Parent Safety Statement 2026

Rev	Issue Date	Issued	Approved	Circulation
1	Dec 20th 2013	ER	ISMC	ISMC, FASCS, EB, Estates, All Staff
2	Nov 17th 2015	CC	ISMC	ISMC, FASCS, EB, Estates, All Staff
3	Feb 16th 2016	CC	ISMC	ISMC, FASCS, EB, Estates, All Staff
4	Jan 2017	CC	ISMC	ISMC, FASCS, EB, Estates, All Staff
5	April 2017	CC	ISMC	ISMC, FASCS, EB, Estates, All Staff
6	January 2018	CC	ISMC	ISMC, FASCS, LT, Estates, All Staff
7	January 2019	CC	ISMC	ISMC, FASCS, LT, Estates, All Staff
8	January 2020	CC	ISMC	ISMC, FASCS, LT, Estates, All Staff
9	May 2020	CC	ISMC	ISMC, FASCS, LT, Estates, All Staff
10	May 2021	CC	ISMC	ISMC, FASCS, LT, Estates, All Staff
11	May 2022	CC	ISMC	ISMC, FASCS, LT, Estates, All Staff
12	January 2023	CC	ISMC	ALL
13	January 2024	CC/ISMC	EB	ISMC/ALL
14	January 2025	CC/ISMC	EB	ISMC/ALL
15	January 2026	CC/ISMC	EB	ISMC/ALL

This Parent Safety Statement is to be read in conjunction with the

Ancillary Safety Statements

For

School of Engineering
School of Business & Humanities
School of Health and Science
School of Informatics and Creative Arts
Finance, Resources & Diversity Functional Area
Academic Affairs &Registrar Functional Area
Strategic Planning, Communications & Development Functional Area

SAFETY STATEMENT REVISION LIST

Revision No.	Date of Rev.	Brief Description of Revision	Location (Section No; Page etc.)
		Note: Amendments made to Issue 1 Dec 2013 of original Parent Safety Statement	
No. 1 (Rev 2)	**17th Nov 15**	**Annual Review** ▪ Addition of '*Safety Statement Revision List*' table.	This page
		▪ Modernisation of document / change to font & format.	Throughout
		▪ Amendment of titles under the *Executive Board* to reflect current titles.	Sec 4.1.4
		▪ Omitted *'schedule for communication'*	Sec 4.3.1
		▪ Inclusion of relevant personnel in the '*Membership Table'*.	Sec 4.3.2.2
		▪ Reference to notification of accidents via the *'H.S.A online notification process'* added (as an alternative to the completion of the IR1 form).	Sec 5.3.1 & Appendix 4
		▪ Update to DkIT *Organisational Chart & Safety Committee Structure Chart* to reflect current roles and titles.	Appendix 1
		▪ Update to '*Controlled Document Register'*.	Appendix 2
Rev 3	**16th Feb 2016**	▪ Update to DkIT *Organisational Chart & Safety Committee Structure Chart* to reflect current roles and titles.	Appendix 1
		▪ Amendment to section to reflect new Accident, Incident, Near Miss & Dangerous Occurrence Reporting Procedures.	Sec 5.3.1
		▪ Amendment to '*Evaluation of Compliance Form'*.	Appendix 3
		▪ Insertion of new '*Accident, Incident, Near Miss & Dangerous Occurrence Reporting Procedures'*.	Appendix 4
		▪ Name of new President included.	Throughout

Revision No.	Date of Rev.	Brief Description of Revision	Location (Section No; Page etc.)
Rev 4	Jan 2017	**Annual Review** ▪ Clifford Kelly added as Acting Chairperson of the Board of Management. Andrew Griffith's role came to an end in Sept 2015.	Sec 2.1
		▪ Update to Competence, Training & Awareness to include 'First Aid (including Defibrillator Training)' and 'BOC Safe Handling & Use of Gas.	Sec 4.2
		▪ ISCM Membership details – Irene Mc Causland added as new Chairperson of ISMC.	Sec 4.3.2.2
		▪ Update to DkIT *Organisational Chart & Safety Committee Structure Chart* to reflect current roles and titles.	Appendix 1
		▪ Update to '*Controlled Document Register*'.	Appendix 2
Rev 5	April 2017	▪ Update to '*Controlled Document Register*'- to include introduction of Pregnancy Risk Assessment for staff and students.	Appendix 2
Rev 6	January 2018	**Annual Review** ▪ Any references to *'Executive Board'* replaced with the new term *'Leadership Team'.*	Throughout
		▪ Dr Michael Mulvey added as new President. Replacing Anne Campbell.	Sec 2.2 & Throughout Appendix 2
		▪ ISCM Membership details – Pauraic Renaghan added as new Student Union President.	Sec 4.3.2.2
		▪ Update to DkIT *Organisational Chart & Safety Committee Structure Chart* to reflect current roles and titles.	Appendix 1
		▪ Update to '*Controlled Document Register*' to reflect changes to Routine Safe Work Practice Sheets (SWPS) - SWPS 019 Field Trips (Amended) & SWPS 031 Young Persons / Children / Students on Work Placement within the Institute (NEW).	Appendix 2

Revision No.	Date of Rev.	Brief Description of Revision	Location (Section No; Page etc.)
Cont.		▪ Update to '*Controlled Document Register'* to include revisions to Parent Safety Statement.	Appendix 2
Rev 7	**January 2019**	**Annual Review** ▪ Update to reference of retention of documents – to 10 years & 40 years as per HSA guidelines.	Section 5.4
		▪ ISMC Membership details – Marie Maguire added as new Student Union President.	Sec 4.3.2.2
		▪ Update to DkIT *Organisational Chart & Safety Committee Structure Chart* to reflect current roles and titles.	Appendix 1
		▪ Update to '*Controlled Document Register'* in line with new and amended documentation; - First Aid Policy (Amended) - Routine Safe Work Practice Sheets (SWPS) –SWPS 032 Work in Theatres (NEW) - HSA Inspector Procedure (New) - 1 Page Emergency First Aid Procedure (For posting at AED & First Aid Stations) - Routine Safe Work Practice Sheets (SWPS) –SWPS 019 Field Trips / Field Work / Overseas Trips (Amended); Awaiting final approval - Parent Safety Statement Rev 7 2019	Appendix 2
Rev 8	**January 2020**	▪ ISMC Membership details – Glenn McCourt added as new Student Union President.	Sec 4.3.2.2
		▪ Accident & Incident Procedures amended to reflect changes to current legislative. Reference to Schedule 12 & IR3 form removed. Reference to (Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016) included.	Section 5.3.1

Revision No.	Date of Rev.	Brief Description of Revision	Location (Section No; Page etc.)
Cont.		▪ Update to DkIT *Organisational Chart & Safety Committee Structure Chart* to reflect current roles and titles.	Appendix 1
		▪ Update to *'Controlled Document Register'* in line with new and amended documentation;	Appendix 2
		- Routine Safe Work Practice Sheets (SWPS) –SWPS 019 Field Trips / Field Work (Amended)	
		- Introduction of New Safe Work Practice Sheet SWPS 033 Overseas Trips	
		- Form 1A added to PEEP	
		- Accident & Incident Procedures document amended in line with current legislation (Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016)	
		▪ Inclusion of newly amended Accident & Incident Reporting Procedures	Appendix 4
Rev 9	**May 2020**	Revision of Parent Safety Statement required under the Return to Work Safely Protocol (RTWSP).	
		▪ Update to Governing Body Statement to reflect current Chairperson.	Section 2.0
		▪ Update to Section 3.1 Hazard Identification, Risk Assessment & Determining Controls to include requirements under RTWSP.	Section 3.1
		▪ Roles and responsibilities updated to include adherence to the new measures set out in the RTWSP at each level.	Section 4
		▪ Update to training requirements to include return to work induction & guidance and Lead Worker Representative (LWR) training as required under the RTWSP.	Section 4.2
		▪ Update with regards to the inclusion of the LWR in the Safety Committee structure to facilitate participation and consultation as required under the RTWSP.	Section 4.3.2

Revision No.	Date of Rev.	Brief Description of Revision	Location (Section No; Page etc.)
Cont.		▪ Update to DkIT Organisational Chart & Safety Committee Structure Chart to reflect inclusion of LWR.	Appendix 1
		▪ Update to DkIT Organisational Chart & Safety Committee Structure Chart to reflect new Chairperson of Governing Body.	Appendix 1
		▪ Update to 'Controlled Document Register' to include new and amended documentation – Inclusion of Covid 19 Return to Work Risk Assessment, Safe Work Practice Sheet on Remote Working, Revision to Parent Safety Statement & Covid Respond Plan.	Appendix 2
Rev 10	**May 2021**	▪ ISMC Membership details – Taidgh Kavanagh added as Student Union President.	Appendix 1
		▪ Update to Safety Committee Structure Chart to reflect current roles and titles.	Appendix 1
		▪ Update to 'Controlled Document Register' in line with new and amended documentation; - Routine Safe Work Practice Sheets (SWPS) –SWPS 034 Remote Working - Revision 10 Parent Safety Statement (this document)	Appendix 2
Rev 11	**May 2022**	▪ Reference to '*Finance & Corporate Affairs*' *updated to reflect current title - 'Finance, Resources & Diversity'*	Throughout
		▪ ISMC Membership details – Christopher (Chacho) O'Neill added as Student Union President.	Appendix 1
		▪ Update to Safety Committee Structure Chart to reflect current roles and titles.	Appendix 1
		▪ Update DkIT Organisation Chart to reflect current chart	Appendix 1
		▪ Update to 'Controlled Document Register' in line with new and amended documentation; - Revision 11 Parent Safety Statement (this document)	Appendix 2

