (such as the EAP service) to monitor stress on an ongoing basis, with proper safeguards for confidentiality.

Objective 2. To increase awareness and provide employees with stress management skills.

- To communicate this stress policy to all staff.
- To communicate other relevant policies (such as bullying, substance abuse) to all staff.
- To encourage managers and staff to attend stress awareness and stress prevention and management courses courses so they are better able to handle the

pressures they may encounter.

Objective 3. To assist the recovery of individuals adversely effected by workplace stress.

- To implement appropriate health promotion measures for employees.
- Where individuals feel that working conditions are giving rise to stress that they should be supported in informing their line manager in the first instance. If the issue remains unresolved they can refer the matter to more senior management through the grievance procedure.
- Individuals can raise personal matters in confidence with Human Resources staff. To facilitate individuals who feel they have a problem to access appropriate help promptly in confidence, the University has engaged the services of an external Employee Assistance Programme service provider. Advice and assistance is available, for those who are affected by stress and for those who believe that a colleague or subordinate is effected by stress, from the EAP.
- To ensure that where problems have developed, managers and Heads of Units provide support and, where necessary, refer the person on for further help.

In this case of an employee needing assistance their manager should report the matter to Human Resources.

In March/April 2018 a Work Positive survey of all University of Galway staff was carried out. There was overall participate rate of 32%. The results were circulated to Unit Heads on the basis of the sixteen Units/combined Units that staff assigned themselves. The overall results were communicated by all staff emails. A Work Positive Action Plan was launched by the President in November 2018 to address the main issues identified in this survey. As part of the 2020-2025 Strategic Plan under the Value of Respect it states "*We will develop and implement a holistic strategy for staff health and wellbeing, building on the WorkPositive initiative, and achieve accreditation through the KeepWell Mark2*".

Persons Responsible:

- Chief Operating Officer;
- Director of Human Resources;
- Heads of Units;
- Principal Investigators;
- Health and Safety Officer;
- All Staff.

Resources:

- HSA – Workplace Stress
- University of Galway – Employee Assistance Programme

STUDENT PLACEMENT

When students from the University are placed in another organisation, for the purposes of training or work experience, they are deemed employees of the recipient organisation, and thus have the same entitlements and obligations as any other employee in that organisation (e.g. Sections 9 and 13 of the Act). The University similarly acknowledges its responsibilities to comply with these requirements for those personnel it accepts for training or work experience.

Insurance is not relevant as a preventive measure. However, questions regarding insurance that require clarification frequently arise. Students undergoing training or receiving work experience are by definition employees of the host organisation. In insurance terms, a market agreement exists to the effect that an organisation's Employers Liability Insurance will automatically include the students who are on work experience, etc., as such individuals are defined as employees for the purposes of insurance contracts. Apart from insurance considerations, procedures (as outlined below) must exist to ensure that reasonable care has been taken in the selection, planning and management of student placements. For further information on this aspect of student placement, contact the University of Galway Career Development Centre - Placements. The Career Development Centre are in the process of developing a policy for those student who's placement's they arrange. They plan to have this in place for the academic term 2022/2023.

Procedure

To ensure that host organisations are aware of their obligations and that due regard is taken of student safety, the following points must be addressed by the Academic Supervisor responsible for each student's placement:

- Evaluate the potential "placement" organisations for their procedures on student placement safety;
- Evaluate their Safety Statement, particularly the parts relevant to student training, placement and proposed work areas. Has a specific risk assessment been completed for the placement activities? If required this should be completed in advance of the placement;
- What is the purpose of placement: is it observation or practical work, and if so what is the nature of this work, and where will they be located?;
- What relevant knowledge/experience will the student have of the organisation or of the work to be carried out?;
- Will students be working alone or accompanied?;
- What problems can be pre empted, and can these be addressed in pre placement training?;
- What induction training will the recipient organisation provide; at a minimum students should be advised on evacuation and emergency procedures, who they report to, the placement organisation's Safety Statement etc.;
- Visit the premises where the student is to be based, to evaluate potential problems.;

- Address insurance aspects.

Difficulty may be experienced in evaluating placements outside of Ireland; consideration needs to be given to high risk locations where there may be political unrest or outbreaks of disease, etc. In respect of the purpose of the placement consideration needs to be given to high risk activities and locations associated with those students e.g. those engaged in the construction industry where there are high risks such as confined spaces and trench collapse.

Information

Students should be informed of their obligations as an "employee" of the recipient organisation (under Section 13 of the Act). They should be advised what this means in the context of the type of experience they will be getting e.g. complying with safety rules, wearing protective equipment they are supplied with, etc. Students going on placement should ideally be taught about the process of risk assessment so that they can identify all significant risks and know the appropriate management controls that should be implemented and their role.

All these points should be dealt with in a pre-placement briefing or specific training, organised by the Academic Supervisor.

Unit Head's Safety Responsibilities for Other Students and Visitors

Where a Unit accommodates other students or visitors it is important that it be clearly established how the safety responsibilities are to be managed. A recent accident involving a secondary school student highlights the importance of the Head of Unit ensuring in advance that there are comprehensive risk assessments in place, incorporating appropriate controls and supervision. Community engagement and collaboration are important University activities, however it is essential that the safety aspects are integrated into the management arrangements whether it's a placement, site visit, formal demonstration, etc. See University of Galway Safety Statement for guidance on Student Placement and Visitors etc..

Duty of Care

In health and safety practice a higher duty of care is owed to inexperienced persons or young people e.g. those undergoing training. For this reason appropriate supervision within the recipient organisation must be pre arranged.

Persons Responsible:

- Heads of Units;
- Principal Investigators;
- Academic Supervisors;
- Placement Officer.

Resources:

- USHA
- Guidance on Health and Safety Placement for HE Students
- HSA – Health and Safety Matters for Students Embarking on Work Experience

STUDENTS (POST GRADUATE AND UNDER GRADUATE) AND THE ROLE OF ACADEMIC SUPERVISORS

General

Section 13(1) (a) of the Act establishes the duty of every employee: to take reasonable care for their own safety, health and welfare and that of any other person who may be affected by their acts or omissions while at work.

In a university, students are one of the main groups of "other person(s)" which employees must ensure that "reasonable care" is taken of. Also because students may be regarded as (relatively) inexperienced, a higher duty of care is owed to them.

Postgraduates who are paid as tutors/demonstrators are 'employees' for the hours for which they are engaged in these duties and are covered by safety legislation. All such activities should be catered for in the respective parts of the Unit's Safety Statement. Thereafter, during their normal studies/research activities, statutory occupational health and safety legislation does not apply directly to them "as employees".

Universities however have a legal duty, in so far as it is reasonably practicable, to protect the safety and health of students, including providing such instruction and supervision as is necessary to ensure the health and safety of both postgraduate and undergraduate students. When dealing with postgraduate students, it is important to understand that this duty cannot be discharged by relying solely upon a student's status or competence. The duty to supervise is delegated to the Head of Unit and thence to the member of staff (the supervisor) directly responsible for the student. It will never be enough to rely upon the assumption that 'postgraduates ought to know that what they are doing'.

Responsible staff must be able to demonstrate that they have exercised an effective supervisory role, having regard to the risks involved with the various activities. This role should be exercised within a context of the Unit's own procedures, systems of work and monitoring arrangements. Initial training of new postgraduate students should be devoted to explaining safe work systems and how they are operated. Student placements in workplaces may be relevant and are dealt with in the University of Galway Safety Statement - Student Placement.

Postgraduate Students

Academic staff who supervise graduate students, research assistants and technical staff, are required to give careful attention to the health and safety of those under their supervision. This applies particularly where experimental work is being undertaken, where work is being carried out at a location other than the University premises as in the case of supervised fieldwork and University work carried out elsewhere. To fulfil its function the degree of supervision must have reasonable regard to the level of training and expertise of the staff or students being supervised.

Undergraduate Students

Undergraduates should be assumed to be initially untrained in all matters of safety. Academic, and, where appropriate, other University staff therefore have a duty to instruct students, so far as is reasonably practicable, in all matters necessary to ensure their health and safety while working on University premises, on supervised fieldwork exercises and during University work elsewhere.

Student Projects

Projects could involve work which, if staff were engaged in the same activity, would be subject to specific national Regulations, e.g. *Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001* and/or other legislation listed in University of Galway Safety Statement - Part 5. In some cases University staff may accompany students on field trips and may face the same risks to health and safety.

Where students' projects are concerned, effective or adequate supervision does not necessarily (or even usually) mean constant attendance. Where attendance is necessary this can be carried out by the supervisor or an appropriately qualified nominee (staff member). There are indeed no hard and fast rules on what does constitute adequate supervision in a variety of circumstances, but there are fundamental elements upon which supervisors must satisfy themselves.

Responsibilities of Supervisors for Student Projects

It is the responsibility of supervisors to ensure that the project is properly assessed for:

- Compliance with the Unit's existing procedures.
- General and specific risks to health and safety which may arise for staff/students/others in the vicinity, the student concerned, and the occupants of the building/campus. [Statutory Occupational Health and Safety legislation, HSA/HSE guidance, and the Unit's Safety Statement may be used as a guide].
- Compliance with any University Codes of Practice/local rules (e.g. relating to radioactivity, micro-organisms or genetic modification).
- Any precautions which are agreed as necessary between the supervisor and student. In all but the most elementary circumstance they should be in the form of a written protocol.
- Regular checks are carried out by the supervisor to see that the student is actually following the agreed procedures.
- Adequate supervision commensurate with the risk levels involved are provided by competent staff, where necessary.

