



SCHOOL OF INFORMATICS & CREATIVE ARTS

ANCILLARY SAFETY STATEMENT (Issue 12) June 2024

Issue	Issue Date	Issued	Approved	Circulation
2	April 2008	FMC/CC	FASC	ICA, All Staff, All Students
3			FASC	ICA, All Staff, All Students
4	June 2016	FMC/CC	FASC	ICA, All Staff, All Students
5	June 2017		FASC	ICA, All Staff, All Students
6	June 2018			ICA, All Staff, All Students
7	June 2019	GMK	FASC	ICA, All Staff, All Students
8	June 2020	MMcC	FASC	ICA, All Staff, All Students
9	June 2021	MMcC	FASC	ICA, All Staff, All Students
10	June 2022	MMcC	FASC	ICA, All Staff, All Students
11	June 2023	NC	FASC	ICA, All Staff, All Students
12	June 2024	NC/FC	FASC	ICA, All Staff, All Students

*This Ancillary Safety Statement is to be read in conjunction with the
Dundalk Institute of Technology
Parent Safety Statement*

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Ancillary Safety Statement Revision List

Revision No.	Date of Rev.	Brief Description of Revision	Location (Section No; Page etc.)
		<i>Note: Previous reviews completed on an annual basis (2016-2023)</i>	
12	June 2024	Annual Review <ul style="list-style-type: none"> • Addition of Revision List Table • Removal of reference to Covid 	This table. Section 3.

Introduction

Under the provisions of The Safety, Health and Welfare at Work Act 2005, Dundalk Institute of Technology is required to ensure so far as is reasonably practicable the health, safety and welfare of all its employees and students engaged in work or study, and all visitors to the Institute premises.

In view of the recent extensive expansion that has taken place on the campus and in order to comply with the requirements of the Act, the Institute has decided to review and update its original Safety Statement. Dundalk Institute of Technology's safety management programme will now consist of a Parent Safety Statement supplemented by seven ancillary Safety Statements, which apply to different functional areas of the Institute. These ancillary Safety Statements take account of the diverse range of activities, which apply across the Institute.

The Institute's overall Safety Statement is comprised of the following documents:

- **Parent Safety Statement**
- **Ancillary Safety Statement – School of Business & Humanities**
- **Ancillary Safety Statement – School of Health & Science**
- **Ancillary Safety Statement – School of Engineering**
- **Ancillary Safety Statement – School of Informatics & Creative Arts**
- **Ancillary Safety Statement – Vice President of Finance & Corporate Affairs Functional Area**
- **Ancillary Safety Statement – Vice President of Academic Studies Functional Area**
- **Ancillary Safety Statement – Vice President of Strategy Planning, Communications and Development Functional Area**
- **Emergency Evacuations Procedures Manual**

The purpose of the Ancillary Safety Statements is to provide details of the specific hazards and control measures which apply in these areas. Each Ancillary Safety Statement should be read in conjunction with the Parent Safety Statement.

General Statement of Policy within the School of Informatics & Creative Arts

The School of Informatics & Creative Arts is committed to ensuring that high standards of health and safety are achieved and maintained throughout the School. The key mechanism for achieving and maintaining safety is Risk Assessment, by which we identify hazards, which have the potential for harming health or causing accidents, evaluate the risks arising and select and implement appropriate precautions.

Throughout the School of Informatics & Creative Arts, Risk Assessments will be carried out in all areas under our control periodically (at least once per year). It is essential that all staff and students contribute and cooperate to this process, thus ensuring that the School of Informatics & Creative Arts's stated objective of providing in so far as is reasonably practicable a safe place of work is achieved.

The results of the Risk Assessments carried out in the School of Informatics & Creative Arts will be recorded and attached to this Ancillary Safety Statement as is required by Section 19 of the 2005 Act.

Signed on behalf of School of Informatics & Creative Arts

Dundalk Institute of Technology,

Fergal Mc Caffery

Prof. Fergal Mc Caffery

Head of School

1.0 School of Informatics & Creative Arts - Description

The School of Informatics & Creative Arts is composed of three departments as follows:-

1. **Department of Computing Science & Mathematics**
2. **Department of Visual & Human-Centred Computing**
3. **Department of Creative Arts, Media & Music**

Refer to Appendix I for School of Informatics & Creative Arts Safety Management organisational layout.

The School of Informatics & Creative Arts is located primarily in the PJ Carroll Building.

Risk Assessment is carried out at least once per year in the School of Informatics & Creative Arts under the direction of the Head of School, Prof. Fergal Mc Caffery, who is the responsible person.

The wide range of workplace activities and the associated risks to health, safety and welfare within the School of Informatics & Creative Arts can be broadly categorised as follows:-

- **Offices, (Administration and Lecturing Staff)** – low to medium risk.
- **Lecture Rooms, Seminar Rooms, Computer Labs** – low to medium risk
- **Performance and Studio Space** – low to medium risk
- **Specialist Media Facilities** - low to medium risk

2.0 School of Informatics & Creative Arts Overview of Risk Assessment Process.

This Ancillary Safety Statement covers all activities carried out by the School of Informatics & Creative Arts, and should be read in conjunction with the Institute Parent Safety Statement. The hazards currently pertaining to the School are listed on Quantitative Risk Assessment Sheets, which have been compiled for each Department within the School, as are the control measures required to deal with the risks posed by these hazards.