Rev 12	Jan 2023	▪ Update to include name of newly appointed president - Dr Diarmuid O'Callaghan added as new President.	Throughout
		▪ ISMC Membership details updated to reflect current roles - Niamh Fallon added as Student Union President.	Section 4.3.2.2
		▪ Update to Safety Committee Structure Chart to reflect current roles and titles.	Appendix 1
		▪ Update DkIT Organisation Chart to reflect current chart	Appendix 1
		▪ Update to 'Controlled Document Register' in line with new and amended documentation. Revision 12 Parent Safety Statement (this document) & revision to Emergency Evacuation Procedures Manual.	Appendix 2
Rev 13	Jan 2024	▪ Removal of references to Covid 19. Removal of references to Return to Work Protocol.	Throughout
		▪ Any references to the term 'Leadership Team' reverted to the term 'Executive Board'.	Throughout
		▪ Update to Health & Safety Policies. Government Body statement of intent and General Statement of Policy, blended to give one policy for signing by the President.	Section 2.1/2.2
		▪ Update to Risk Assessment section to include reference to Statutory Inspections & frequency. As required per Deloitte Audit.	Section 3.1
		▪ Reference to statutory register removed. Key pieces of Health & Safety legislation to be made available on line (Under Staff Health & Safety portal).	Section 3.2
		▪ Updated to remove reference of GB to reinforce role of President & Executive Board. (Section 4.1.1 removed)	Section 4.1.1,4.1.2 & 4.1.1
		▪ Names of FASC's added.	Section 4.3.2.1
		▪ ISMC Membership (Safety Committee Structure) updated to reflect current roles – Irene McCausland affirmed as Presidents Nominee as ISMC Chair. Eoin Clarke added as new Student Union President.	Section 4.3.2.2

		▪ Reference to Government Body removed and replaced with Executive Board to reflect current controls.	Section 6
		▪ Update to Chart to reflect current roles and titles.	Appendix 1
		▪ Update DkIT Organisation Chart to reflect current chart.	Appendix 2
		▪ Update to 'Controlled Document Register' in line with new and amended documentation. Revision 13 Parent Safety Statement (this document).	Appendix 2
		▪ PEEP Document Amended to remove reference to dyslexic students	
		▪ Fire Safety Management Programme and Emergency Evacuation Plans Manual - (Appendix 2 Revised in line with inclusion of newly revised PEEP)	
		▪ Reference to Governing Body removed and replaced with Executive Board to reflect current controls.	Appendix 3
Rev 14	**Jan 2025**	• Insertion of roles & responsibilities section for the Governing Body.	Section 4.1.1
		• Remove reference to Safety Representative training.	Section 4.2
		• Remove Safety Representative name – Current DkIT safety committee structure (ISMC & FASC) fulfils legislative requirements.	Section 4.3.2.2
		• ISMC membership (safety committee structure) updated to reflect current roles – Dr. Sheila Flanagan appointed as Presidents Nominee as ISMC chair. Holly Lambe-Sally added as Student Union President.	Section 4.3.2.2
		• Update to chart to reflect current roles and titles.	Appendix 1
		• Update DkIT organisation chart to reflect current chart.	Appendix 1
		• Update to 'Controlled Document Register' in line with new and amended documentation. Revision 14 Parent Safety Statement (this document).	Appendix 2
Rev 15	**Jan 2026**	• ISMC membership (safety committee structure) updated to reflect current roles.	Section 4.3.2.2

		- Gerry O' Brien added as Student Union President - Gerald O'Driscoll removed as HR Manager & Sarah Byrne added • Update to safety committee chart to reflect current roles and titles.	Appendix 1
		• Update to DkIT organisation chart to reflect current information.	Appendix 1
		• Update to 'Controlled Document Register' in line with new and amended documentation. - Revision 15 Parent Safety Statement (this document) - new DkIT Portable Appliance Testing (PAT) guidelines document	Appendix 2

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1.0 General requirements

Dundalk Institute of Technology is committed to developing, documenting, implementing maintaining and continually improving an OH & S management system which satisfies the requirements of the general employer duties as set out in the Safety Health & Welfare at Work Act 2005, and any other legislation that applies to the workplace.

2.0 Occupational Health & Safety Policy

2.1   General Statement of Policy

Dundalk Institute of Technology is committed to providing and maintaining a safe learning and working environment and is required under the provisions of the 2005 Act to bring to the attention of all staff, students, visitors, campus-based companies and contractors, a statement of its policy, organisation and arrangements with respect to health, safety and welfare at work. The President has the responsibility to ensure that all matters included within the scope of the Parent Safety Statement and all Ancillary Safety Statements are complied with and also to provide the necessary resources to ensure that staff can carry out their duties in a safe manner.

The main policy objectives of Dundalk Institute of Technology are:

- To comply with all National and European safety legislation, guidance and Codes of Practice

- To identify, assess and manage risks by documenting them in the ancillary safety statements.

- To prevent injury and ill-health, and to promote high standards of health, safety and welfare within the Institute

- To provide a framework for setting and reviewing OH & S objectives

- To provide adequate instruction, information, training and supervision, and to consult with employee representatives as necessary to ensure safety, health and welfare at work.

- To monitor, review and continually strive to improve the management and performance of the OH & S management system.

The commitment and co-operation of all staff, students, visitors and contractors in the Institute is required to ensure that the objectives of the policy are fulfilled. In order to effectively implement the policy objectives, the Institute is committed to developing and implementing a Safety Management System which satisfies the requirements of the general employer duties as set out in the 2005 Act and any other legislation that applies to the workplace.

Hard copies of the Parent Safety Statement and appropriate Ancillary Safety Statements are kept in each School/Functional Area Office. Soft copies are available for viewing on the Institute website. It is essential that everyone participates, cooperates and contributes skill and knowledge to the process, in order that the Institutes stated objective of providing in so far as is reasonably practicable, a safe place of work is achieved.

Signed on behalf of Dundalk Institute of Technology: _Diarmuid O'Callaghan_

President - Dr. Diarmuid O'Callaghan

3.0 Planning

3.1 Hazard Identification, Risk Assessment and Determining Controls.

Purpose

The purpose of this procedure is to set out how Dundalk Institute of Technology identifies hazards, assesses the risk associated with the hazards and puts control measures in place to reduce the risk associated with the hazard to the lowest level possible.

Scope

The hazard identification, risk assessment and control process covers all DKIT activities including those activities carried out by contractors.

Responsibility

The Head of School/Function is responsible for ensuring risk assessments are carried out for all potentially hazardous activities in their area.

The Head of School/Function will ensure that risk assessments are reviewed annually.

The H & S Co-ordinator will inform the Head of School/Function of changes in legislation that will impact on the requirement to carry out a risk assessment.

Procedure

DKIT has appointed a H & S Co-ordinator with responsibility for safety to advise on procedures relating to planning for routine and non-routine hazard identification, risk assessment and risk control activities.

Heads of function in each functional area are responsible for carrying out risk assessments on potentially hazardous activities that their staff participates in and for ensuring that adequate safe work practices are put in place to reduce the risk associated with the activity.

The Functional Area Safety Committee FASC will approve the SWPS which are applicable to their specific area.

The completed risk assessment forms and safe work practice sheets will be taken into account when setting safety objectives and drawing up programmes.

An Initial Review was carried out of Health & Safety management in 2008, which reviewed the following areas:

(i)   Legislative and regulatory requirements.
(ii)   The identification and consideration of risks
(iii)   The examination of existing safety practices and procedures

DKIT has identified the routine activities that are normally carried out by the organisation and has defined the control measures required to reduce the risk to the lowest level possible. These are set out in Appendix 5 – Routine Safe Work Practice Sheets

New Risk Assessments and Safe Work Practice Sheets

Heads of School/Function will ensure that all activities and processes under their control have been evaluated by the risk assessment/risk control procedure and that they are re-evaluated on an annual basis to ensure the validity of the current risk assessment/control

In carrying out the procedure, hazards will be eliminated wherever practicable in line with the principle of prevention.

All new equipment, processes and practices will be evaluated and the control measures resulting implemented before they are introduced. The risk assessment/risk control procedure will be carried out as required by changing conditions within the organisation. These conditions will include the following:

1. A change in the organisation's activities (new activities, processes or equipment)
2. A need to improve safety performance in a particular area
3. Changes in legislation or safety standards
4. In the event of an accident
5. Where changes to individuals' health circumstances require it

The risk assessments emanating from the procedure will be kept up to date. Heads of School/Function will ensure that risk assessments are reviewed annually to ensure that they reflect any changes which may have taken place in the way activities are conducted.

Statutory Inspections

Statutory inspections are checks, inspections or tests specified in a statutory instrument (act or regulation that is legally required).

Some work equipment falls under this remit. There are specific requirements based on the type and use of equipment.

Examples include (non-exhaustive list):

-      Lifting Tables
-      patients hoists
-      lifting equipment
-      Passenger lifts
-      fork lift trucks
-      compressors

Statutory inspections must be maintained by the School/FA. A copy of the statutory certificate must be available for review at any time. Defects identified as part of statutory inspections must be actioned immediately. It is the responsibility of School/FA to act on any defects identified as a result of a statutory inspection.

3.2 Legal and other requirements

Purpose

This procedure sets out how DKIT tracks changes in health and safety legislation that may affect its operations.

Scope

The procedure relates to the monitoring of safety legislation.

Responsibility

The H & S Co-ordinator has responsibility for keeping the register up to date and for informing The Executive Board about changes in legislation and the likely impact on the organisation's activities.

Procedure

If any significant legislative and regulatory issues arise within a 6-monthly period that is deemed to have a major impact on the operations of DKIT, the H & S Co-ordinator shall notify the Head of School/Function as to their presence and effect.

The H & S Co-ordinator will gather information on Occupational Health and Safety Legislation, and other identified Occupational Health & Safety requirements via the following routes: -
- Via communications with the Institute's health and safety advisors
- Subscription to the Health and Safety Authority Newsletter
- Through communications with industry groups
- Attendance at conferences / seminars on health and safety topics
- Through health & safety publications
- Through access to health & safety sites on the Internet

3.3 Objectives and Programmes

Each year the ISMC will establish a programme of work as described in a schedule of meetings to be published annually which will contain the Health & Safety objectives and programmes for the year. This will be forwarded to The Executive Board for approval.

Each Functional Area Safety Committee will report annually to the ISMC in regard to its compliance with the overall objectives set down by the ISMC and The Executive Board and as illustrated in Appendix 3.

Each functional area may also set their own objectives in addition to the overall objectives set by the ISMC and The Executive Board

4.0 Implementation and Operation

4.1 Resources, roles, responsibility, accountability, authority

Organisation and Responsibilities

(Refer to Organisational Chart – Appendix I)

4.1.1 Governing Body

The Governing Body of the Institute places the highest priority for on promoting and preserving the health and safety of all employees and students.

In accordance with the Regional Technical Colleges Act 1992 (as amended), the Governing Body through the President shall satisfy itself that the appropriate policies, procedures and practices are applied to maintain the Institute's Health and Safety management system.

4.1.2 President

The President is responsible for health & safety and reports to the Executive Board on the implementation of policy on health and safety in the Institute.