It must be made clear to the student that:

1. Alterations in experimental method must be documented and discussed rather than casually introduced without the supervisor's knowledge;
2. The students also have legal responsibilities not to endanger themselves and others by their actions.

Project Risk Assessment and Levels of Supervision

A simple method of assessing the appropriate level of supervision should be adopted for individual projects. A suitable method is given below in Classification of Risk Categories for Project Supervisors or Work Tasks.

NOTE: This illustrates supervision considerations only, a full risk assessment would address matters such as the precautions to be adopted. Full risk assessments for the specific project(s) must be included in individual Unit's Safety Sharepoint site or equivalent. See Form under Resources.

Classification of Risk Categories for Project Supervisors (of Work Tasks) being done in the Academic Project

A = Where work may not be started and continued without direct supervision.

B = Where work may not be started without the task supervisors advice and approval.

C = Where extra care must be observed but where it is considered that workers are adequately trained and competent in the procedures involved (other than categories A & B).

D = Where the risks are insignificant and carry no special supervision considerations.

For all but the lowest category of work (category D), supervisors are required to complete a Risk Assessment Form or validate one prepared by the research worker before work commences. Supervisors should then indicate in writing the classification of the task/project, with clear instructions and advice to the graduate worker on the safety requirements/procedures to be adopted (when necessary). This form should be clearly marked A, B, C or D and should be counter-signed by those involved. There will be situations, particularly for undergraduate work, where the projects are not individual projects and the risk assessment can be general rather than specific. In such circumstances evaluation of the risks of individual undergraduate experiments should be made when experiments are in the planning stage and the appropriate written instruction provided with the experimental methodology.

Other Requirements

Having assessed the project, the other requirements to be incorporated include:

- Decide on the appropriate controls/arrangements for effectively dealing with the hazard(s) of this specific project. They should fit in with existing Units arrangements and be consistently implemented:
  [In University of Galway Safety Statement, see Unit Risk Assessment Methodology - Section 2 , and relevant sections of Part 5];
- Information, instruction and training are important components of the safe system of work developed to deal with hazards and are obviously relevant to student projects in universities. As the project proceeds the risk assessment and associated arrangements need to be regularly reviewed to ensure that it is

comprehensive, current and relevant:
[Part 2.5.3 of University of Galway Safety Statement];

- If the project involves lone working ensure that the relevant requirements are complied with:
[Lone Working – University of Galway Safety Statement];
- If the project involves field or off-site work ensure that the relevant requirements are complied with:
[Fieldwork Code of Practice – University of Galway Safety Statement];
- If the project involves out-of-hours work ensure that the relevant requirements are complied with:
[Out-of-Hours Working – University of Galway Safety Statement];
- Where necessary formal arrangements must be established within the Unit so that a temporary alternate supervisor is provided during absence of the regular supervisor.

These procedures should be regularly reviewed (by the relevant Unit(s) Academic Supervisor in the first instance) to ensure that they are being effectively implemented for the safety of all students and anyone else who may be adversely affected by inadequate standards in this area. Procedures (including, where appropriate, disciplinary measures) should be used to reinforce these important arrangements.

Persons Responsible:
- Academic Supervisor;
- Head of Unit;
- Principal Investigators.

Resources:
- University of Galway website – Health and Safety Responsibilities of Supervisors toward Post/Undergraduate Students N/93/111. CVCP (1993)

VEHICLE MOVEMENT IN THE WORKPLACE

The movement of vehicles on University grounds and within Units is a significant hazard. The HSA reports that each year typically half of the fatal workplace accidents involve vehicles at the workplace, in addition many more people are seriously injured by being struck, run over, crushed or falling from vehicles. The risk of accidents is related to the volume and type of vehicles on the premises, the physical layout of traffic routes, the vehicle movements required and the relative positions of vehicle traffic routes to other types of traffic such as pedestrians and cyclists.

The hazards include:

- Collision with other vehicles;
- Pedestrian injury;
- Property damage;
- Obstruction of fire exits/ fire equipment;
- Speeding;

- Unsupervised reversing;
- Contact with overhead electricity cables or underground services;
- Noise, dust or fumes.

And the vehicles/equipment associated with these hazards include:

- Vehicles owned/hired by University of Galway and used by employees or Unit personnel;
- Employee, student and visitor motor cars and motor bikes;
- Incoming delivery vehicles, vans, forklifts;
- Outgoing goods vehicles;
- Contractors equipment e.g. cranes, earth movers, dumpers, etc.

Risks

The specific risks must be assessed locally and detailed in the Units Safety Statement (Part 4) where vehicle safety issues are relevant.

Controls/Arrangements

Risks can be minimised by the following controls/arrangements:

- Relevant staff within the University need to ensure that required transport safety measures are in place, and that procedures cover all aspects of movement of vehicles, traffic control and vehicles used by the University;
- Identify all hazards associated with the movement of vehicles or related activities within the University including arrival and departure of vehicles, vehicle movement on site and the loading and unloading of vehicle loads;
- The control of vehicle speed by suitable means such as rumble strips or sign posting;
- The provision of mirrors and warning signs at blind corners (road/path intersections);
- The supervision of fire exits/hydrants and emergency access routes to ensure that unauthorised vehicles do not block access to them;
- The provision of adequate numbers of car-parking spaces;
- The provision as far as possible of separate pedestrian walkways;
- Identify and clearly mark safe routes for deliveries and despatches;
- Provide loading bays with exit from low level or a refuge to prevent crushing – this risk to be assessed by the relevant Unit to determine if a crush risk exists;
- The arranging of commercial deliveries outside normal business hours where practicable;
- Ensuring that unlicenced, untrained or unauthorised personnel do not drive vehicles;
- Avoiding reversing e.g. by suitable traffic routing or provide help for reversing drivers (a signal-person);

- The supervised reversing of all lorries/trucks if required due to insufficient space in internal car-parks or roads where vision of the driver is impaired for any reason;
- The provision of adequate external lighting to enable proper vision during night hours;
- The control of contractors by Buildings & Estates personnel to ensure that overhead or underground services are not damaged;
- The operation of vehicles/machinery (including contractors) at adequate distances from any air intake points;
- The cleaning of dirt from roads caused by builder's activities;
- The provision of car-parking and loading/unloading facilities;
- These procedures are to be prioritised as immediate, short, medium and long-term requirements based on the risk and nature of the controls/arrangements required. These controls and arrangements and their implementation shall be reviewed annually.

Persons Responsible:

» Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
» Heads of Units owning/hiring vehicles and/or accepting deliveries;
» Principal Investigators;
» All Staff.

Resources:

» University of Galway Safety Statement – Driving for Work
» HSA – Driving for Work
» HSA – Vehicle Safety

VIBRATIONS AT WORK

[Part 5 Chapter 2 Safety, Health and Welfare at Work (General Application) Regulations, 2007. S.I. 299 of 2007]

These regulations apply to activities in which employees are or are likely to be exposed to risks to their safety and health arising from exposure to mechanical vibration during work.

The Legislation

Three types of vibration are defined in the regulations as follows:

1. "hand-arm vibration" means mechanical vibration that, when transmitted to the human hand-arm system, entails risks to the safety and health of employees, in particular vascular, bone or joint, neurological or muscular disorders;
2. "mechanical vibration" means vibration occurring in a piece of machinery or equipment, or in a vehicle as a result of its operation;
3. "whole-body vibration" means the mechanical vibration that, when transmitted to the whole body, entails risks to the safety and health of employees, in particular lower back morbidity and trauma of the spine.

The Health and Safety Authority have issued a Guide to the Safety, Health and Welfare at Work (General Application) regulations 2007 Chapter 2 of Part 5 Vibration at Work A brief summary of these regulations is provided below. However, staff should refer to this authoritative guidance where they require further detail on the management of vibration risks in the workplace.

Regulation – 135. Exposure Limit Values (ELVs) and Action Values (EAVs)

(1) For hand-arm vibration:

(a) The daily exposure limit value standardised to an 8-hour reference period shall be 5m/s2;

(b) The daily exposure action value standardised to an 8-hour reference period shall be 2.5 m/s2; and

(c) Exposure shall be assessed or measured on the basis set out in Part A of Schedule 6.

(2) For whole-body vibration:

(a) The daily exposure limit value standardised to an 8-hour reference period shall be 1.15 m/s2;

(b) The daily exposure action value standardised to an 8-hour reference period shall be 0.5 m/s2; and

(c) Exposure shall be assessed or measured on the basis set out in Part B of Schedule 6.

Regulation 136 – Determination and Assessment of Risks
This regulation sets out the means to ensure that a suitable and appropriate risk assessment of exposure of relevant employees to mechanical vibration is made.

Regulation 137 – Provisions aimed at Avoiding or Reducing Exposure
The risk from the exposure of employees to mechanical vibration is to be either eliminated at source or reduced to a minimum. Measures taken in compliance with this regulation should be adapted to take account of any employee who is at particular risk from mechanical vibration.