Risk Assessment will be carried out annually in all areas of the School. The person responsible for ensuring that Risk Assessment procedure is carried out is the Head of School of Informatics & Creative Arts, Prof. Fergal Mc Caffery.

The Risk Assessment process adopted by the School of Informatics & Creative Arts identifies all hazards posed by activities within the School and quantifies the risk posed by same. In most cases these hazards can be controlled by adhering to procedures detailed in Safe Work Practice Procedures.

Safe Work Practice procedures are in place throughout the School and copies of Safe Work Practice Sheets for different hazardous activities in the various departments within the School are listed in this document. The primary objective of the Safe Work Practice procedures is to eliminate, reduce or control any risks posed as a result of the hazards that exist throughout the School. These Safe Work Practice Procedures are also displayed prominently in the relevant areas to which they apply.

Adherence to the Safe Work Practice Procedures is the primary means of risk control in the School of Informatics & Creative Arts. However, hazards may arise from time to time, which are not covered by these procedures. **Under Section 13 of the 2005 Safety, Health & Welfare at Work Act, all staff are required to report any hazards that they notice or observe to their employer. Within the School of Informatics & Creative Arts, any hazard noted or observed by any member of staff must be reported to their immediate superior.**

As part of the annual Risk Assessment process, all Safe Work Practice Procedure Sheets will be reviewed and updated to ensure that they take account of any changing circumstances that have arisen during the course of the year.

3.0 Risk Assessment Section

Please note that Risk Assessment is carried out annually in each Functional Area of DKIT. Records of Risk Assessment for the School of Informatics & Creative Arts are maintained in the School of Informatics & Creative Arts Office in the Carroll Building as part of the Functional Area Safety File.

APPENDICES

APPENDIX I

LIST OF RESPONSIBLE PERSONS & SCHOOL OF INFORMATICS & CREATIVE ARTS SAFETY MANAGEMENT ORGANISATIONAL CHART

List of Responsible Persons within the School of Informatics & Creative Arts

Head of School

Prof. Fergal Mc Caffery

Head of Department

Creative Arts, Media & Music

Dr Adèle Commins

Head of Department

Visual & Human-Centred Computing

Dr Martin Mc Hugh

Head of Department

Computing Science & Mathematics

Dr Fiona Lawless

APPENDIX II

SAFE WORK PRACTICE PROCEDURE SHEETS

Safe Work Practice Sheets - School of Informatics & Creative Arts

The school's Safe Work Sheets adhere to the Institute's Routine Safe Work Practice. Copies of Safe Work Practice Sheets for the School of Informatics & Creative Arts are maintained in the School of Informatics & Creative Arts Office in the PJ Carroll Building as part of the Functional Area Safety File. Safe Work Practice sheets can also be accessed from the staff portal of the college website <https://www.dkit.ie/health-safety/safety-statements/routine-safe-work-practice-sheets>

APPENDIX III

ACCIDENT / INCIDENT REPORT FORMS

ACCIDENT / INCIDENT REPORT FORM

Note: This form should be completed whenever an accident or incident occurs which results in injury or damage to personnel or property.

If personnel or property WERE NOT injured or damaged during the Accident/ Incident, do not use this form. Use the NEAR MISS REPORT FORM.