4.1.3 Presidential Appointees

The President shall appoint a Health & Safety Co-ordinator and a member of The Executive Board with specific responsibility for OH & S, irrespective of other responsibilities to ensure: -

a) that the OH & S management system is established, implemented and maintained in accordance with the general employer duties as set out in the 2005 Act and any other legislation that applies to the workplace.

b) that reports on the performance of the OH & S management system are presented to Executive Board for review, and used as a basis for continual improvement.

4.1.4 The Executive Board

The Executive Board is the senior management team of the Institute and is responsible for the implementation of health and safety management system. It comprises the President, 4 Heads of School, the Vice President of Strategy Planning, Communication & Development, the Vice President of Academic Studies and the Vice President of Finance, Resources & Diversity.

Roles and responsibilities are to ensure that:

- They comply fully with statutory obligations in respect of duties of Employers to Employees as listed in Sections 8 to 13 of the 2005 Act in the Functional Areas under their control.

- They comply fully with statutory obligations in respect of duties of Employers to persons other than Employees as listed in Section 12 of the 2005 Act.

- They comply fully with statutory obligations in respect of duties to Contractors and other persons who are not Employees as listed in Section 15 of the 2005 Act.

- They comply fully with statutory obligations in respect of duties in relation to the commissioning, procurement, design or construction of places of work as listed in Section 17 of the 2005 Act.

- Ancillary Safety Statements are prepared for the areas under their control

- These Statements, including Risk Assessments are reviewed and updated annually

- An annual estimate is compiled of the resource allocation required for the successful execution of the safety programme based on annual risk assessment carried out in each Functional Area

- The Safety Statement is brought to the attention of all staff and students and is displayed in prominent locations

- Ensure that risk assessment procedure is adhered to

- Staff and students are informed of the objectives of the Safety Statement

- Information concerning matters of health and safety, including the objectives of the Safety Statement, which affect students and staff is communicated to them

- They are represented at all Safety Committee meetings

- Training programmes are provided to instruct staff in their functional areas in safe systems of work relevant to their work activity where required, in accordance with Section 10 of the 2005 Act.

- Ensure that all staff in their functional areas receives appropriate training on recruitment, in the event of a transfer, change of task, introduction or changes of new work equipment or system of work, or the introduction of new technology in accordance with Section 10(3) of the 2005 Act.

- Ensure all students are made aware of their responsibilities in the Safety Statement and are provided with an appropriate induction at registration

- All accidents and ill health or near-miss situations arising out of workplace activity are thoroughly investigated and recorded in the Accident Register

- All hazardous substances are assessed, monitored and controlled with appropriate records kept

- Staff and students under their control are supplied with appropriate personal protective equipment

- All statutory registers, notices and documents are maintained in the relevant School/Functional Area Office and are available for inspection when required

- Adequate first aid services are available in their appropriate area

- Arrange induction for new employees in their functional area

4.1.5 Staff

Roles and responsibilities are to ensure that:

- They comply fully with statutory obligations in respect of duties of Employees as listed in sections 13 & 14 of the 2005 Act

- They attend such training as may be reasonably required by their Head of School/Functional Area

- Co-operate in the wearing of the correct personal protective equipment, use the appropriate safety devices, and follow proper safe systems of work

- Co-operate in the investigation and reporting of accidents

- Report any hazards noted to their line managers

- Must not interfere with or misuse any specified items of safety equipment or any safety device

- Be aware of their statutory obligation under Sections 13 & 14 of the 2005 Act to:

  - Co-operate with the employer on matters relating to health, safety and welfare in the workplace

- Do not try to use, repair or maintain any piece of equipment for which you have not received full instruction or training

- In the event of new equipment being introduced into a department or Functional Area, the staff member responsible must forward details in relation to hazards and controls required to the Head of School/Functional Area for inclusion in the relevant Ancillary Safety Statement for that area

- Report to the Head of School/Functional Area any person abusing facilities and equipment

- Report to the Head of School/Functional Area any defects in equipment

- Do not allow untrained persons to use equipment

- Co-operate in keeping all working areas clean and tidy and ensuring that high standards of housekeeping and hygiene are maintained

4.1.6 Students

Roles and responsibilities are to ensure that:

- They comply with statutory obligations in respect of duties of others as listed in Section 14 of the 2005 Act

- Must co-operate with staff in the wearing of the correct safety equipment, using the appropriate safety devices and following proper safe systems of work

- All students must have access to Safety Data Sheets of all chemicals used during laboratory practical's

- Must cooperate in the investigation and reporting of accidents

- Report to staff any local hazards of which they become aware

- All students are encouraged to promote ideas on the improvement of health and safety standards and to make suitable suggestions for reduction in risks

- Must not interfere with or misuse any specified items of safety equipment or any safety device

- Students are advised that strict requirements under the 2005 Act can be used by the Institute Authorities against such persons if found guilty of reckless behaviour

- Cooperate in keeping all working areas clean and tidy and ensuring that high standards of housekeeping and hygiene are maintained

4.1.7 Contractors & Franchise Holders

Dundalk Institute of Technology engages the services of contractors to carry out a variety of works ranging from building and maintenance works, to the provision of car parking and cleaning services. The Institute also has a number of franchise agreements with contractors for the provision of services such as catering, bank, bar, vending machines and others. The Institute's Regional Development Centre also leases units to start-up campus companies and external organisations. The following responsibilities rest with all organisations and franchise holders contracted by the Institute to carry out work on the campus, and to companies or organisations that lease units at the Regional Development Centre:

- They comply with statutory obligations in respect of duties of Contractors as listed in Section 14 of the 2005 Act

- All contractors will be expected to read, understand and comply with Dundalk Institute of Technology's Safety Statement

- All contractors must produce evidence of their Safety Statement to the Institute

- All work must be carried out in accordance with relevant statutory provisions and taking into account the safety of others on site

- Prior to commencement of work on Campus, all contractors must produce evidence of compliance with insurance requirements to the Secretary/Financial Controller

- All scaffold and access equipment used by contractors must be erected and maintained in accordance with the appropriate Regulations and Codes of Practice

- All plant and equipment used by contractors must be safe and in good working order. Any plant or equipment requiring certification as required by law, must have said certification readily available for checking

- Any injury sustained by a contractor's employee must be reported by the Contractor to the relevant Head of School/Functional Area immediately

- Contractors must comply with any safety instructions given by the Head of School/Functional Area, particularly in relation to work to be carried out in sensitive areas such as laboratories, workshops, kitchens etc.

- Heads of School/Functional Areas must be notified in advance of any material or substance, which has health, fire or explosive risks, being

brought into their Functional Area. Such materials must be stored and used in accordance with current best practice and recommendations

- All external organisations that lease space at the Institute Regional Centre (or elsewhere on the campus) are required under their lease and associated letter of offer to comply with H&S Legislation as it affects their activities and are reminded of their responsibilities in this regard".

4.1.8 Visitors to Dundalk Institute of Technology

- They comply with statutory obligations in respect of duties of others as listed in Section 14 of the 2005 Act

- All visitors to the Institute must sign the Visitor's Register at Reception Area

- Visitors are advised that strict requirements under the 2005 Act can be used by the Institute Authorities against any persons found guilty of reckless behavior

4.2 Competence, Training & Awareness

It is the policy of Dundalk Institute of Technology that every member of staff receives appropriate safety training as required on an ongoing basis. Part of this training involves notifying staff and students of their responsibilities and equipping them to deal with emergencies should they arise.

Arising from a wide consultation process with all staff and meetings with the Health and Safety Co-ordinator, a programme of Health and Safety Training has been developed and is included in the Staff Training and Development programme. This plan, and the Health & Safety Training programmes, will be implemented during each academic year. The Health & Safety Training programmes to be provided may include:

- **Induction Training**
- **Manual Handling**
- **Fire Warden**
- **Machine Safety**
- **First Aid (including Defibrillator Training)**
- **Care of Hazardous Materials**
- **Office Safety**
- **Health & Safety for Managers**
- **Safe Handling & Use of Gas**
- **Safe Pass**
- **Basic Food Hygiene**
- **Crisis Prevention Intervention**
- **Diversity Awareness Training**
- **Risk Assessment**
- **Safety Committee Training**
- **VDU Assessment**
- **Portable Appliance Testing (PAT)**
- **Aggression Training**

This list does not preclude the inclusion of other training courses if the need arises.

It is the responsibility of each Head of School/Functional Area to identify the specific safety training needs of staff under their control, and to forward the details of same to the Staff Training & Development Officer. All safety training received shall be monitored and updated as required. Safety training records will be held in each School/Functional Area office and in the Human Resources Department.

Further detail on schedule and content are contained within the Staff Training and Development plan which is available from the Human Resources Office.

4.3 Communication, Participation, Consultation.

4.3.1 Communication

In order to establish and monitor good communication networks relating to Health and Safety throughout the Institute, there are Functional Area Safety Committees in each of the 7 functional areas. Each of these FASC's have two representatives on the Institute Safety Monitoring Committee, which is chaired by the President's Nominee (member of The Executive Board). The FASC's report regularly into the ISMC. This comprehensive safety committee structure provides a mechanism whereby all staff in the institute are consulted in relation to health and safety on an ongoing basis.

The Institute Safety Statement consists of a Parent Safety Statement supplemented by seven Ancillary Safety Statements, one for each of the Functional Areas, and an Emergency Evacuation Plans Manual. Hard copies of the Parent Safety Statement and appropriate Ancillary Safety Statements are kept in each School/Functional Area Office. Soft copies are available for viewing on the Institute website.

Throughout the year, all staff and students are issued with a basic safety awareness bulletin, which reminds them of their OH & S duties and obligations, as well as the location and accessibility of the various documents which comprise the Safety Statement.

It is the responsibility of the Head of each Functional Area to ensure that this documentation is issued to all staff and students.

4.3.2 Participation and Consultation

Dundalk Institute of Technology is committed to meeting its obligations under Section 26 of the 2005 Act. It is the policy of Dundalk Institute of Technology that all staff are consulted on an ongoing basis in relation to health and safety matters.

The Institute has a comprehensive safety committee structure in place, which is comprised of 7 local area safety committees in each of the School/Functional areas, and an overall Institute Safety Monitoring Committee (ISMC). Each Functional Area Safety Committee (FASC) is required to meet a minimum of 3 times per annum, thus ensuring that the employees of the Institute have a say in the overall management of safety in DKIT.