Regulation 138 – Application of Exposure Action Values
If the risk assessment indicates that an exposure action value is exceeded, the employer shall reduce the risks to a minimum by establishing and implementing a programme of technical or organisational measures (or both) appropriate to the activity. This risk reduction programme needs to take into account the particular factors specified in regulation 138.

Regulation 139 – Application of Exposure Limit Values
The employer shall ensure that employees are not exposed to mechanical vibration above the relevant exposure limit value. Where the exposure limit value is exceeded, the employer shall take the corrective action to reduce exposure specified in regulation 139.

Regulation 140 – Employee Information and Training
Where employees are exposed to risk from mechanical vibration, an employer shall provide these employees or their Safety Representative with suitable and sufficient information, instruction and training, including the particular aspects specified in regulation 140

Regulation 141 – Health Surveillance
Appropriate health surveillance is to be made available to those employees, for whom a risk assessment reveals a risk to their health.

Persons Responsible:
- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
- Heads of Units (Unit equipment);
- Principal Investigators (Unit equipment).

Resources:
- HSA – Control of Vibration at Work

VISITORS

The size and structure of the University means a large number of people visit the University.

In the case of organised group visits, visitors will be on University grounds in a defined group and this facilitates their safer management. Whether the visits have been arranged by University personnel or an outside body, arrangements must be made to advise visitors of basic safety measures (as set out in Safety Information for all Visitors). The University personnel directly involved in this, e.g. Conference Manager, Buildings & Estates, University host, etc. should ensure that visitors have been informed appropriately. At a minimum, visitors should be advised of fire safety and smoking control measures. In the case of additional hazardous operations, defined measures, e.g. specific safety rules, the issue of protective clothing, etc., must be pre-arranged to deal with the specific hazards in question. This is the responsibility of the group host/supervisor. In the case of specific events the organisers in conjunction with Buildings and Estates use a standardised event management procedure to ensure that all aspects including safety are addressed.

Unit Head's Safety Responsibilities for Other Students and Visitors

Where a Unit accommodates other students or visitors it is important that it be clearly established how the safety responsibilities are to be managed. A recent accident involving a secondary school student highlights the importance of the Head of Unit ensuring in advance that there are comprehensive risk assessments in place, incorporating appropriate controls and supervision. Community engagement and collaboration are important University activities, however it is essential that the safety aspects are integrated into the management arrangements whether it's a placement, site visit, formal demonstration, etc. See University of Galway Safety Statement for guidance on Student Placement, Visitors etc.,

In other circumstances, where visitors are alone or come informally, there is no direct means to supervise and advise visitors of the University's safety measures and so a range of options must be employed.

1. Signs - Signs and notices provided in local areas advising of relevant measures, hazards or restrictions.
2. Restricted access - High hazard areas are locked and signs to confirm that "unauthorised access is prohibited" are displayed.
3. Supervision - University staff encountering visitors in risk areas to inform them accordingly and request them to leave.

Persons Responsible:

- University host/Supervisor;
- Director of Physical Resources;
- Conference Office;
- Head of Units;
- Principal Investigators;
- All Staff.

Resources:

- University of Galway website – Safety Information for all Visitors

WORK EQUIPMENT STANDARDS

[Part 2 Chapter 2 of Safety, Health & Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007.]

[Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2020 SI 2 of 2020]

The Legislation

Reg. 28 requires that the employer shall ensure that:

a) any work equipment provided for use by employees at a place of work complies, as appropriate, with the provisions of any relevant enactment implementing any relevant Directive of the European Communities relating to work equipment with respect to safety and health,

b) in selecting the work equipment, account is taken of the specific working conditions, characteristics and hazards in the place of work having regard to the safety and health of the employees and any additional hazards posed by the use of such work equipment,

c) the necessary measures are taken so that the work equipment is installed and located and is suitable for the work to be carried out, or is properly adapted for that purpose and may be used by employees without risk to their safety and health,

d) where it is not possible fully to ensure that work equipment can be used by employees without risk to their safety or health, appropriate measures are taken to minimise any such risk,

e) sufficient space to reduce such risks is provided between moving parts of work equipment and fixed or moving parts in its environment,

f) where the use of work equipment is likely to involve a specific risk to the safety or health of employees—

   i. the use of such work equipment is restricted to those employees required to use it, and

   ii. in cases of work involving repairs, modifications, maintenance or servicing of such work equipment, the employees concerned are competent to carry out such work,

g) the working posture and position of employees while using work equipment, and any ergonomic requirements, are taken into account having regard to the safety and health of the employees,

h) areas and points for working on, or maintenance of, work equipment are suitably lit having regard to the operation to be carried out,

i) work equipment parts at high or very low temperature are, where appropriate protected to avoid the risk of employees coming into contact or coming too close,

j) work equipment bears warnings and markings essential to ensure the safety and health of employees,

k) employees have safe means of access to, and egress from, and are able to remain safely in, all the areas necessary for production, adjustment and maintenance operations,

l) work equipment is used only for operations and under conditions for which it is appropriate

m) all work equipment is appropriate for protecting employees against the risk of the work equipment catching fire or overheating, or of discharges of gas, dust, liquid vapour or other substances produced, used or stored in the work equipment,

n) all work equipment is appropriate for preventing the risk of explosion of the work equipment or of substances produced, used or stored in the work equipment,

o) work equipment is erected or dismantled under safe conditions in particular observing any instructions which may have been provided by the manufacturer,

p) work equipment which may be struck by lightning while being used is protected by devices or appropriate means against the effects of lightning, and

q) all forms of energy, substances and articles used or produced with work equipment are supplied or removed in a safe manner.

Reg. 29. The employer (and personnel with responsibility for purchasing work equipment and/or those responsible for supervising its use in the University, as appropriate) must ensure that:

(a) The necessary measures are taken so that employees have adequate information, and, where appropriate, written instructions on the work equipment containing at least adequate information on:

i. The conditions of use;

ii. Foreseeable abnormal conditions;

iii. Conclusions to be drawn from experience where appropriate of using such equipment.

(b) Employees are made aware of relevant safety and health risks.

Reg. 30. The employer, shall ensure that:

(a) Where the safety of work equipment depends on the installation conditions:

i. An initial inspection is carried out after installation and before it is put into service; and

ii. An inspection is carried out after assembly at any new site or in any new location, and that the work equipment is installed correctly and is operating properly;

(b) In the case of work equipment which is exposed to conditions causing deterioration liable to result in a danger to safety or health:

i. Periodic inspections and, where appropriate, testing is carried out;

ii. Special instructions are carried out when exceptional circumstances arise which are liable to make work equipment unsafe; and

iii. Deterioration is detected and remedied in good time.

(c) Inspections under paragraphs (a) and (b) above are carried out by competent persons and are appropriate to the nature, location and use of the work equipment;

(d) The results of inspections carried out under (a) and (b) are recorded and kept available for the HSA for five years from the date of the inspection, and available to equipment users on request;

(e) Where work equipment is used in another place of work, it is accompanied by evidence of the last inspections carried out under (a) and (b).

Reg. 31 The employer must ensure that:

(a) Working equipment is properly maintained throughout its working life, in accordance with the provisions of this Chapter;

(b) Where maintenance is being carried out the machine is shut down, and where this is not possible adequate protection measures are taken;

(c) Work equipment is maintained in such a way as to reduce the risk to users of the work equipment and to other persons at work;

(d) A maintenance log is kept up to date.

Reg. 32 requires that the employer shall ensure that -

a) work equipment control devices which affect safety and health are clearly visible and identifiable and appropriately marked where necessary,

b) control devices are located outside danger zones except where necessary,

c) the operation of control devices cannot cause additional hazard,

d) the operation of control devices cannot give rise to any hazard as a result of any unintentional operation,

e) the absence of persons in the danger zones is verifiable from the main control position if necessary,

f) where it is impracticable to comply with paragraph (e), a safe system such as an audible or visible warning signal, or such a signal that is both audible and visible, is given automatically whenever the machinery is about to start,

g) an exposed employee has the time, the means, or both, quickly to avoid hazards caused by the starting or stopping, or both, of the work equipment,

h) control systems are safe, and are chosen making appropriate allowances for the failures, faults and constraints to be expected in the planned circumstances of use,ac

i) it is possible to start work equipment only by deliberate action on a control provided for the purpose,

j) a control is included in work equipment to—

i. restart it after a stoppage for whatever reason, an

ii. to control a significant change in the operating conditions unless such a restart or change does not subject exposed employees to any hazard,

k) all work equipment is fitted with a control to stop it completely and safely,

l) each workstation is fitted with a control to stop some or all of the work equipment depending on the type of hazard, so that the equipment is in a safe state,

m) the equipment's stop control has priority over the start controls and, when the work equipment or the dangerous parts of it have stopped, the energy supply of the actuators concerned is switched off, and

n) where appropriate, and depending on the hazards the equipment presents and its normal stopping time, work equipment is fitted with an emergency stop device.

(2) Paragraph (1)(j) does not apply to restarting or a change in operating conditions as a result of a normal operating cycle of an automatic device

Reg. 42 includes the requirements that all lifting operations are properly planned, appropriately supervised and carried out, and that lifting equipment is used appropriately. "Lifting equipment" is defined as "*work equipment for lifting, lowering loads or pile driving and includes anything used for anchoring, fixing or supporting such equipment*" (Reg. 2).