Accident / Incident Report Form																							
i	Name of person involved in Accident/Incident:																						
ii	Address:																						
	Phone:																						
iii	Who was involved in the Accident/Incident: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor																						
iv	Occupation:																						
v	If an employee of the Institute please state Department:																						
vi	If no, please elaborate:																						
vii	Particulars of Accident/Incident & circumstances under which the Accident/Incident occurred: <i>Use additional pages and/or photos if necessary.</i>																						
viii	Place:																						
ix	Time:																						
	Date:																						
x	Witness Phone No & Address:																						
	Witness Phone No & Address:																						
xi	When and to whom was the Accident/Incident initially reported?																						
xii	Details of injury/damage: Indicate type of injury (put an 'x' in one box only) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Bruising, contusion</td> <td style="width: 50%;"><input type="checkbox"/> Suffocation, asphyxiation</td> </tr> <tr> <td><input type="checkbox"/> Concussion</td> <td><input type="checkbox"/> Gassing</td> </tr> <tr> <td><input type="checkbox"/> Internal injuries</td> <td><input type="checkbox"/> Drowning</td> </tr> <tr> <td><input type="checkbox"/> Open wound</td> <td><input type="checkbox"/> Poisoning</td> </tr> <tr> <td><input type="checkbox"/> Abrasion, graze</td> <td><input type="checkbox"/> Infection</td> </tr> <tr> <td><input type="checkbox"/> Amputation</td> <td><input type="checkbox"/> Burns, scalds and frostbite</td> </tr> <tr> <td><input type="checkbox"/> Open fracture (i.e. bone exposed)</td> <td><input type="checkbox"/> Effects of radiation</td> </tr> <tr> <td><input type="checkbox"/> Closed fracture</td> <td><input type="checkbox"/> Electrical injury</td> </tr> <tr> <td><input type="checkbox"/> Dislocation</td> <td><input type="checkbox"/> Property damage</td> </tr> <tr> <td><input type="checkbox"/> Sprain, torn ligaments</td> <td>Specify_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other, Specify_____</td> </tr> </table>	<input type="checkbox"/> Bruising, contusion	<input type="checkbox"/> Suffocation, asphyxiation	<input type="checkbox"/> Concussion	<input type="checkbox"/> Gassing	<input type="checkbox"/> Internal injuries	<input type="checkbox"/> Drowning	<input type="checkbox"/> Open wound	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Abrasion, graze	<input type="checkbox"/> Infection	<input type="checkbox"/> Amputation	<input type="checkbox"/> Burns, scalds and frostbite	<input type="checkbox"/> Open fracture (i.e. bone exposed)	<input type="checkbox"/> Effects of radiation	<input type="checkbox"/> Closed fracture	<input type="checkbox"/> Electrical injury	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Property damage	<input type="checkbox"/> Sprain, torn ligaments	Specify_____		<input type="checkbox"/> Other, Specify_____
<input type="checkbox"/> Bruising, contusion	<input type="checkbox"/> Suffocation, asphyxiation																						
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<input type="checkbox"/> Closed fracture	<input type="checkbox"/> Electrical injury																						
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Property damage																						
<input type="checkbox"/> Sprain, torn ligaments	Specify_____																						
	<input type="checkbox"/> Other, Specify_____																						

xiii	Indicate part of body most seriously injured (put an 'x' in one box only):	
	<input type="checkbox"/> Head, except eyes <input type="checkbox"/> Eyes <input type="checkbox"/> Neck <input type="checkbox"/> Back, spine <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Shoulder, upper arm, elbow <input type="checkbox"/> Lower arm, wrist, hand	<input type="checkbox"/> Fingers, one or more <input type="checkbox"/> Hip joint, thigh, knee cap <input type="checkbox"/> Knee joint, lower leg, ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toes, one or more <input type="checkbox"/> Extensive parts of the body <input type="checkbox"/> Multiple injuries <input type="checkbox"/> Other, Specify _____
xiv	Consequences of the Accident/Incident:	
	Fatal <input type="checkbox"/> Non Fatal <input type="checkbox"/>	Date of resumption of work if Anticipated absence if not back back Year Month Day 4-7 days <input type="checkbox"/> _____ _____ _____ 8-14 days <input type="checkbox"/> More than 14 days <input type="checkbox"/>
xv	Treatment:	
xvi	Doctor's report and recommendation:	
xvii	Steps taken to prevent reoccurrence of this type of Accident/Incident:	
	Signature of person completing report:	Date:
	Print Name & Job Title:	
	Signature of Head of Department/School/Function:	Date:
	Print name:	

(Copies of the completed Institute Accident/Incident Report Forms are to be sent separately to the Institute Health & Safety Co-ordinator, the Vice President for Finance & Corporate Affairs and the Estates Office)

NEAR MISS REPORT FORM

Note:

This form should be completed whenever a Near Miss occurs - that is an incident WITHOUT injury to person or damage to property.

If personnel or property were injured or damaged during the incident, do not use this form. Use the 'ACCIDENT / INCIDENT REPORT FORM'.

NEAR MISS REPORT FORM									
i	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">Date of Near Miss:</td> <td style="width: 50%; border: none; padding: 5px;">Time of Near Miss:</td> </tr> </table>	Date of Near Miss:	Time of Near Miss:						
Date of Near Miss:	Time of Near Miss:								
ii	Location of Near Miss:								
iii	Who was involved in the Near Miss: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Contractor <input type="checkbox"/> Visitors								
iv	Name of person(s) involved in Near Miss:								
v	Name, Address & Contact details of any witnesses to Near Miss:								
vi	Description of Near Miss:								
vii	Steps taken to prevent a reoccurrence of this type of Near Miss incident:								
<table style="width: 100%; border: none;"> <tr> <td style="width: 75%; border: none; padding: 5px;">Signature of person completing report:</td> <td style="width: 25%; border: none; padding: 5px;">Date:</td> </tr> <tr> <td colspan="2" style="border: none; padding: 5px;">Print Name & Job Title:</td> </tr> <tr> <td style="border: none; padding: 5px;">Signature of Head of Department/School/Function:</td> <td style="border: none; padding: 5px;">Date:</td> </tr> <tr> <td colspan="2" style="border: none; padding: 5px;">Print name:</td> </tr> </table>		Signature of person completing report:	Date:	Print Name & Job Title:		Signature of Head of Department/School/Function:	Date:	Print name:	
Signature of person completing report:	Date:								
Print Name & Job Title:									
Signature of Head of Department/School/Function:	Date:								
Print name:									

(Copies of the completed Near Miss Report Form are to be sent to the Health & Safety Co-Ordinator, the Vice President for Finance & Corporate Affairs and the Estates Office)