The ISMC has two representatives from each FASC and is chaired by the President's Nominee (member of The Executive Board). It too meets a minimum of 3 times per annum. This comprehensive safety committee structure ensures that all staff in the institute are continuously and effectively consulted in relation to health and safety on an ongoing basis.

4.3.2.1 Functional Area Safety Committees (FASC's) – 7 no.

The 7 FACS's are (Also refer to Appendix 1):
School of Business & Humanities FASC
School of Health & Science FASC
School of Informatics & Creative Arts FASC
School of Engineering FASC
Finance, Resources & Diversity FASC
Academic Affairs FASC
Strategic Planning, Communications & Development FASC

Terms of Reference

1. To establish and agree a schedule of meetings.

2. To co-ordinate the Risk Assessment and Internal Audit process in the Functional Area.

3. To monitor and review Incident/Accident Reports in the Functional Area.

4. To define and prioritise actions and determine the resources required to address the priorities identified in the Risk Assessment process.

5. To promote Health & Safety awareness in the Functional Area and assess training and education needs.

6. To provide two representatives to the Institute Safety Monitoring Committee.

7. To submit reports on its activities once in every three-month period to the Institute Safety Monitoring Committee.

Membership

1. Lifetime of a FASC to be for a three-year term.

2. Each FASC to have a minimum of 8 members, appointed by the Head of Function (Responsible Person). All members of a FASC are eligible to be re-appointed for a subsequent term.

3. All Heads of Function in the functional area to be ex-officio members of the FASC.

4. Membership to be representative of the breadth of activities and staff profile in the functional area.

5. Membership of FASCs and any subsequent change (due to retirements etc.) to be reported to the ISMC Chair by the FASC Chair.

4.3.2.2 Institute Safety Monitoring Committee (ISMC)

Terms of Reference

1. To establish and monitor good communication networks relating to Health and Safety throughout the Institute.

2. To support the work of Functional Area Safety Committees.

3. To ensure that the Institute Safety Management System, including the Safety Statement, is reviewed and updated on a regular basis as required.

4. To make recommendations to Senior Management on Health & Safety budgetary requirements.

5. To report to The Executive Board on the work of the Committee and of the Functional Area Safety Committees.

6. To take account of changes in Health & Safety legislation and advise the President and The Executive Board on the implications of these.

7. To prepare in conjunction with the Human Resource Area and in consultation with each Functional Area, a comprehensive programme of training and awareness in Health & Safety.

8. To monitor and review Incident/Accident Reports.

Membership

Ex Officio

Member of Senior Management	President's Nominee - Chairperson of ISMC Dr. Sheila Flanagan
Human Resources Manager	Sarah Byrne
Health & Safety Co-ordinator	Caroline Carlin
Safety Representative	Not required. Current safety committee structure fulfils legislative requirements.
Students' Union President	Gerry O' Brien

Appointed

2 Representatives appointed from each FASC.	Appointed for a three-year term. In the event of a FASC rep being unable to attend an ISMC meeting, s/he must inform the FASC Chair, who must nominate a substitute from among the members of the relevant FASC committee to attend in the member's place. The FASC chair must inform the ISMC Chair in advance of the meeting.

The primary objective of the Safety Committees is to foster co-operation between the seven Functional Areas, Safety Committees, staff, students and others who use the Campus, so that health and safety issues are kept active, and ideas are developed that promote the betterment of health and safety at work.

4.4 Documentation

Dundalk Institute of Technology OH & S management system documentation includes:-

a) Parent Safety Statement and Functional Area (Ancillary) Safety Statements with Safe Work Practice Sheets for each Functional Area in the Institute.

b) OH & S policy and objectives

c) Description of the scope of the OH & S Management system

d) Description of the main elements of the OH & S management system and their interaction, and reference to related documents.

e) Documents, including records, determined by Dundalk Institute of Technology to be necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH & S risks.

Dundalk Institute of Technology OH & S management system documentation is stored in electronic format on the Public Folders directory of the Institute electronic filing system. It is the responsibility of the H & S Co-ordinator to ensure that the overall documentation is filed and updated as necessary. It is the responsibility of each Head of Function to ensure that documentation pertaining to their respective areas is filed and updated as necessary.

4.5 Control of Documents

Purpose

The purpose of this section is to describe how documentation and data are issued and controlled.

Scope

This procedure deals with all documentation associated with the Safety Management System.

Responsibility

The Health & Safety Co-ordinator is responsible for the issuing of and control of documents and data, relating to the Safety Management System.

Heads of School/Function are responsible for localised control of documents and data pertaining to their specific areas i.e. Ancillary Safety Statements and Safe Work Practice Sheets.

Procedure

All documents and data relating to the Safety Management System are issued only as controlled documents.

The Health & Safety Co-ordinator shall be responsible for the issuing of controlled documentation relating to the Management System. The Document & Record Control Register will be completed when documentation is issued.

It is the organisation's policy that all employees have access to those sections of the Safety Management System that are relevant to them.

All controlled documents relating to the Management System must carry the following unique identifiers, within the header of the document (where applicable):

- DKIT Safety Management System
- The reference number
- The title of the procedure or form
- The issue date of the document
- The Issue Number of the Document
- The Person who issued the Document
- The Person(s) who Approved the Document
- Forms will have the designation SMS Form and a number Safe work practice sheets will have the designation SWPS and a   number.

Revision numbers must start at "0" for the initial issue, and then progress numerically.

Draft documents will contain "DRAFT" in the revision box until such time as they are approved for issue.

The Health & Safety Co-ordinator shall maintain master copies of all safety management system documents / data.

Prior to the issue of Safety Management System Documents the Health & Safety Co-ordinator shall ensure that the name(s) of the person(s) to whom the documents are issued are entered into the Document & Record Control Register (See Appendix 2), along with the Part(s) of the Controlled Document(s) issued, and the date of issue.

All superseded documents will be marked as such and stored away from the daily operational environment. The Health & Safety Co-ordinator shall ensure superseded documents are stored in a separate file to daily operational files.

The Health & Safety Co-ordinator shall carry out withdrawals of controlled documents. Where a new revision of the Safety Management System is issued it will be issued by instructing personnel to mark existing documentation as 'superseded' and withdrawing the previous revision of the Safety Management System from the normal operating environment. The new revision of the Safety Management System will then be issued to the relevant personnel.

The Health & Safety Co-ordinator is responsible for maintaining at least one copy of superseded documents. Where superseded documents are stored in electronic form they will be stored in a separate directory to the current revision of the Management System.

4.6 Operational Control

Purpose

The purpose of this section is to describe how operations are controlled in order to minimise risk.

Scope

This procedure describes how the Operational Control section is implemented across the organisation.

Responsibility

The Heads of School/Function are responsible for ensuring that a Safe Work Practice Sheet exists for all potentially hazardous activities carried out by their staff on the premises or carried out by employees elsewhere.

Procedure

DKIT has identified hazards, assessed the risks and outlined the control measures for routine activities that are conducted within the Organisation. These are set out in Appendix 5 of the Management System.

Heads of Function are responsible for ensuring that Safe Work Practice Sheets are drawn up for all hazardous activities carried out by staff under their control.

If an appropriate Safe Work Practice Sheet does not exist or a new activity warrants a Safe Work Practice Sheet then a risk assessment must first be carried out

The Safe Work Practice Sheet must be approved by Heads of School/Function before it is put into circulation and included in the Safety Management System Manual.

The Safe Work Practice Sheet must be used as part of the training material for task-specific training of staff.

4.7 Emergency Preparedness and Response

4.7.1 Fire Safety Management Programme and Emergency Evacuation Plans Manual

The procedures to be followed in the event of fire and/or emergency arising are set out in the Fire Safety Management Programme and Emergency Evacuation Plans Manual. It is essential that all staff and students are familiar with this section of the Safety Statement.

There are many different circumstances under which an emergency situation can arise. The Emergency Evacuation Plans Manual has been compiled to deal specifically with the procedures to be followed in the event of such emergencies occurring. This manual is available to all staff who are required to read, understand and co-operate fully with these procedures.

Specific duties are designated to named personnel to deal with Emergencies and all staff, students, contractors and visitors are required to cooperate fully with any instructions and directions received during the course of an emergency

4.7.2 Crisis Management Plan (CMP).

The Institute also has in place an Emergency or Crisis Management Plan (CMP). The CMP is activated in circumstances where a serious incident occurs that may cause damage to facilities, lead to injury or loss of life or has a major impact on the normal and ongoing operations of the Institute. The CMP is co-ordinated through the President's Office and is tested annually and modified and updated as necessary.

The main elements of the CMP are:

The formation of a Crisis Management Team (CMT) that is trained to deal with a range of crisis scenarios and that can be assembled at short notice.

This team is selected by the President and its members have Institute wide roles and responsibilities that are critical should a crisis situation arise.

The establishment and equipping of locations suitable for use as Incident Rooms where the CMT can meet and co-ordinate responses and Emergency
Rooms that are adaptable for use by Emergency Services attending an incident on campus.

The preparation and testing of implementation plans around a range of possible emergency scenarios.

A regular testing, monitoring and review process to ensure the CMP is activated, regularly tested and updated as necessary. Further information on the CMP is available from the President's Office.

5.0 Checking

5.1 Performance measurement and monitoring

Purpose

This section sets out how the safety performance of the organisation will be monitored and measured using inspections, auditing and associated reporting.

Scope

This procedure covers the monitoring and measurement of safety issues.

Responsibility

Each Head of School/Functional Area is responsible for ensuring inspections and audits are carried out in their respective areas. Managers are responsible for taking corrective action in a timely manner on any issues arising from the inspections and audits

Procedure

Monitoring and measurement will be carried out by the following means:

The informal observation by managers/heads of function and supervisors of activities on a day-to-day basis and the instigation of corrective action on the spot if required e.g. obstructed fire escape cleared immediately.

The reporting of physical faults by staff

Safety inspections will include corrective actions noted and a time frame for taking the corrective actions. When corrective actions are completed they will be signed off on the form by the relevant manager. The results of safety inspections will be discussed at safety committee meetings.

The Executive Board will ensure that documentation is audited on an annual basis. Training records, accident reports and investigations, fire register etc. will be reviewed. The audit will include an examination of the continuing appropriateness of the safe work practice sheets.

Inspections by the Health and Safety Authority

The President must be informed of all inspections by outside authorities. Where an improvement or prohibition notice is served the relevant Manager must inform the President immediately.