Reg. 45 includes the requirements that persons or loads can only be lifted by means of work equipment and accessories that are suitable, properly used and maintained: in the case of persons trapped in a carrier that there is a means for them to raise the alarm and be freed.

Reg. 46 includes the requirements that hoists and lifts are efficiently protected, have safe emergency systems in the event of failure and are properly designed, used and maintained.

Reg. 48 requires that work equipment not specifically designed for lifting persons is not used for this purpose other than in exceptional circumstances, and subject to specified conditions.

Reg. 52 includes the requirements that equipment for lifting loads must be examined, tested, used properly, marked correctly, and its use properly planned.

Reg. 53 specifies the requirements for the examination of and reports for lifting equipment by competent persons.

Reg. 54 sets out the requirements for the reports completed under Reg. 53, that the employer must comply with.

The examinations by a competent person and the relevant reports (Regulations 52 to 54) are arranged as part of the University of Galway insurance contract and the Statutory Examination Process provides further details on this process including Unit Site Contacts, access to reports and their follow up.

Persons Responsible:

- Heads of Units;
- Principal Investigators;
- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor
- All Staff purchasing equipment;
- Supervisory Staff.

Resources:

- HSA – Use of Work Equipment

WORKING AT HEIGHTS

[Part 4 Safety, Health & Welfare at Work (General Application) Regulations, 2007 S.I. No. 299 of 2007]

The Regulations define "work at height" as meaning work in any place, including a place:

(a) in the course of obtaining access to or egress from any place, except by a staircase in a permanent place of work; or

(b) at or below ground level, from which, if measures required by these Part were not taken, an employee could fall a distance liable to cause personal injury, and any reference to carrying out work at height includes obtaining access to or egress from such a place while at work.

Previous definitions of working at height from the Construction Regulations are now redundant. As indicated by the definition it also includes the risk of falling from ground level into shafts, cellars, holes, etc.

These 2007 General Applications Regulations will apply, not just to the expected working at heights, on scaffolds and on roofs but also to work involving: working on the back of a lorry, painting, pasting or erecting posters at height, using a ladder, step-ladder or kick stool for shelf filling, etc.

Regulation 95 – Organisation, Planning and Risk Assessment
The Head of Unit or other Person in Charge (as the employer) must ensure that work at height is properly planned, appropriately supervised and carried out safely. This planning to include:- safe systems for selecting suitable work equipment, appropriate risk assessment and planning for emergencies and rescues.

The University of Galway Roof Access Permit System (Buildings & Estates) must be followed by all staff engaged in work, or hiring contractors, which involves working at heights on roofs.

Regulation 96 – Checking Of Places of Work At Height
The Head of Unit or other Person in Charge (as the employer) shall ensure that the surface of every parapet, permanent rail or other such fall protection measure at every place of work are checked visually prior to use and at appropriate intervals during use.

Regulation 97 – Weather Conditions
The employer shall ensure that work at height is only carried out when weather conditions do not jeopardise safety.

Regulation 98 – Avoidance of Risk from Work at Height
The Head of Unit or other Person in Charge (as the employer) shall take account of the general principles of prevention to avoid work at height and eliminate work at height as far as possible and otherwise ensure that the measures set out in regulation 98 are followed to reduce the risk of such work.

Regulation 99 – Protection of Places at Work at Height
Places of work or means of access or egress thereto shall be suitable and sufficient in accordance with the specific requirements of Regulation 99.

Regulation 100 – Selection of Work Equipment for Work at Height
Work equipment should prioritise collective protection over personal protection and must take account of the specifics of Regulation 100 to ensure that it is suitable and sufficient.
NOTE: Ladders should only be used when the work is of short duration and is assessed as being of low risk.

Regulation 101 – Condition of Surfaces for Supporting Structures
A surface on which any supporting structures rests must be stable, of sufficient

strength and of suitable composition to support safely the supporting structure, the working platform and any loading intended to be placed on the working platform.

Regulation 102 – Stability of Supporting Structures
The Head of Unit or other Person in Charge (as the employer) shall ensure that a supporting structure is suitable, sufficient, stable, etc., in accordance with the requirements of Regulation 102.

Regulations 103 to 114 – Requirement for Particular Work Equipment
The Head of Unit or other Person in Charge (as the employer) shall ensure that specific equipment e.g. guardrails, working platforms, nets, personal fall protection systems, work positioning systems, etc, etc., must comply with the relevant Schedules to the Regulations.

Regulation 115 – Fragile Surfaces
An employer shall ensure that no employee passes across or near, or works on, from or near a fragile surface where work can otherwise be safely carried out. Where unavoidable to provide suitable and sufficient means of protection.

Regulation 116 – Falling Objects
The employer shall take suitable and sufficient steps to prevent any material or object falling, or otherwise prevent any person being struck by falling material or objects.

Regulation 117 – Danger Areas
If an area is dangerous by virtue of the hazard of falling /falling objects, a system to prevent unauthorised access will be provided, clearly indicated by warning signs or other appropriate means.

Regulation 118 and 119 – Inspection of Work Equipment
Specified equipment shall be inspected in position where its safety depends on how it is installed or assembled and shall not be used until inspected. Also any equipment exposed to conditions causing deterioration must be routinely inspected and after any "exceptional circumstances". Specific requirements apply to working platforms.

The examinations by a competent person and the relevant reports (Regulations 52 to 54) are arranged as part of the University of Galway insurance contract and the Statutory Examination Process provides further details on this process including Unit Site Contacts, access to reports and their follow up.

The Head of Unit or other Person in Charge (as the employer) must ensure that no work equipment under their control is used in another workplace unless accompanied by evidence of the required inspection. Specific requirements also apply to lifting equipment.

Persons Responsible:
- Director of Physical Resources, as delegated to relevant Manager and/or Supervisor
- Heads of Units;
- Principal Investigators;
- All Staff.

Resources:
- HSA – Working at Height

» University of Galway – Statutory Examination Process for lifting and pressure equipment

WORKPLACE STANDARDS

[Part 2 Chapter 1 of Safety, Health & Welfare at Work (General Application) Regulations, 2007 S.I. 299 of 2007]

Part 2 Chapter 1 of the Regulations, detail the requirements for workplaces, which are defined as "a *place of work intended to house workstations on the premises of an undertaking to which an employee has access in the course of his/her employment*" but does not include-

1. means of transport,
2. temporary or mobile work-sites,
3. extractive industries,
4. fishing boats,
5. fields, woods and land forming part of an agricultural or forestry undertaking but situated away from the undertaking's buildings.

- **6b Ventilation of Enclosed Places of Work**
  Where necessary for employee safety and health, any forced ventilation system shall be maintained in working order and any breakdown shall be indicated by a control system.
- **8c Lighting**
  Where employees are especially exposed in the event of failure of artificial lighting, that emergency lighting of adequate intensity shall be provided.
- **11b Doors and gates**
  Swing doors and gates shall be transparent or have see through panels.
- **17b Room dimensions**
  The unoccupied areas of a workstation shall be sufficient to allow adequate freedom of movement to perform work, and if this is not possible that sufficient space shall be provided nearby.
- **18a Cleanliness**
  Every place of work shall be kept in a clean state and waste shall be removed daily.
- **18c Facilities for sitting**
  Where employees have in the course of their employment reasonable opportunities for sitting without detriment to their work, suitable facilities for sitting shall be provided and maintained.
- **18d Drinking water**
  An adequate supply of potable drinking water to be provided and maintained at suitable points accessible to University employees. There are a number of main drinking water fonts on campus. In addition, many Unit staff will have access to a bottled drinking font water supply. The Head of Building Services

Energy & Utilities (Buildings & Estates) arranges chemical and bacteriological water sampling to monitor the quality of drinking water supplies.

- **18e Facilities to Boil Water and Take Meals**
  Employees are to be provided with suitable and adequate facilities for boiling water and taking meals or have reasonable access to suitable and adequate facilities for taking meals.

- **18f Facilities to take Meals**
  The taking of meals by employed persons at any location in the workplace where there is likely to be a risk to safety or health is prohibited.

- **19 Rest rooms and rest areas**
  Where by virtue of the type of activity or the presence of more than a certain number of employees, and it is required for the safety, health and welfare of employees, a rest room shall be provided for employees [does not apply to offices/similar work rooms]. Such rest rooms shall be large enough and provided with tables with easily cleaned surfaces and enough seats with backs. If work hours are regularly and frequently interrupted and there is no rest room, other rooms are provided in which employees can stay during such interruptions, wherever this is required for the safety, health and welfare of employees.

- **20d Sanitary and washing facilities**
  An employer shall provide and maintain and keep in a clean state:-

  (a) Adequate and suitable sanitary and washing facilities for the use of employees.

  (b) Adequate number of lavatories and washbasins with hot and cold running water shall be provided in the vicinity of the workstations, rest rooms, changing rooms and rooms housing showers.

  (c) Provision will be made for such lavatories and wash basins to be in separate rooms or used separately by men and women where required for reasons of propriety.

  (d) Where, the nature of the work or health reasons require that showers be provided, they must be adequate and suitable; and provision must be made for separate rooms for use by men and women. The shower rooms shall be sufficiently large to permit employees to wash in satisfactory, hygienic conditions without hindrance. Showers shall be provided with hot and cold running water.

  (e) Where rooms housing showers/washbasins are separate from changing rooms there shall be easy access between the two.