Where the Health and Safety Authority issue an improvement or prohibition notice the President in conjunction with the relevant Manager must ensure that the conditions of that notice are implemented immediately.

5.2 Evaluation of Compliance

Purpose

The purpose of this section is to demonstrate the Institute's commitment to at least comply with all National and European safety legislation, guidance and Codes of Practice as per stated policy objective in the Institute's General Statement of Policy.

Scope

This procedure covers the annual review of the Institute's O,H & S Management System

Responsibility

Each Head of School/Functional Area is responsible for ensuring reviews are carried out in their respective functional areas and forwarding to ISMC. The ISMC is responsible for preparing the overall review. The Executive Board is responsible for ensuring that recommendations arising from the review are implemented. Governing Body is responsible for ensuring that adequate resources are provided.

Procedure

Review takes place in December/January and involves the following stages. Each FASC convenes in December and reviews the operation of H&S processes in their respective areas. Each FASC is required to carry out an audit in their respective areas, and complete a checklist which must be forwarded to the ISMC review meeting. The FASC audit will include:-

- FASC programme of meetings

- Review of Ancillary Safety Statement

- Hazard Identification and Risk Assessment including:-

    - Documentation
    - Safe Work Practice Sheets
    - Budget submission to ISMC and expenditure of budget allocation.
    - Provision of appropriate O, H & S training

- Notification to staff and students re O,H & S obligations and the location and accessibility of documents

- Accidents/incidents

- Budget Application for forthcoming year and expenditure of previous year's budget

The ISMC will complete the Evaluation of Compliance (Appendix 3) which will then be forwarded to The Executive Board along with an end of year report.

5.3 Accident & Incident Investigation, Non Conformity, Corrective Action and Preventive Action

5.3.1 Incident Investigation

Dundalk Institute of Technology is committed to reducing accidents and ill-health to staff and students of the Institute. Procedures are in place in the Institute to ensure that all Accidents, Near Misses and Dangerous Occurrences are recorded. These procedures not only ensure compliance with the law, but are also used as a basis for analysing trends throughout the Institute, in an effort to reduce accidents and ill-health to staff and students. All reports are reviewed at each meeting of the Institute Safety Monitoring Committee.

The purpose of an investigation is to establish all the facts relating to the incident, to draw conclusions from the facts and to make recommendations to prevent reoccurrence. Each incident will be looked at from the point of view of place, plant, procedures and people, to see where the safety system has failed and to tighten controls. It is important to note the definitions of all incidents (Accidents, Near Misses & Dangerous Occurrences) in order to take the correct action.

DEFINITIONS

An **Accident** is defined as an unplanned event resulting in personal injury or property damage. This could include, but is not limited to:

- Sprain
- Laceration
- Broken bone
- Concussion
- Unconsciousness
- Ill-health

- Sickness due to exposure to a dangerous substance, fumes or gases, fire or explosion

- Sickness due to a chemical spill or environmental pollution
- Damage to building
- Damage to property

A **Near Miss** is defined as an incident in which there was no injury or property damage but where the potential for serious consequences existed.

A Dangerous Occurrence is one of a number of specific, reportable adverse events, which are defined within the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I.No.370 of 2016). Dangerous Occurrences are reportable to the Health & Safety Authority (HSA) via the HSA online notification process. Any Dangerous Occurrences which are notifiable to the HSA will be forwarded by the Health & Safety Co-ordinator.

These are incidents with a high potential to cause death or serious injury, but which happen relatively infrequently. Dangerous occurrences usually include incidents involving:

- Lifting equipment
- Pressure systems

- Explosions, biological agents

- Collapse of scaffolding

- Overhead electric lines
- Electrical incidents causing explosion or fire
- Radiation generators and radiography
- Breathing apparatus
- Diving operations
- Train collisions
- Wells
- Pipelines or pipeline works

All Accidents are 'Incidents'. However, the definition of an Incident is wider in that it includes Dangerous Occurrences and Near Misses.

REPORTING PROCEDURES

All incidents must be reported immediately using the DkIT relevant incident report forms. These are located in the Parent Safety Statement and also on the DkIT website at https://www.dkit.ie/safety/incidents-accidents-reporting-procedures. All sections of the form must be completed with as much accurate information as possible.

The immediate supervisor must investigate the cause of the incident, and complete the Institute Accident/Incident Report Form or Near Miss Form. A copy of this form must then be made available to the Head of Department/School/Function for review and final sign off. Copies of the completed form should be forwarded to the Health & Safety Co-ordinator, the Vice President for Finance, Resources & Diversity and the Estate's Office. Copies of these forms are contained within this document.

Accidents involving visitors and contractors must be investigated by the staff member to whom the injury was reported, in conjunction with the staff member they are visiting or working with.

Accidents, which involve serious or fatal injuries to an employee, student or any third party must be notified to the Health and Safety Co-ordinator and the HSA without delay.

Any accidents at work that involve an employee being unable to carry out his/her duties for three or more consecutive days, or that involve a third party being injured and requiring treatment from a medical practitioner, are reportable to the HSA and must be notified via the HSA online process, as soon as practicable. Dangerous Occurrences are reportable to the HSA via the HSA online notification process. Any incidents, which are notifiable to the HSA, will be forwarded to the HSA by the Health & Safety Co-ordinator.

Internal Reporting Procedure

It is the responsibility of each Head of Department/School/Function to ensure that the appropriate investigation procedures take place in the event of an Accident, Near Miss or Dangerous occurrence arising in their area. Heads of Department/School/Function must also ensure that the appropriate forms are completed and forwarded to **each** of the relevant parties (i.e. Estates Office, the Vice President for Finance, Resources & Diversity and the Health & Safety Co-ordinator).

It is the responsibility of the Health & Safety Co-ordinator to ensure that all reported incidents are tabled and discussed at each ISMC meeting.

External Reporting Procedure

Arising from the internal reporting procedure, any incidents, which are notifiable to the HSA, will be forwarded to that body by the Health & Safety Co-ordinator.

5.3.2 Non-conformity, Corrective Action and Preventive Action

Purpose

This procedure describes the process to ensure that:

- Non-conformities are recorded, investigated, and the cause identified;
- Corrective action taken to rectify and prevent recurrence;
- Preventive action taken to eliminate the cause of potential non-conformities.

Scope

This procedure applies to all work carried out by Dundalk Institute of Technology under the Safety Management System.

Responsibilities

President

Responsible for ensuring non-conformities are recorded, investigated, rectified and potentially prevented in the future.

Health & Safety Co-ordinator and Chair of ISMC

Responsible for facilitating the required processes involved and for assisting in the administration and implementation of this procedure.

Heads of School/Functional Areas

Responsible for following the principles and practices outlined in this procedure.

Staff, students and contractors

Responsible for adhering to the current version of this procedure.

Actions

Non-conformity

Nonconformities are identified through the operation of the Safety Management system including:

- risk assessment
- checking and testing
- accident/incident
- reports/complaints

Review of Non-conformities

Non-conformities are reviewed to establish their causes, to evaluate the need for action to ensure that they do not recur and to evaluate trends in their occurrence.

Corrective Action

Corrective action is required to eliminate the cause of a non-conformity and to prevent its recurrence.
Corrective action either involves a requirement to pay greater attention to the H&S procedures, or an improvement of the H&S procedures.
Corrective action taken reflects the type and significance of the problems encountered and shall take into account the H&S risks involved.
The results of investigations and the actions taken, shall be recorded
Corrective action taken, is reviewed to establish its effectiveness.

Preventive Action

Preventive action is required to eliminate the cause of potential non-conformities in order to prevent their occurrence. The identification of a potential nonconformity may result from:

- risk assessment
- checking and testing
- accident/incident
- reports/complaints

It should be noted that the occurrence of a non-conformity may indicate the potential for similar non-conformity in the future and therefore give rise to a preventive action as well as a corrective action.

Preventive action involves either a requirement to pay greater attention to the SMS procedures or the development of new procedures. Preventive action taken shall reflect the type and significance of the problems encountered and shall take into account the safety risks involved.

The results of investigations and the preventive actions taken are recorded.
Preventive action taken, is reviewed to establish its effectiveness.

Risk Assessment

Non-conformities, corrective and preventive action shall be reviewed as part of the Risk Assessment process

Definitions

Nonconformity

A non-conformity is the non fulfilment of a specified requirement and may relate to a product requirement or to a process requirement. In respect of a product requirement it may result from non-compliance of a specified material. In respect of a process requirement it may result from failure to conform with the policies, procedures or operational instructions of the Safety Management System.

Corrective Action

Corrective action is undertaken to eliminate the cause of a non-conformity and to prevent recurrence.

Preventive Action

Preventive action is undertaken to eliminate the cause of a potential non-conformity in order to prevent occurrence.

Records

Records shall be kept in accordance with the Control of Records as detailed in Section 5.4

5.4 Control of records

Purpose

The purpose of the OH & S Record Control Procedure is to provide direction for the implementation of OH & S record control at Dundalk Institute of Technology. This procedure describes the methodology for ensuring consistency in the generation and management of OH & S documents and records.

Scope

This procedure applies to all records that constitute the Dundalk Institute of Technology OHSMS and other OH & S related documents and records.

Responsibilities

The Health & Safety Co-ordinator is responsible for the implementation of OH & S record control at DkIT

Heads of School/Function are responsible for localised implementation of OH & S record control pertaining to their specific areas at DkIT i.e., Ancillary Safety Statements and Safe Work Practice Sheets.

Definitions

Dundalk Institute of Technology defines *"an Institute record as any document, regardless of medium or format, created or received by Institute staff in the course of official duties, and kept as evidence of the transaction of Institute business. For the purposes of recordkeeping at DkIT, electronic, digital and voice messages are considered to be records."*

OHS Records are defined as but not limited to audit reports, workplace inspections, risk assessments, safe work procedures, training plans and registers, OHS meeting minutes, emergency evacuation reports, health monitoring reports, document control registers, inspection testing and monitoring reports and corrective action registers.