- **21 Changing Rooms and Lockers**
  Where special work clothes must be worn and health or propriety reasons necessitate it, appropriate changing rooms shall be provided. Such changing rooms shall be easily accessible, of sufficient capacity and be provided with seating. Changing rooms shall be sufficiently large and have facilities to securely store employee's clothes. If work clothes are likely to be contaminated by dangerous substances, etc. separate facilities to store work clothes away

from ordinary clothes/personal effects shall be provided. Separate male and female changing rooms shall be provided (or separate access arranged). Adequate facilities for drying wet or damp work clothes must be provided. Where changing rooms are not specifically required, employees must be provided with a place to store their clothes.

- **24 Pregnant, post-natal women and nursing mothers**
  Provision will be made for pregnant/post-natal women/nursing mothers to be able to rest in appropriate conditions. Nursing mother/restrooms are available at a number of locations on campus, see map
  See Welfare Facilities webpage for pregnant, post-natal and nursing mothers resources.

- **25 Employees with disabilities**
  Places of work shall be arranged to take account of employees with disabilities in particular as regards doors, passageways, lavatories, their workstations, etc. The purpose of this policy is to outline University of Galway's commitment to providing equality of opportunity to people with disabilities in all aspects of employment and education. This policy addresses the general measures being taken by the University to accommodate all people with disabilities to ensure that their work environment is suitable to their needs, and also that emergency procedures are in place to ensure that those with disabilities have a safe means of egress from each University Building. The Health and Safety Authority have published "An Employer's Guide to Implementing Inclusive Health and Safety practices for Employee's with Disabilities".

Legislation

The Disability Act 2005 states that a "*disability, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment*".

The Act states that employers must "*ensure, as far as is reasonably practicable, the safety, health and welfare at work of all employees*".

Regulation 25 of the General Application Regulations (2007) - Employees with Disabilities - states that "*an employer shall ensure that places of work, where necessary, are organised to take account of persons at work with disabilities, in particular as regards doors, passageways, staircases, showers, washbasins, lavatories and workstations used or occupied directly by those persons*".

Responsibilities

- Heads of Units

Heads of Units as part of their safety management role must ensure that the needs of disabled employees and students are appropriately met. Upon disclosure of a disability, a written risk assessment must be conducted of the individual's work/ activities to ensure that any additional risks are adequately addressed.

It is also the responsibility of the Head of each Unit to co-operate and assist the relevant staff/student member, in their Evacuation arrangements (discussed further in Fire and Emergency Procedures – [Personnel requiring particular assistance].

- Access Officers/ Disability Officer

The Disability Officer offers support for students, both current and prospective, who present with a disability. The Disability Support Service also provides information for academic staff.

- Fire Prevention Officer/Health & Safety Office

General safety management measures must be practiced for everyone's benefit. Basic steps, such as ensuring all trip hazards are eliminated makes the workplace a safer environment for all users, but particularly for person's who may have a disability.

The Fire Prevention Officer on an ongoing basis, ensures that supplementary systems to fire alarms are provided for staff with auditory difficulties either initially in new buildings, or retrospectively in existing University Buildings, on a prioritised basis.

Access throughout Campus

- Routes

The University has provided various sections of lowered curbs and ramps around the campus and other universal access measures.

1. If necessary, an assigned person or colleague should accompany a person with disabilities on their most used routes between University buildings, to:
   i. Establish the most suitable route;
   ii. Assess any hazards which the route(s) may pose;
   iii. Assess access to buildings.

- Parking

1. Drivers of vehicles requiring the use of universally accessible parking spaces may park in such spaces, only providing they have, on display, a valid and registered "blue badge". Use of such parking spaces is free of charge.
2. If you find that these spaces are being blocked by non-badge displaying vehicles, or vehicles incorrectly parked in these spaces, you may report this to the Parking Office (ext. 5063) or Security (ext. 3333)
3. The accessible parking spaces are in the vicinity of the main University buildings.

Access to Buildings

- Library

Library staff will assist persons with disabilities in any way that they can – contact the Customer Services Desk.

- Lifts

Emergency Alarms and telephones are installed in all passenger lifts so that, should a situation arise, the trapped person can be released in the shortest possible time. You may also wish to notify Security on ext. 3333 (if an internal phone is available) or otherwise (091) 493333 using a mobile phone.

Passenger lifts should not be used in the event of a fire alarm sounding

Should a fire alarm sound whilst a lift is in use, the person in the lift should stop the lift, and disembark at the next floor possible.

- Toilets

Most toilets with suitable access and facilities for disabled users are indicated by the international pictogram of a wheelchair.

Emergency Procedures

Universal design is used so that most personnel with disabilities can independently evacuate the University building(s) they are in. In this way only a small number of the University community will need to have a PEEP developed for them. A PEEP is a Personal Emergency Evacuation Plan (PEEP) i.e. it is a bespoke "escape plan" for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of an emergency. A PEEP is provided for the specific person who has an established requirement. University of Galway is currently finalising its Personal Emergency Evacuation Plan Policy/revising its General Emergency Evacuation Plan.

Persons Responsible:

» Director of Physical Resources, as delegated to relevant Manager and/or Supervisor;
» Director of Human Resources;
» Heads of Units;
» Principal Investigators;
» Teaching Staff
» Supervisory Staff.

PART 6:
REVISION AND UPDATING OF THE SAFETY STATEMENT

6.1 POLICY

It is University policy that this Safety Statement shall be annually revised to ensure that it is current and relevant.

In addition, an annual review and report shall be submitted by the University Management Team, i.e. the University of Galway Safety Committee, and then to Údarás na hOllscoile.

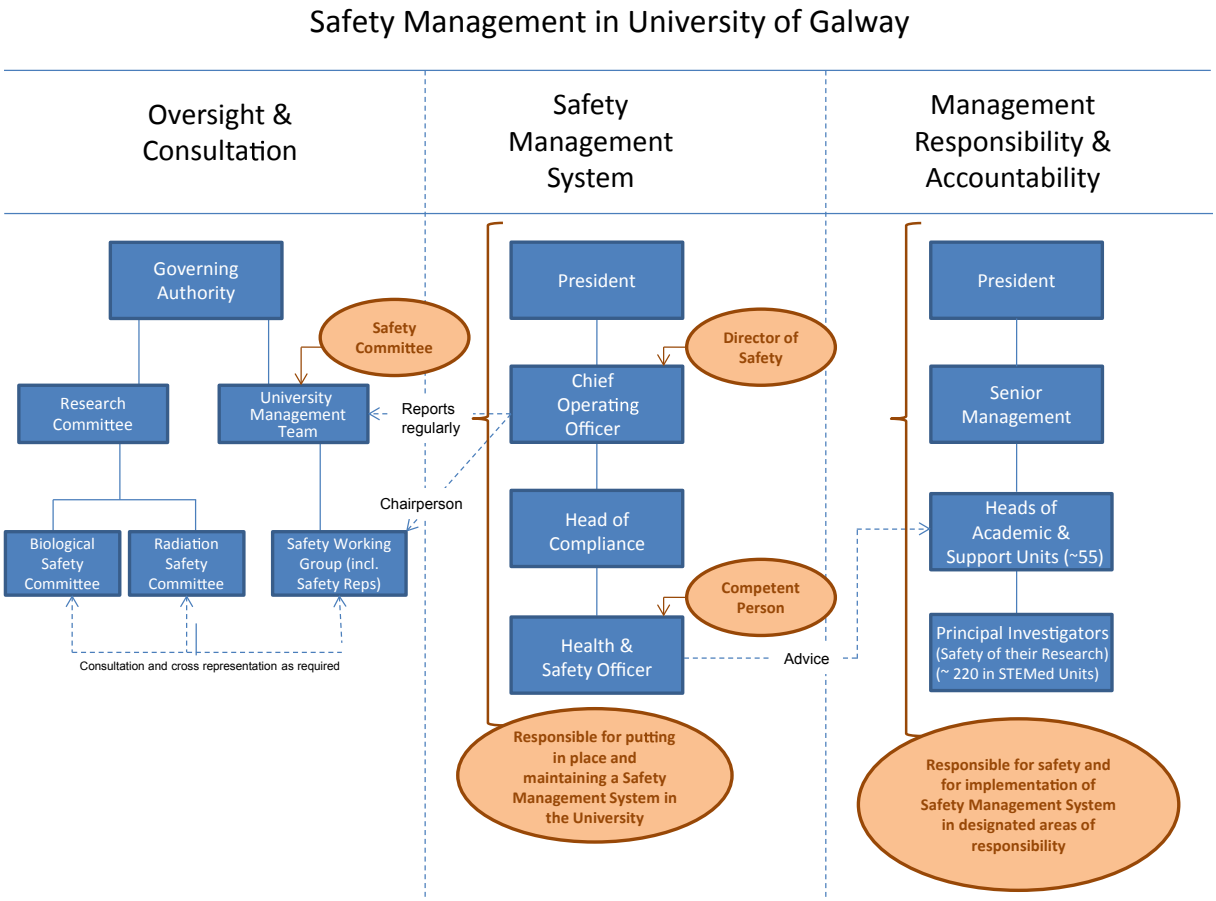
As the statement essentially consists of two elements, the revision of this statement will be at two levels.

The policy section of the University of Galway Safety Statement (all parts except Part 4) will be annually reviewed by the Safety Working Group who will make recommendations to the University Management Team as the University of Galway Safety Committee.

Part 4 of the statement (consisting of the individual statements of University Units) shall be reviewed at least annually by each Head of the Units, or more regularly where the changes or hazards dictate more frequent reviews. Such an updated statement must be forwarded to the University Health and Safety Office for collation. The University Management Team will receive an annual report on the status of the University of Galway Unit Safety Statements.

PART 7: APPENDICES

Appendix 1 – University Health and Safety Management Structure



Appendix 2 – Basic Principles for the Safe Use of Radiochemicals

Adapted from the University Local Rules for Radiation Safety. For further detail consult the University of Galway Radiation Safety website or contact the University Radiation Protection Officer (RPO).

1. All work with unsealed radioactive material must be segregated from other work and, where possible, carried out in a laboratory reserved for this work alone. The room or area must be suitable and must have the prior approval of the RPO.
2. Entry to such an area is restricted to authorised personnel and radiation warning signs must be prominently displayed.
3. On completion of any operation in which radioactive materials are handled the personnel involved must wash their hands thoroughly. In the event of a spillage, it is necessary to monitor the face and other exposed portions of the body, in addition to the hands.
4. All working surfaces and the floor of the supervised area must be regularly and systematically monitored for contamination.
5. Working procedures must be designed to minimise the spread of contamination from the working area, not only in the interests of the safety of personnel, but also to prevent interference with measurements of radioactivity.
6. Eating, drinking, smoking or the application of cosmetics in the designated area is prohibited.
7. Pipetting of radioactive materials by mouth is prohibited: use samplers, bulb or safety pipettes.
8. Protective clothing must be worn at all times in the radioactive working area and should be reserved for this purpose alone. This rule should be applied even at low levels of activity due to the risk of contaminating other work.
9. To avoid the spread of contamination in the event of a breakage or spill, all work with greater than tracer concentrations should be carried out over large drip trays lined with absorbent disposable paper.
10. All containers of radioactive material must be clearly labelled as to their radioactive hazard.
11. For each lot of labelled material received, a new radiochemical use and disposal form, should be started, and kept up to date as the material is used.
12. All accidents, involving radioisotopes, even if trivial, must be reported immediately to the Unit Radiation Supervisor.
13. All radioactive waste must be disposed of in accordance with the University's Local Rules for Radiation Safety.

Appendix 3 – Outline Safety Induction Checklist for Units

Name of new staff member: _____

Job Title:_____

Date: _____

1. First complete the All Staff Briefing (online on Blackboard)

2. Then Review the Safety in University of Galway - Our Priority, Duty and Responsibility handout

☐ University of Galway Safety Statement
☐ Unit Safety Statement - hazards/controls/persons responsible
☐ Hazards specific to the job and relevant safety measures
☐ Relevant legislation
☐ Relevant rules - employee's obligations
☐ Safety Equipment
☐ Role and Name of Safety Representative
☐ Role and Name of Unit Safety Coordinator

Emergency/Fire Procedures

☐ Emergency Numbers
☐ Fire Procedures and Assembly Point
☐ Fire Fighting measures
☐ Means of Escape

First aid arrangements

☐ First Aid Responders
☐ Location of First Aid Equipment including nearest Defibrillator (AED)

General

☐ Accident/incident reporting
☐ Electrical safety
☐ Housekeeping
☐ Manual Handling
☐ PPE - personal protective equipment
☐ Reporting defects/making suggestions
☐ Risk assessments (Unit SharePoint)
☐ Welfare facilities

Offices

☐ Computer safety + assessment (including Eye Test)
☐ Trailing flexes
☐ Office equipment

Laboratories

☐ Equipment safety
☐ Handling Procedures
☐ Disposal procedures
☐ Safety data sheets (SDSs)
☐ Specialist materials
☐ Spill procedures

Workshops

☐ Abrasive wheels
☐ Machine safety/guarding
☐ Specialist materials

Include future training requirements over next 12 months in the Units Safety Training Needs Assessment Form.

Induction given by: _____
Reference: Advisory Committee on Occupational Safety and Health Training (H.S.A.)

Appendix 4 – Safety Checklist: Office Spaces & Access Corridors

Unit: _____ **Building:** _____

Room: _____ **Date:** _____

Inspected by: _____ **Position:** _____

Based on visual inspection

1	Are the escape routes clearly clearly marked at exit/access corridor?	Y/N**
2	Are fire extinguishers provided and visible nearby?	Y/N**
3	Does the room/area appear to be adequately lit?	Y/N
4	Is the overall condition of room/area tidy with surplus items stored away safely?	Y/N
5	Are passageways, especially emergency exits, free of obstruction?	Y/N**
6	Are fire extinguishers tested regularly as evidenced by a dated maintenance label?	Y/N**
7	Are any possible ignition sources e.g. fan heaters, removed?	Y/N**
8	Are metal bins provided for waste?	Y/N
9	Is the area free from multi point mains adapters?	Y/N**
10	Has the electrical equipment in the rooms been visually checked by the user(s)?	Y/N**
11	Are floors free from trailing cables which are likely to be a tripping hazard?	Y/N
12	Are floor coverings in good condition i.e. they don't pose a tripping hazard?	Y/N
13	Is the area free from regular/occasional spills which could be a slipping hazard?	Y/N
14	If needed, are measures in place in wet areas to eliminate this slipping hazard?	Y/N/n/a
15	Does the ventilation feel comfortable in all occupied areas of the building?	Y/N
16	Do all steps/staircases seem adequately lit?	Y/N**
17	Are all steps/staircases, provided with handrails?	Y/N**
18	Have the manual handling tasks been risk assessed?	Y/N
	Are heavy items stored at an appropriate height for ease of manual handling?	Y/N
19	Is storage above 1.86m avoided?	Y/N
	Where not, has the work at height been risk assessed?	Y/N**
	Are ladders or kick alongs available to access higher shelving/storage space?	Y/N
	Is such equipment checked by users before use?	Y/N
20	Are filing cabinets anchored and interlocked (only 1 drawer opens at a time)?	Y/N
21	Are there adequate, stocked first aid kit(s) available nearby?	Y/N
22	Are the toilets adequately maintained e.g. toilet seats firmly attached?	Y/N
23	Are all flammable/caustic materials stored securely in appropriate locations?	Y/N
24	Are kettles, coffee machines, etc., securely positioned to avoid risk of scalds?	Y/N
25	Is a Safety Contacts Poster displayed nearby giving current Unit safety details?	Y/N
Based on consultation/feedback from Unit staff		
26	Are areas cleaned regularly?	Y/N
27	Are spillages cleared up immediately?	Y/N
28	Are rubbish bins emptied regularly?	Y/N
29	Is a fire drill conducted at least annually?	Y/N**
30	Do all personnel know where fire extinguishers are and how to use them?	Y/N**
31	Do all staff know the alternative escape routes (where provided) in the event of fire?	Y/N**
32	Are there regular checks to ensure that escape exits are not impeded or locked?	Y/N**
33	Are all bolts and fittings on emergency doors working?	Y/N**

34	Are electrical repairs carried out by trained and competent personnel only?	Y/N**
35	Is room temperature maintained within acceptable limits?	Y/N
36	Are noise levels kept below an acceptable level?	Y/N
37	Is after hours working risk assessed?	Y/N
38	If after hours working is allowed are appropriate management measures in place?	Y/N/n/a
	Total # of Y or N/As | | x 0 =	0
	Total # of Ns (lower risk) | | X 1 =	
	Total # of Ns (higher risk) | | X 2 =**	
	TOTAL =	

Notes/Comments

Please set out below how the safety issue(s) that this checklist highlight(s) is/are to be resolved:

Actions to be taken	Person Responsible	Complete by date

☐ Provide copy of completed checklist to Head of Unit and Unit Safety Coordinator

☐ Forward details to Buildings & Estates (via your Unit Buildings Liaison) where Buildings & Estates assistance is required.

Appendix 5 – Audit Checklist: Laboratory Areas

Unit: _____ **Building:** _____

Room: _____ **Date:** _____

Inspected by: _____ **Position:** _____

Satisfactory (✓) Unsatisfactory (×) Not Applicable (-)

SAFETY AWARENESS & INFORMATION

☐ University (relevant sections) and current Unit Safety Statement available

☐ Safety data sheets (SDSs) available in laboratory

☐ Risk assessments available on shared folder

☐ Special procedures documented

☐ Unattended experiments identified

☐ Appropriate safety signs displayed, e.g. lasers, chemical storage, etc.