Procedure

A summary of the requirements for OHS records management is provided in the table below;

Records	To be kept for	Reference Document
Minutes of FASC and ISMC meetings	Indefinitely	OH & S management at Dundalk Institute of Technology: Structure, functions, roles & responsibilities
Risk Assessment	Until review or at least 10 years	OH & S risk management at Dundalk Institute of Technology
Copies of Incident/Accident Report Forms	10 Years	Procedures for incident/accident reporting, investigation & recording Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016)
Records of completion of workplace inspections	10 years	OHS Monitoring, measurement and registration at Dundalk Institute of Technology
Records of audits, including: • self audits • internal audits • external audits • certification audits	10 years	OH & S Audits at Dundalk Institute of Technology
Records of corrective actions taken and controls used to address system or procedural deficiencies and non-conformances	10 Years 10 years	OH & S Audits at Dundalk Institute of Technology

Records	To be kept for	Reference Document
List of registered plant and equipment	10 years	OHS Monitoring, measurement and registration at Dundalk Institute of Technology
Records of inspection and testing of electrical equip.	10 years	Procedure for in service inspection, testing and tagging of electrical equipment
Training Plans & Registers	Indefinitely	OH & S induction and Training at Dundalk Institute of Technology
Emergency Evacuation Reports	Indefinitely	OHS Monitoring, measurement and registration at Dundalk Institute of Technology
Health Monitoring	40 years	OHS Monitoring, measurement and registration at Dundalk Institute of Technology Safety, health and welfare at work (biological agents) regulations 2013
Document Control Registers	10 years	OHS Monitoring, measurement and registration at Dundalk Institute of Technology
Carcinogen Risk Assessment	40 years	Safety, health and welfare at work (carcinogens) regulations, 2001

Destruction of OH & S Documents

Confidential Documents

The following types of documents must be disposed of by shredding or by placing in confidential waste bags or bins to be shredded:

> • Confidential documents
>
> • Documents that contain any identifying details of staff and/or Students
>
> • Financial documents.

Shredded documents may then be placed in the paper recycling bin.

Non Confidential Documents

All types of documents other than those listed in section 5.4 above may be disposed of via paper recycling bins**.**

5.5 Internal Audit

Purpose

The purpose of the DkIT internal audit programme is to ensure

> a) that the OH & S management system conforms to the requirements of the general employer duties as set out in the Safety Health & Welfare at Work Act 2005, and any other legislation that applies to the workplace and has been properly implemented and maintained, and is effective in meeting the Institute's policies and objectives.

> b) that information on the results of audits are provided to The Executive Board and Governing Body

Scope

This procedure applies to all work carried out by Dundalk Institute of Technology under the safety management system.

Responsibilities

The Health & Safety Co-ordinator is responsible for the implementation of OH & S internal audit programme

Heads of School/Function are responsible for localised implementation of OH & S internal audit programme pertaining to their specific areas at DkIT. Internal audits will be based on SWPS which are developed and audited by FASCs.

Procedure

DkIT Audit Program is a two tiered program made up of internal audits of each of the seven functional areas, which in turn are fed into the overall annual audit conducted by ISMC and The Executive Board. To facilitate this process, a meeting and reporting schedule is set out below for each FASC and the ISMC throughout the year.

Meeting Schedule & Reporting structure

FASC's to meet a minimum three times per annum & report to ISMC, which in turn meets minimum three times per annum and reports to The Executive Board, which in turn reports to GB.

Meetings	FASC'S	ISMC
1. Progress	April	May
2. Progress	September	October
3. Review	December	January

- The primary purpose of Meetings 1 and 2 in the FASC areas is to ensure that progress is maintained throughout the year and that each FASC is in a position to sign off on the Evaluation of Compliance checklist (Appendix 3) at its December meeting.
- The purpose of the Review meetings is to ensure evaluation of compliance in each Functional area.
- Suggested agenda for meetings is described as follows:

Functional Area Safety Committees

April Meeting

Minutes – Matters Arising

Report from ISMC

Risk Assessment

Budget

O, H & S Documentation

Training

Review Objectives

Incidents Accidents

September Meeting

Minutes – Matters Arising

Report from ISMC

Risk Assessment

Budget

O, H & S Documentation

Training

Review Objectives

Incidents Accidents

Institute Safety Monitoring Committee

May Meeting

Minutes – Matters Arising

Report from FASCS

Budget

O,H, & S Documentation

Training

Review Objectives

Incidents Accidents

October Meeting

Minutes – Matters Arising

Report from FASCS

Budget

O,H, & S Documentation

Training

Review Objectives

Incidents Accidents

December Meeting

Minutes – Matters Arising

Report from ISMC

Review Objectives

Set Objectives for forthcoming year.

Budget Application for forthcoming year.

Incidents Accidents

Complete Evaluation of Compliance Audit

January Meeting

Minutes – Matters Arising

Report from FASCS

Review Objectives

Set Objectives for forthcoming year.

Budget Application for forthcoming year.

Incidents Accidents

Complete Evaluation of Compliance Audit

December Meeting

Minutes – Matters Arising

Report from ISMC

January Meeting

Minutes – Matters Arising

Report from FASCS

6.0 Management Review

Purpose

The purpose of the annual review of the OH & S management system in DkIT by The Executive Board and the Governing Body is to ensure its continuing suitability, adequacy and effectiveness.

Scope

This procedure applies to all work carried out by Dundalk Institute of Technology under the safety management system.

Responsibilities

It is the responsibility of the Executive Board to ensure that the OH & SMS is constantly monitored, reviewed and updated as required by the President and Heads of School/Functional Areas.

Procedure

There will be an annual review of the OH & S management system during the period December/January by The Executive Board. Inputs to the review will include the following:-

Results of internal audits and evaluations of compliance with applicable legal requirements and with other requirements to which the Institute subscribes.

The results of participation and consultation.

Relevant communications from external interested parties including complaints.

The OH & S performance of the organisation

The extent to which objectives have been met

Status of incident investigations, corrective actions and preventive actions

Follow up actions from previous management reviews

Changing circumstances, including developments in legal and other requirements related to OH & S

Recommendations for improvement

Outputs arising from the management's review will be consistent with the Institute's commitment to continual improvement and will include any decisions and actions related to possible changes to:-

- OH & S performance

- OH & S policy and objectives

- Resources

- Other elements of the OH & S management system

- Relevant outputs from management review will be made available for communication and consultation with staff.
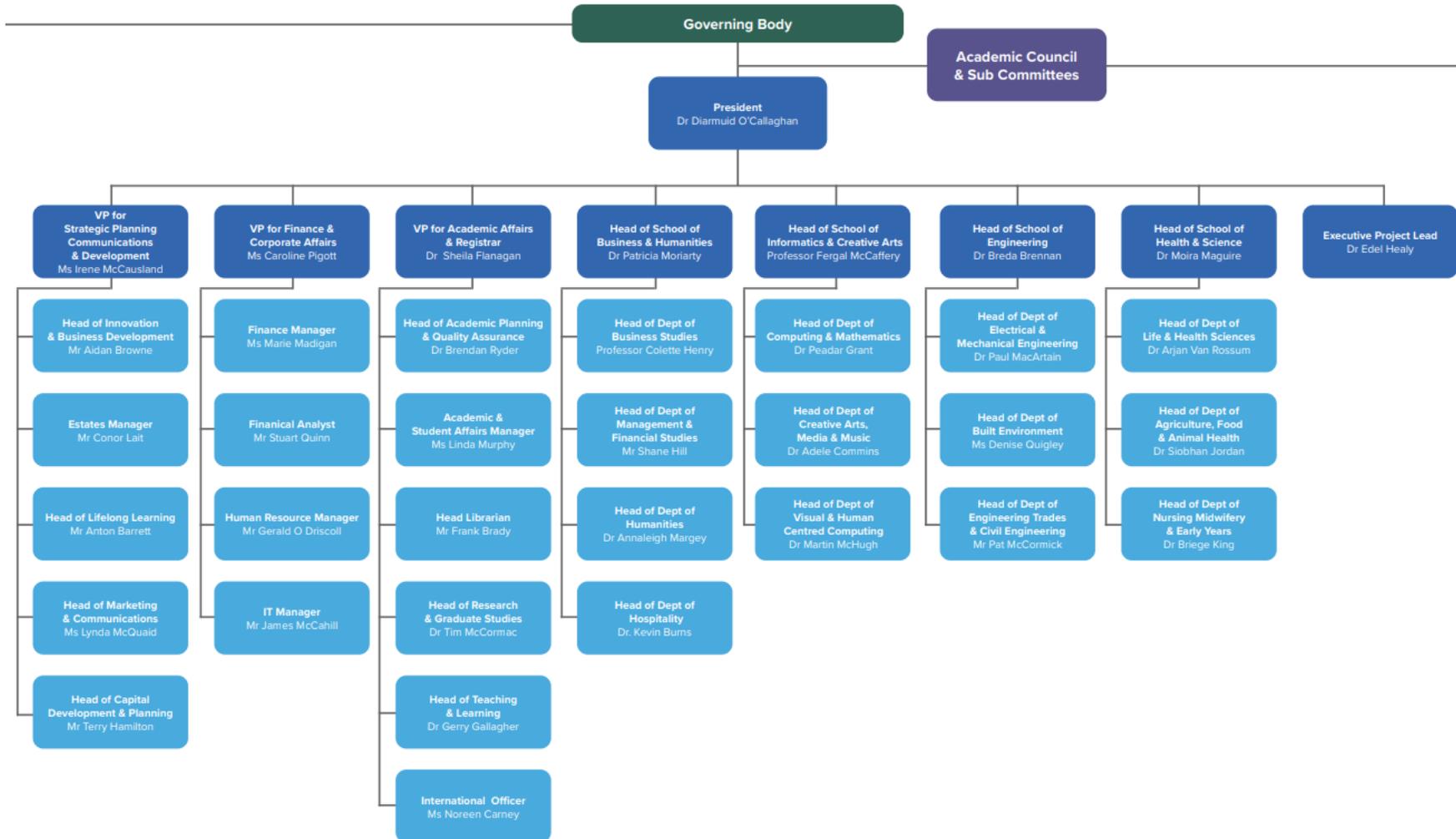
Appendices

1. *Organisation & Responsibility*

2. *Controlled Document Register*

3. *Evaluation of Compliance*

4. *Accident & Incident Report Forms*

5. *Routine Safe Work Practice Sheets*

6. *FASC Ancillary Safety Statements*

Appendix 1

Organisation & Responsibility

Dundalk IT – Organisational Chart

Governing Body

Academic Council & Sub Committees

President
Dr Diarmuid O'Callaghan

VP for Strategic Planning Communications & Development Ms Irene McCausland	VP for Finance & Corporate Affairs Ms Caroline Pigott	VP for Academic Affairs & Registrar Dr Sheila Flanagan	Head of School of Business & Humanities Dr Patricia Moriarty	Head of School of Informatics & Creative Arts Professor Fergal McCaffery	Head of School of Engineering Dr Breda Brennan	Head of School of Health & Science Dr Moira Maguire	Executive Project Lead Dr Edel Healy
Head of Innovation & Business Development Mr Aidan Browne	Finance Manager Ms Marie Madigan	Head of Academic Planning & Quality Assurance Dr Brendan Ryder	Head of Dept of Business Studies Professor Colette Henry	Head of Dept of Computing & Mathematics Dr Peadar Grant	Head of Dept of Electrical & Mechanical Engineering Dr Paul MacArtain	Head of Dept of Life & Health Sciences Dr Arjan Van Rossum	
Estates Manager Mr Conor Lait	Finanical Analyst Mr Stuart Quinn	Academic & Student Affairs Manager Ms Linda Murphy	Head of Dept of Management & Financial Studies Mr Shane Hill	Head of Dept of Creative Arts, Media & Music Dr Adele Commins	Head of Dept of Built Environment Ms Denise Quigley	Head of Dept of Agriculture, Food & Animal Health Dr Siobhan Jordan	
Head of Lifelong Learning Mr Anton Barrett	Human Resource Manager Mr Gerald O Driscoll	Head Librarian Mr Frank Brady	Head of Dept of Humanities Dr Annaleigh Margey	Head of Dept of Visual & Human Centred Computing Dr Martin McHugh	Head of Dept of Engineering Trades & Civil Engineering Mr Pat McCormick	Head of Dept of Nursing Midwifery & Early Years Dr Briege King	
Head of Marketing & Communications Ms Lynda McQuaid	IT Manager Mr James McCahill	Head of Research & Graduate Studies Dr Tim McCormac	Head of Dept of Hospitality Dr. Kevin Burns				
Head of Capital Development & Planning Mr Terry Hamilton		Head of Teaching & Learning Dr Gerry Gallagher					
		International Officer Ms Noreen Carney					

Institute Safety Monitoring Committee 2026

School of Business & Humanities	School of Health & Science	School of Informatics & Creative Arts	School of Engineering	Finance, Resources & Diversity	Academic Affairs	Strategic Planning, Communications & Development
...en Commins (Chairperson & ISMC Rep)	Edel Healy (Chair & ISMC Rep)	Niall Coghlan Chair & ISMC Rep	Breda Brennan (ISMC Rep)	Caroline Pigott	Mr Derek Crilly (Chair and ISMC Rep)	Aidan Browne
Kevin Burns	Briege King	Fergal McCaffrey (HoS)	Orlagh Devine	Angela Magennis	Dr. Sheila Flanagan ISMC Rep	Anton Barrett
...irdre Mulligan	Arjan Van Rossum	Adele Commins	Roisin Breen	Barbara Duffy (ISMC Rep)	Ms. Linda Murphy	Caroline Carlin
Annaleigh Margey	Marie McDonnell	Martin McHugh	Paul Durcan	James McCahill (ISMC Rep)	Mr. Frank Brady	Christian Maas
Fiona Fearon	Billie Mc Ilveen	Seamus Bellew	John Lee	Michelle Fitzgerald	Dr. Tim Mc Cormac	Conor Lait (ISMC Rep)
...iread McKenna	Sharon Tuohy (ISMC Rep)	Terri Smith	Peter Cunningham	Sarah Byrne (HR Manager)	Dr. Moira Maguire	Irene McCausland (Chair)
...chael McCorry	Fiona Mc Govern	Liam Byrne	Kevn McMeel	Nicola Crossan	Mr. Diarmuid Cahill	Lynda McQuaid
Patricia Moriarty (HoS & ISMC Rep)	Allison Murdock	Michelle Graham	James Connolly		Ms. Lorraine Mulligan	Terry Hamilton
...amus Rispin	Patricia McAleer	Richard Molloy	Pat McCormick (ISMC Rep)		Mr. Anthony Murray	
...ne Hill	Siobhan Jordan	Bride Mallon	Sam Mulligan		MS. Teresa Ward	
...n Smith	Siobhan Nash	John Loane	Jim Connolly		Mr. Eamonn Murphy	
...ky Leahy	Margaret Halpenny	Carmen Martian	Martin McEneaney			
Colette Henry	Suzanne Linnane, CFES	Peadar Grant	Dermot Clarke			
...chael McNamara	Andrea Duffy	Michelle Goss (ISMC Rep)	Simon ONeill			
			Peter Ryan			
			Paul Mac Artain			
			John Collins			
			Denise Quigley			
			Bernard O'Hare			
			Gerard Galligan			
			Fergus Grimes			

Appendix 2

Controlled Document Register

Controlled Document Register

The following documents are regarded as controlled documents and can only be modified and issued through the appropriate channels and procedures as indicated in section 4.5 Control of Documents

	Document By:	Reference No:	Issue Date:	Issue No:	Issued By:	Approved By:
Parent Safety Statement	ISMC	Rev 3	16th Feb 2016	Issue 3	C.Carlin	ISMC
Routine Safe Work Practice Sheets (SWPS)	ISMC	*4.3.1.1 RSWPS*	2nd Feb 2013	Issue 2	E.Roe	ISMC
Routine Safe Work Practice Sheets (SWPS)	ISMC	RSWPS	24th Nov 2015	Issue 3	C.Carlin	ISMC
Fire Safety Management Programme and Emergency Evacuation Plans Manual	ISMC	4.4.7.2	20th Jan 2012	Issue 3	ISMC	ISMC
Crisis Management Plan	The Executive Board	4.7.1.1CMP	30th Oct 2013		V.Ward	Gov. Body
Accident Report Form	ISMC	Inc. in SS Issue 3	16th Feb 2016		C.Carlin	ISMC
Dangerous Occurrence Report Form	ISMC	Inc. in SS Issue 3	16th Feb 2016		C.Carlin	ISMC

	Document By:	Reference No:	Issue Date:	Issue No:	Issued By:	Approved By:
Pregnancy Risk Assessment Employee & Student	C. Carlin	N/A	26th Oct 2016	N/A	C.Carlin	ISMC
Crisis Management Plan	The Executive Board	N/A	Oct 2016	Issue 5	V.Ward	Gov. Body
Parent Safety Statement	ISMC	Rev 4	Jan 2017	Issue 4	C. Carlin	ISMC
Pregnancy Risk Assessment Employee & Student	ISMC	N/A	Feb 2017	N/A	C.Carlin	ISMC / HR
Parent Safety Statement	ISMC	Rev 5	April 2017	Issue 4	C. Carlin	ISMC
Routine Safe Work Practice Sheets (SWPS) –SWPS 019 Field Trips (Amended); SWPS 031 Young Persons / Children / Students on Work Placement within the Institute (NEW)	ISMC	N/A	June 2017	Rev. 5	C. Carlin	ISMC
Parent Safety Statement	ISMC	Rev 6	Jan 2018	Issue 4	C. Carlin	ISMC
First Aid Policy (Amended)	C.Carlin	Rev 2	March 2018	Issue 2	C. Carlin	ISMC
Routine Safe Work Practice Sheets (SWPS) –SWPS 032 Work in Theatres (NEW)	C.Carlin	N/A	October 2018	N/A	C. Carlin	ISMC
HSA Inspector Procedure (NEW)	C.Carlin	N/A/	Dec 2018	N/A	C. Carlin	ISMC
1 Page Emergency First Aid Procedure (For posting at AED & First Aid Stations)	C. Carlin & C. Cooney	N/A	Dec 2018	N/A	C.Carlin	ISMC
~~Routine Safe Work Practice Sheets (SWPS) –SWPS 019 Field Trips / Field Work / Overseas Trips (Amended);~~ *Awaiting final approval	~~C. Carlin & Dr. Edel Healy~~	~~N/A~~	~~*Jan 2019~~	~~N/A~~	~~C.Carlin~~	~~*School H & S – FASC / ISMC~~
Parent Safety Statement	ISMC	Rev 7	Jan 2019	Issue 4	C.Carlin	ISMC
Routine Safe Work Practice Sheets (SWPS) –SWPS 019 Field Trips / Field Work (Amended)	C. Carlin & Dr. Edel Healy	N/A	July 2019	N/A	C.Carlin	ISMC

	Document By:	Reference No:	Issue Date:	Issue No:	Issued By:	Approved By:
Routine Safe Work Practice Sheets (SWPS) –SWPS 033 Overseas Trips (New Routine SWPS)	C. Carlin & Dr. Edel Healy	N/A	July 2019	N/A	C.Carlin	ISMC
PEEP Document Amended to include Form 1A (Where the person disagrees with the advice of the Disability Officer to have a PEEP developed, they will be asked to sign FORM 1A indicating that despite that the recommendation, the person does not believe that a PEEP is necessary)	Geraldine Kneel (Disability Officer)	N/A	November 2019	N/A	Geraldine Kneel	Geraldine Kneel
Parent Safety Statement	ISMC	Rev 8	Jan 2020	Issue 4	C.Carlin	ISMC
Accident & Incident Reporting Procedures – Updated in line with current legislation (Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016)	C.Carlin	N/A	January 2020	N/A	C.Carlin	ISMC
SWPS Remote Working	C.Carlin	N/A	March 2020	N/A	C.Carlin	C.Carlin
Risk Assessment Doc – Covid 19 – Return to Work	C.Carlin	N/A	May 2020	N/A	C.Carlin	ISMC
Parent Safety Statement	ISMC	Rev 9	May 2020	Issue 4	C.Carlin	ISMC
Covid Response Plan	ISMC	N/A	June 2020	N/A	Covid 19 Task Force	ISMC
SWPS 034 Remote Working	C.Carlin	Rev 2	November 2020	N/A	C.Carlin	ISMC
Parent Safety Statement	ISMC	Rev 10	May 2021	Issue 4	C.Carlin	ISMC
Parent Safety Statement	ISMC	Rev 11	May 2022	Issue 4	C.Carlin	ISMC
DRAFT Updated Covid Risk Assessment	*C.Carlin / ISMC*	*1*	*May 2022*	*N/A*	*C.Carlin*	*ISMC*
Parent Safety Statement	ISMC	Rev 12	January 2023	Issue 4	C.Carlin	ISMC

	Document By:	Reference No:	Issue Date:	Issue No:	Issued By:	Approved By:
Fire Safety Management Programme and Emergency Evacuation Plans Manual (Revised to reflect current personnel/roles & responsibilities)	ISMC	N/A	09th January 2023	N/A	ISMC	ISMC
PEEP Document Amended to remove reference to dyslexic students	Geraldine Kneel (Disability Officer)	N/A	September 2023	N/A	Geraldine Kneel	Geraldine Kneel
Fire Safety Management Programme and Emergency Evacuation Plans Manual (Appendix 2 Revised in line with inclusion of newly revised PEEP)	ISMC	N/A	September 2023	N/A	ISMC	ISMC
Parent Safety Statement	ISMC	Rev 13	January 2024	N/A	C.Carlin	Executive Board
Parent Safety Statement	ISMC	Rev 14	January 2025	N/A	C.Carlin	Executive Board
PAT Testing Guidelines Document	C.Carlin	Rev 0	January 2026	N/A	C. Carlin	ISMC
Parent Safety Statement	ISMC	Rev 15	January 2026	N/A	C.Carlin	Executive Board

Appendix 3

Evaluation of Compliance

Evaluation of Compliance

1.0 General requirements

Does the DkIT OH & S management system satisfy the requirements of the general employer duties as set out in the Safety Health & Welfare at Work Act 2005, and any other legislation that applies to the workplace?