HAZARDOUS MATERIALS/COMPRESSED AND LIQUIFIED GASES

☐ Supplier/Workplace labels on all containers

☐ Secured

☐ Protective caps used

☐ Regulators appropriate and in-date

☐ Glass Dewars taped

☐ Appropriate safety signs displayed

OTHER HAZARDOUS MATERIALS

☐ Supplier labels/workplace labels on all containers including Dewars

☐ Inventory listing

☐ Chemical stock appropriate – quantity, condition, containment, in-date

☐ Safely and compatibly stored (check supplier storage codes)

☐ Refrigerator safe for flammables or signposted prohibiting storage of flammables

☐ Chemical transport and/or handling equipment available

☐ Labelled

☐ Appropriate safety signs displayed

BIOHAZARD MATERIALS

☐ Containment level posted (if not Class 1)

☐ Use and storage of GM micro-organisms/plants/animals posted

☐ Biological Safety Cabinet certified

☐ Waste containers available

☐ Decontamination procedures established

☐ Waste material protocols available

☐ Unit contact names displayed

☐ Appropriate safety signs displayed

RADIOACTIVE MATERIALS

☐ Identified

☐ Inventory up to date

☐ Weekly contamination monitoring

☐ Waste containment

☐ Warning signs displayed

☐ Unit contact names displayed

☐ Appropriate safety signs displayed

WASTE DISPOSAL – HAZARDOUS WASTE

☐ Identified

☐ Containers adequate

☐ Properly segregated: (e.g. halogenated from non halogenated waste)

☐ Appropriate safety signs displayed

BROKEN GLASS/SYRINGES

☐ Sharps containers available

☐ Broke glass containers available

☐ Identified

☐ Decontamination Procedures

EMERGENCY PROCEDURES SPILL CONTROL

☐ Absorbent available

☐ Spill procedure in place

☐ Neutralising agent available

Materials or extinguishers available for:

- ☐ Oxidisers
- ☐ Flammable solvents
- ☐ Infectious substances
- ☐ Water reactives
- ☐ Air reactives

- ☐ Unit Safety Contacts Schedule posted
- ☐ Emergency numbers and phone available
- ☐ First aid kit available and appropriately stocked
- ☐ Unit evacuation plan prepared and practised

EMERGENCY SHOWERS

- ☐ Location(s) known and identified
- ☐ Tested weekly by Unit Personnel
- ☐ Accessible
- ☐ Sign(s) in place

EYEWASH STATIONS

- ☐ Accessible and identified
- ☐ Good condition and tested weekly

FIRE EXTINGUISHERS/EQUIPMENT

- ☐ Accessible
- ☐ Seal intact
- ☐ Use instructions reviewed
- ☐ Appropriately located + signposted
- ☐ Serviced annually
- ☐ Emergency exit signs in place
- ☐ Emergency lighting operational

LABORATORY FACILITIES

Laboratory Benches

- ☐ Clean
- ☐ Good condition
- ☐ Services identified and functioning
- ☐ Absorbent paper available

Floors And Aisles

- ☐ Dry
- ☐ Aisles, doorways, and emergency exit routes unobstructed
- ☐ Well-lit

Fume Hoods

- ☐ Airflow checked and results posted
- ☐ Proper use known by users
- ☐ Perchlorate fume hood posted and users practice washdown (where required)
- ☐ Pilot light working

- ☐ Airflow alarm tested
- ☐ Clean and unobstructed
- ☐ Service Date

SINKS AND DRAINS

- ☐ Clean
- ☐ Hands-free taps
- ☐ seperate sink for handwashing
- ☐ Water run to all drains regularly
- ☐ Soap available
- ☐ Paper towels available
- ☐ Backflow preventer
- ☐ Traps maintained

ELECTRICAL APPARATUS

- ☐ Wiring and cords in good condition
- ☐ Equipment pulleys guarded
- ☐ Emergency stop buttons where required
- ☐ ELCB protection where required
- ☐ Equipment regularly serviced
- ☐ Lighting adequate

GENERAL STORAGE

- ☐ Appropriate for materials e.g. no heavy objects at high level

PERSONAL PROTECTIVE EQUIPMENT

Eye And Face Protection

- ☐ Readily available
- ☐ Good condition
- ☐ Suitable for hazards present

Gloves And Aprons

- ☐ Readily available
- ☐ Good condition
- ☐ Suitable for hazards present

GENERAL LABORATORY PRACTICES

- ☐ No food/drink in laboratory, laboratory coats worn, etc.
- ☐ Sign(s) in place to reinforce this
- ☐ Does the lab need to be restricted access
- ☐ If yes does access system(s) and signs reinforce this

GENERAL MAINTENANCE ITEMS e.g. dripping taps, broken windows, faulty lights.

COMMENTS/RECOMMENDATIONS:

Copy to Head of Unit.

Submit details to Buildings & Estates if maintenance work required.

For any other remaining safety issue(s) that this checklist highlights, set out below how it/they are to be resolved.

Actions to be taken	Person Responsible	Complete by date

Appendix 6 – General Principles of Prevention Schedule 3 of the Safety, Health and Welfare at Work Act 2005.

1. *The avoidance of risks.*
2. *The evaluation of unavoidable risks.*
3. *The combating of risks at source.*
4. *The adaptation of work to the individual, especially as regards the design of places of work, the choice of work equipment and the choice of systems of work, with a view, in particular, to alleviating monotonous work and work at a predetermined work rate and to reducing the effect of this work on health.*
5. *The adaptation of the place of work to technical progress.*
6. *The replacement of dangerous articles, substances or systems of work by safe or less dangerous or less dangerous articles, substances or systems of work.*
7. *The giving of priority to collective protective measures over individual protective measures.*
8. *The development of an adequate prevention policy in relation to safety, health and welfare at work, which takes account of technology, organisation of work, working conditions, social factors and the influence of factors related to the working environment.*
9. *The giving of appropriate training and instructions to employees.*

Appendix 7 – Health & Safety Guidance Relevant to Universities

Below are some of the Health and Safety publications applicable to Universities.

1. USHA 2020
   Stress Management Guidance
2. USHA 2020
   Stress Risk Assessment Template
3. USHA 2018 Higher Education Sector
   Guidance on Health and Safety in Fieldwork and Travel
4. USHA 2018
   Guidance on Health and Safety Placements for HE Students
   The Higher Education Code of Governance 2020
5. UCEA/USHA 2015
   Leadership and Management of Health and Safety in Higher Education Institutions
6. UCEA/USHA/IOSH 2012
   Managing Health and Safety in Research
7. UCEA/USHA 2008
   Leading Health and Safety at Work
8. USHA 2003
   Health and Safety Management Performance Standards (HASMAP)
9. BUCPEA 1996
   Safe Sport in Universities - A Guide ISBN 0948634 804
10. Committee of Vice Chancellors and Principals of the Universities of the UK (CVCP) May 1993 – Health and Safety Responsibilities of Supervisors towards Postgraduate and Undergraduate Students. N/93/111.

Appendix 8 – Pregnant, Post Natal and Breastfeeding Employees

[Safety, Health and Welfare at Work (General Applications) Regulations 2007 Part 6, Chapter 2.]

Further Information

Schedule 8 – This list is not exhaustive.

Part A - Pregnant, Post Natal and Breastfeeding Employees

1. AGENTS

Physical Agents

i. Physical Shocks and vibrations

Regular exposure to shocks, low frequency vibration or excessive movement, may increase the risk of miscarriage. Heavy physical work in association with vibration may cause an increased risk of prematurity or low birth weight.

Recommendation: Pregnant workers and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies or where the abdomen is exposed to shocks or jolts.

ii. Manual handling of loads

Pregnant workers are at increased risk from manual handling injuries. Hormonal changes lead to laxity of ligaments, with consequent alterations in posture and increasing susceptibility to injury. Those who have recently given birth especially following a Caesarean section are likely to have reduced lifting and handling capability.

Control: *The Safety, Health & Welfare at Work (General Application) Regulations (Part 2 Chapter 4) 2007* advise the elimination of hazardous manual handling, ergonomic assessment of such tasks and the training of individuals so as to reduce the risk, particularly of back injury. The changes required for pregnant employees, will depend on the risk and the circumstances of their work activity.

iii. Noise

There is no evidence that noise poses a specific risk to new or expectant mothers or to the foetus apart from the observation that prolonged exposure to loud noise may lead to stress and fatigue and indirectly to increased blood pressure and tiredness.

Control: *The Safety, Health & Welfare at Work (General Application) Regulations (Part 5 Chapter 1) 2007* specifies the noise levels at which the employer is required to take action so as to ensure the safety and health of all employees.

iv. Ionising Radiation

Significant exposure to ionising radiation can be harmful to the foetus and this is recognised by placing limits on the external radiation dose to the abdomen of the expectant mother for the declared term of her pregnancy. If a nursing mother works with radioactive liquids or dusts, these can cause exposure of the child particularly through contamination of the mother's skin. Also the foetus may be at risk from significant amounts of radioactive contamination breathed in or ingested by the mother and transferred across the placenta.

Control: *The Radiological Protection Act (Ionising Radiation), Order 2000*, lays down basic standards for the protection of the health of workers against the dangers arising from ionising radiations.

v. Non-ionising electromagnetic radiation

Concern has been expressed regarding radiation emitted from display screen equipment (DSE) and its possible effects on pregnant women. Earlier reports have suggested higher levels of miscarriage and birth defects among some groups of DSE workers. However these reports have not been substantiated by subsequent scientific studies. The levels of ionising and non-ionising electromagnetic radiation which are likely to be generated by display screen equipment are well below those set out in international recommendations for limiting risk to human health created by such emissions. The scientific evidence is that these levels do not pose a significant risk to health.

Control: *The Safety, Health & Welfare at Work (General Application) Regulations, 2007 (Part 2 Chapter 5)* set down minimum requirements for the safe set up and use of all DSE, including radiation risk. On the basis of current scientific evidence pregnant women do not need to stop work with VDU's. However, if employees have concerns about VDU use during pregnancy they should discuss their concerns with someone adequately informed of current authoritative scientific information.

vi. Extremes of cold or heat

Pregnancy tends to reduce heat tolerance so that a woman may be more likely to faint or be more liable to heat stress. Breastfeeding may be impaired by heat dehydration. No specific problems arise from working in extreme cold.