2.0 Policy

Has the General Statement of Policy been updated, signed and displayed.

3.0 Planning

Have hazard identification, risk assessment and control measures been carried out and implemented in each functional area?

Has a Register of Legislation been maintained and updated with all relevant changes in O, H & S legislation?

Were objectives and programmes established and met by ISMC and EB?

4.0 Implementation and Operation

Are copies of the following documents updated, filed and displayed in the following locations?

	President's Office	H & S Co-ordinator's Office	Main Reception	Each School/ Funct Area Admin Office	H. R. Office	Institute Website	Electronic Filing System
Parent Safety Statement	╲				╲		
Ancillary Safety Statements	╲				╲		
Emergency Evacuations Manual	╲				╲		
Crisis Management Plan					╲		
Safe Work Practice Sheets	╲		╲		╲		
H & S Policies	╲		╲		╲		
Training Records	╲		╲		╲	╲	

Have the obligations as detailed below been fulfilled in each of the seven Functional Areas?

Functional Area Safety Committees		**Annual Evaluation of Compliance Audit**						
		Secretary/ Financial Controller	Development	Registrar	Informatics, Music & Creative Media	Engineering	Business & Humanities	Health & Science
1.	Did your FASC fulfil its programme of meetings?							
2.	Was your Ancillary Safety Statement reviewed?							
3.	Was a review of the Hazard and Risk Assessment carried out?							
4.	Was a review of the Safe Work Practice Sheets (SWPS) carried out?							
5.	Were staff and students in your area notified of their O,H & S obligations and the location and accessibility of documents?							
6.	Were all accidents/incidents which occurred in your area investigated, reviewed and documented?							
7	Has all O, H & S documentation been communicated, filed and displayed in your area?							
8.	H&S Budget: (a) Did you make a budget submission to ISMC? (b) Did you spend your budget allocation?							
9.	Did staff in your area receive appropriate O, H & Training?							

5.0   Checking

Were follow up actions for improvement from last year's review implemented?

Have progress reports on the O,H & SMS been forwarded to Executive Board?

Were all nonconformities recorded, investigated, and rectified with a view to potentially rectifying in the future?

Have EB and ISMC carried out review and evaluated compliance with legal and other O,H & S requirements?

Appendix 4

Accident & Incident Report Forms

ACCIDENT, INCIDENT, NEAR MISS AND DANGEROUS OCCURRENCE REPORTING PROCEDURES

Dundalk Institute of Technology is committed to reducing accidents and ill-health to staff and students of the Institute. Procedures are in place in the Institute to ensure that all Accidents, Near Misses and Dangerous Occurrences are recorded. These procedures not only ensure compliance with the law, but are also used as a basis for analysing trends throughout the Institute, in an effort to reduce accidents and ill-health to staff and students. All reports are reviewed at each meeting of the Institute Safety Monitoring Committee.

The purpose of an investigation is to establish all the facts relating to the incident, to draw conclusions from the facts and to make recommendations to prevent reoccurrence. Each incident will be looked at from the point of view of place, plant, procedures and people, to see where the safety system has failed and to tighten controls. It is important to note the definitions of all incidents (Accidents, Near Misses & Dangerous Occurrences) in order to take the correct action.

DEFINITIONS

An **Accident** is defined as an unplanned event resulting in personal injury or property damage. This could include, but is not limited to:

- Sprain
- Laceration
- Broken bone
- Concussion
- Unconsciousness
- Ill-health

- Sickness due to exposure to a dangerous substance, fumes or gases, fire or explosion

- Sickness due to a chemical spill or environmental pollution
- Damage to building
- Damage to property

A **Near Miss** is defined as an incident in which there was no injury or property damage but where the potential for serious consequences existed.

A **Dangerous Occurrence** is one of a number of specific, reportable adverse events, which are defined within the (Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016). Dangerous Occurrences are reportable to the Health & Safety Authority (HSA) via the HSA online notification process. Any Dangerous Occurrences which are notifiable to the HSA will be forwarded by the Health & Safety Co-ordinator.

These are incidents with a high potential to cause death or serious injury, but which happen relatively infrequently. Dangerous occurrences usually include incidents involving:

- Lifting equipment
- Pressure systems
- Overhead electric lines
- Electrical incidents causing explosion or fire

- Explosions, biological agents
- Radiation generators and radiography
- Breathing apparatus
- Diving operations

- Collapse of scaffolding
- Train collisions
- Wells
- Pipelines or pipeline works

All Accidents are 'Incidents'. However, the definition of an Incident is wider in that it includes Dangerous Occurrences and Near Misses.

REPORTING PROCEDURES

All incidents must be reported immediately using the DkIT relevant incident report forms. These are located in the Parent Safety Statement and also on the DkIT website at https://www.dkit.ie/safety/incidents-accidents-reporting-procedures. All sections of the form must be completed with as much accurate information as possible.

The immediate supervisor must investigate the cause of the incident, and complete the Institute Accident/Incident Report Form or Near Miss Form. A copy of this form must then be made available to the Head of Department/School/Function for review and final sign off.   Copies of the completed form should be forwarded to the Health & Safety Co-ordinator, the Vice President for Finance, Resources & Diversity and the Estate's Office. Copies of these forms are contained within this document.

Accidents involving visitors and contractors must be investigated by the staff member to whom the injury was reported, in conjunction with the staff member they are visiting or working with.

Accidents, which involve serious or fatal injuries to an employee, student or any third party must be notified to the Health and Safety Co-ordinator and the HSA without delay.

Any accidents at work that involve an employee being unable to carry out his/her duties for three or more consecutive days, or that involve a third party being injured and requiring treatment from a medical practitioner, are reportable to the HSA and must be notified via the HSA online process, as soon as practicable. Dangerous Occurrences are reportable to the HSA via the HSA online notification process. Any incidents, which are notifiable to the HSA, will be forwarded to the HSA by the Health & Safety Co-ordinator.

Internal Reporting Procedure

It is the responsibility of each Head of Department/School/Function to ensure that the appropriate investigation procedures take place in the event of an Accident, Near Miss or Dangerous occurrence arising in their area. Heads of Department/School/Function must also ensure that the appropriate forms are completed and forwarded to **each** of the relevant parties (i.e. the Estates Office, the Vice President for Finance, Resources & Diversity and the Health & Safety Co-ordinator).

It is the responsibility of the Health & Safety Co-ordinator to ensure that all reported incidents are tabled and discussed at each ISMC meeting.

External Reporting Procedure

Arising from the internal reporting procedure, any incidents, which are notifiable to the HSA, will be forwarded to that body by the Health & Safety Co-ordinator.

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:** ☐ Student ☐ Employee ☐ Public ☐ Contractor ☐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:** *Use additional pages and/or photos if necessary.* 	
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) ϒ Bruising, contusion ϒ Suffocation, asphyxiation ϒ Concussion ϒ Gassing ϒ Internal injuries ϒ Drowning ϒ Open wound ϒ Poisoning ϒ Abrasion, graze ϒ Infection ϒ Amputation ϒ Burns, scalds and frostbite ϒ Open fracture (i.e. bone exposed) ϒ Effects of radiation ϒ Closed fracture ϒ Electrical injury ϒ Dislocation ϒ Property damage, ϒ Sprain, torn ligaments Specify_____ ϒ Other, Specify_____
xiii	**Indicate part of body most seriously injured (put an 'x' in one box only):** ϒ Head, except eyes ϒ Fingers, one or more ϒ Eyes ϒ Hip joint, thigh, knee cap ϒ Neck ϒ Knee joint, lower leg, ankle ϒ Back, spine ϒ Foot ϒ Chest ϒ Toes, one or more ϒ Abdomen ϒ Extensive parts of the body ϒ Shoulder, upper arm, elbow ϒ Multiple injuries ϒ Lower arm, wrist, hand ϒ Other, Specify_____

xiv	**Consequences of the Accident/Incident:**
	
	                                                  Anticipated absence if
	Fatal ϒ Date of resumption of work not back
	Non-Fatal ϒ if back 4-7 days ϒ
	    Year Month Day 8-14 days ϒ
	    ____ _____ ___ More than 14 days ϒ

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 Report are to be sent separately to the Institute Health & Safety Co-ordinator, the Vice President for Finance, Resources & Diversity 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 no use this form. Use the 'ACCIDENT / INCIDENT REPORT FORM'.

	NEAR MISS REPORT FORM	
i	**Date of Near Miss:**	**Time of Near Miss:**
ii	**Location of Near Miss:**	
iii	**Who was involved in the Near Miss:** ☐ Student ☐ Employee ☐ Public ☐ Contractor ☐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:**	
	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, Resources & Diversity and the Estates Office)

Appendix 5

Routine Safe Work Practice Sheets

(Refer to separate document – Routine Safety Work Practice Sheets
https://www.dkit.ie/about-dkit/professional-services/estates-office/health-and-safety/safety-statement-and-risk-assessments.html#routine-safe-work-practice-sheets

Appendix 6

FASC Ancillary Safety Statements

(Refer to separate documents https://www.dkit.ie/about-dkit/professional-services/estates-office/health-and-safety/safety-statement-and-risk-assessments.html