Recommendation: Efforts should be made to ensure that pregnant workers are not exposed to prolonged heat at work. Appropriate rest facilities and access to refreshments should also be considered [*Safety, Health & Welfare at Work (General Application) Regulations, 2007 (Part 2 Chapter 1)*].

vii. Movements and postures

Fatigue from standing and other physical work has long been associated with miscarriage, premature birth and low birth weight. Excessive physical or mental pressure may cause stress and anxiety with a possibility of raised blood pressure in the woman. Pregnant workers may experience problems in working at heights and in tightly fitting workspaces or with workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to an

increased risk of strain or sprain injuries. Dexterity or agility may be impaired which may lead to an increased risk of accidents.

Control: *The Safety, Health & Welfare at Work (General Application) Regulations (Part 2 Chapter 1), 2007* specify general principles of prevention. The work should be adapted to the individual, especially as regards the design of places of work, the choice of work equipment and the choice of systems of work.

Biological Agents

Certain groups of workers are at increased risk of exposure to various infections. Laboratory workers, health care personnel, people looking after animals may be at increased risk of exposure to, for example hepatitis B, HIV, herpes, TB, syphilis, chickenpox and typhoid. Rubella and toxoplasma can harm the foetus as can cytomegalovirus and chlamydia.

Control: *The Safety, Health & Welfare at Work (Biological Agents) Regulations 2013* outline arrangements for the protection of workers from the risks related to exposure to biological agents at work.

Chemical Agents

Substances labelled R40/H351, R45/H350, R46/H340, R47, R61/H360, R63/H361 and R64/H362 under the Packaging and Labelling Regulations require assessment. About 200 substances are labelled with these risk phrases/hazard statements.

R40 Possible risk of irreversible effects, H351 Suspected of causing cancer

R45 May cause cancer, H350 May cause cancer Carcinogen Regulations S.I. No. 078 of 2001

R46 May cause heritable genetic damage, H340 May cause genetic defects

R61 May cause harm to the unborn baby, H360 May damage fertility or the unborn child

R63 Possible risk of harm to the unborn baby, H361 Suspected of damaging fertility or the unborn child

R64 May cause harm to breastfed babies, H362 May cause harm to breastfed children

In carrying out risk assessments for chemical agents, employers should have regard for women who are pregnant or who have recently given birth and prevent or control the risk. In many instances compliance with the limits imposed by the relevant legislation will be adequate to protect the health and safety of new and expectant mothers.

Control: *The Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001* outline arrangements to ensure that the exposure of employees to chemical agents at work is prevented or, where exposure cannot be avoided, the risk is adequately controlled.

- Mercury and mercury derivatives:

Organic mercury compounds may have adverse effects on the foetus and on the mother. Studies suggest that they may cause growth retardation of the foetus or central nervous system disorders.

Recommendation: The World Health Organisation (WHO) recommends that women of fertile age not be exposed at all.

- Cytotoxic drugs:

These drugs can be absorbed by inhalation or through the skin. These drugs have the potential to cause damage or disruption to DNA molecules carrying genetic information.

Control: There is no known threshold limit and exposure must be eliminated/ reduced to as low a level as is reasonably practicable. Assessment of the risk should look at the preparation of the drug for use, administration of the drug, and disposal of waste.

- Carbon monoxide:

Occupational exposure to CO particularly affects those functions which require high oxygen consumption i.e. the cardiovascular system, the nervous system, and foetal development. Pregnant women may have heightened susceptibility to the effects of exposure to carbon monoxide since this substance readily crosses the placenta and can result in the foetus being starved of oxygen.

Control: Maintenance of levels as far below the Threshold Limit Value (TLV) as is reasonably practicable.

2. PROCESSES

Scheduled carcinogen risks *(Schedule One of the Safety, Health & Welfare at Work (Carcinogen) Regulations, 2001).*

3. WORKING CONDITIONS

Underground mining.

Part B - Pregnant Employees

1. AGENTS

i. Physical Agents Hyperbaric Atmosphere

Pregnant workers are at increased risk in a hyperbaric atmosphere, and thus should not work in a compressed air environment. Pregnancy is considered a medical reason not to dive.

ii. Biological Agents

See above.

iii. Chemical Agents - lead and lead derivatives

Haem synthesis is more susceptible to interference by lead in women and young children than in men. Exposure to high levels of lead may be associated with an increased risk of spontaneous abortion, stillbirth and infertility.

2. WORKING CONDITIONS

Underground mining work.

Part C – Employees Who are Breastfeeding

1. CHEMICAL AGENTS lead and lead derivatives:

See above

2. WORKING CONDITIONS:

Underground mining work.

Pregnant Employees - Further Information

HSA – Pregnant at Work FAQs

HSA – Protection of Pregnant, Post Natal and Breastfeeding Employees

Schedule 8 Part A, Part B and Part C of the Safety, Health and Welfare at Work (General Application) Regulations 2007.

Appendix 9 — Terms of Reference

The Safety Committee

The Committee will perform a strategic role in assessing and reporting progress on the implementation of Health and Safety policies and procedures across the University. Its purpose is to:

1. Review the Health and Safety policies, guidance notes, arrangements, management and operational procedures in all areas of Health and Safety to confirm they are suitable and appropriate, and monitor statutory compliance and Health and Safety performance in their implementation.
2. Making recommendations on policy and strategy relating to management of Health and Safety, including, *inter alia*:
    - Policy development;
    - Structures and systems for the effective management of Health and Safety;
    - Plans and objectives for continuous improvement;
    - Adequate resources for the achievement of plans and objectives;
    - Recommend the establishment of Project Groups to review and report back to the Committee on specific issues;
    - Where appropriate recommend the commissioning of specific reports necessary for specialist advice.

The Safety Working Group

1. To advise on issues of workplace safety, health and welfare issues insofar as they may affect the staff, students, and authorised visitors to the University. *Inter alia* this Group will be concerned with:
    i. The provision of staff consultation measures, through Safety Representation;
    ii. The provision of information and training, and promotion of occupational health and safety awareness among University personnel;
    iii. The provision of appropriate first aid facilities and training;
    iv. The consideration of reports of occupational accidents and incidents;
    v. The review of preventive and control measures;
    vi. The review of fire and other emergency procedures;
    vii. Working with University of Galway's Committees on Radiation and Biological/GMO Safety;
    viii. The Health and Safety Office's activities with outside bodies on health and safety matters;
    ix. The receipt of specialist reports on health and safety matters.
2. To support the Health and Safety Officer on the preparation and on-going review of the University's Safety Statement.

3. To be informed of the implementation of health and safety requirements in the University and where appropriate to request that the Health and Safety Officer refer issues to the University Management Team (as the University of Galway Safety Committee).
4. To be informed by the Health and Safety Officer of new legislation and incorporate any such relevant legal provisions into the University's health and safety management system.

Health & Safety Office

The Unit's general responsibilities are:

1. To provide guidance and advice to Unit Heads, Principal Investigators and other staff on compliance with Health and Safety law;
2. To provide reports on Health & Safety;
3. To provide information and advice to management on health and safety legislation, codes of practice, guidance and recognised standards;
4. To provide appropriate health and safety training to meet requirements at all levels;
5. To provide the appropriate workplace health services e.g. first aid training and advice;
6. To investigate reportable accidents in conjunction with other relevant stakeholders;
7. To facilitate and conduct health and safety inspections and audits in conjunction with the Units own inspection/audit programme;
8. To monitor health and safety performance throughout the University on behalf of the President, Údarás na hOllscoile and UMT.

The Committee on Biological & GMO Safety

1. The University of Galway Committee on Biological and GMO Safety has been established to administer and advise on all matters relating to biological safety including GMOs in all areas of the University. The Committee advises University Management on compliance with the requirements of the Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013, the Genetically Modified Organisms Regulations, 1994, the Genetically Modified Organisms (Contained Use) Regulations, 2001 and Amendment 2010, and other relevant statutory requirements. The President and Údarás na hOllscoile is responsible for the corporate implementation of this legislation, and the Principal Investigator/User is responsible for the safety and compliance of their individual project(s).
2. The Committee includes:
    i. Representatives from Schools where regular work with BAs is carried out.
    ii. A Representative from Building & Estates;
    iii. The University Biological Safety Adviser;
    iv. Representatives of relevant organisations outside University of Galway.

3. The Committee will liaise on behalf of the University with the relevant enforcement agencies on all matters concerning Biological and GMO Safety, i.e. the Health and Safety Authority (HSA) and the Environmental Protection Agency (EPA).

4. The Committee will be responsible for establishing safe practices and overseeing their implementation by ensuring that Units, and in particular Heads of Units are aware of their particular responsibilities for work involving BAs. This includes the periodic review by the Committee of work involving BAs to ensure that the risk assessments and control measures are adequate. Guidance will be issued to that effect. See also Biological Agents.
5. The Committee will consult on emergency response plans covering accidental spills and personnel contamination resulting from BA work and the treatment and disposal of wastes arising from BA work.
6. The Committee will report to the University Safety Working Group at regular intervals and will report to the EPA on an annual basis.
7. The Committee will address other BA functions as they arise.