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1 Health & Safety Policy Statement

Summerville Nursing Home is committed to achieving, maintaining and improving a high standard of health and safety for residents, staff, visitors and other members of the public. In order to achieve this, the three key elements of Risk Assessment are required:

1. **The identification of hazards which threaten health and safety**
2. **The assessment of the risks which these hazards pose**
3. **The establishment of control measures which will eliminate or reduce the risks**

Risk Assessments will be carried out regularly as required or as situations change. The assessment of risk will be undertaken by management with relevant members of staff fully participating.

Our objective is to provide a safe and healthy environment for all those who use our facility and to maintain an accident free workplace.
All Health and Safety issues are investigated thoroughly. Our aim been to identify the hazard, assess the risk and establish control measures.
Where a Health and Safety beech may arise we investigate the situation, document the incident in our log book at the back of this Health and Safety statement in. The communication process is effective through our quarterly management meetings where the Health and Safety officer attends to give a report on the Health and Safety of Summerville. If the incident is serious where immediate communication is warranted this will be done with immediate effect.

Health and Safety issues are recorded at the back of our Health and Safety statement. (Appendix 6)

Compliance with our health and safety policy is a condition of employment and breaches of the H&S policies and procedures is subject to disciplinary action. There is a responsibility on all staff to be fully familiar with the contents of this document.

A copy of this document is available at reception and on our website
Health and Safety Statement Approved by:---------- Date: ----------
Mary Gilmartin

2 Company profile/Responsibility of Management

Summerville is a state of the art purpose built facility, designed to cater for respite care, convalescence care, rehab care, short, medium and long term retirement or residential nursing care.
Facilities include:

- **46 single bedrooms, 1 double bedrooms. All bedrooms complete with satellite TV, telephone and nurse call system**
- **Oratory**
- **Physio dept**
- **Library equipped with computers**
- **Sunroom**
- **8 acres of patio and garden**
- **Air conditioning**
- **Laundry facilities**
- **Residents/ Family meeting room**
- **Enclosed Garden**

Summerville employ 60 persons including temporary, permanent, part time and full time staff. At present all staff can speak the English language. All nurses employed at Summerville are An Bord Altranais Registered Nurses
Medical cover is provided by resident own GP and out of service cover by on call doctor

2 Responsibilities of Management

- **To promote and implement Health & Safety Policy within the organisation**
- **To ensure that all staff are aware of the Safety Statement**
- **To delegate responsibility for the implementation of policy.**
- **To provide a safe place of work, safe work practice and safe work systems.**
- **To keep informed on legislation and changes.**
- **To ensure that accidents and dangerous occurrences are investigated promptly and reported as required.**
- **To ensure that the necessary records are maintained.**
- **Facilitate the appointment of a Safety Representative.**
- **To facilitate a consultative process and liase with Safety Representative**

- **Include H&S issues as part of the Disciplinary Procedures.**
- **Provide Personal Protective Equipment (PPE) and ensure its use**
- **Provide First Aid materials and the necessary training**
- **Ensure that Fire Fighting Equipment (FFE) is in good working order and that staff are trained in its use**
- **Conduct Fire Drills and evacuation**
- **Missing Persons Drills**
- **To be constantly aware of the whereabouts of each and every resident. Roll call will be carried out ½ hourly at night.**

3 Resources

The management undertake to provide the necessary resources to ensure the provision of a safe place of work, with safe practices and systems of work. These resources include:

- **Finance**
- **Time**
- **Training**
- **Consultation**
- **PPE and the monitoring of its use**
- **Signage**
- **Welfare facilities**
- **Investigations of Accidents and Dangerous Occurrences**

4 Specific Responsibilities

The following people have been assigned specific responsibilities in the management of Health and Safety at the facility

No	*Area of Responsibility*	*Titles of People Responsible*
1	H&S Training	Sarah Gerrity/ Darren Ronan
2	Fire Safety & Evacuation	Sherin Anup/Darren Ronan
3	PPE	Sherin Anup/Darren Ronan
4	First Aid	Nurse in Charge
5	HACCP	Chef
6	Consultation Meetings	Darren Ronan, Sarah Gerrity
7	Investigations	Sherin Anup/Darren Ronan
8	Auditing	Sherin Anup/ Teresa O'Dwyer

5 The Consultation Process

Employee involvement in the OH&S system, is not only a legal requirement but also an essential ingredient of hazard identification, risk assessment and risk control.

Summerville will facilitate the appointment of an employee:

- **to represent the views of the workforce on health and safety matters**
- **to consult with on the development of OH&S policies, objectives and Procedures**
- **to assist in the identification of hazards and their control**
- **to encourage compliance to OH&S procedures by the workforce**

A meeting of the Health and Safety employee representative (Darren Ronan) and the management representative (Sherin Anup) will be held on a quarterly basis. Either party may call a meeting to discuss a potential hazard or to organise preventative action.

5:1 The Safety Representative – Darren Ronan

A Safety Representative (SR) selected, will agree to represent the workforce. The Safety Representative has the following rights:

- **To receive advice and information from the HSA on matters of H&S**
- **To make representation to the employer on aspects of H&S**
- **To investigate accidents, provided that he/s does not interfere with or obstruct the performance of any statutory obligation required to be performed by any person under any of the relevant statutory provisions**
- **The right to make oral or written representation to the HSA**
- **Subject to prior notice to the employer, the right to investigate potential hazards and complaints made by any employee**
- **The right to accompany HAS inspectors on any tour of inspection other than one relating to investigating an accident**

5:2 The Employers (Mary Gilmartin) Responsibility in the Consultation Process

- **The employer will afford the SR such time from his/her duties as may be reasonable for the acquisition of knowledge to discharge their responsibility and to allow him/her to carry out their duties as SR.**

- **The SR shall not be placed at any disadvantage in relation to his/her employment.**

6 Training

It is the responsibility of the organisation and its employees to ensure that personnel are competent to perform tasks that impact on OH&S in the workplace. The organisation has established procedures for the training of employees to ensure awareness of:

- **the importance of the OH&S system and its benefits to the organisation**
- **roles and responsibilities in achieving conformance**
- **the consequence of departure from procedures**
- **specific requirements of the system and procedures**

All new staff will receive induction training.

A schedule of training is established on an annual basis. This schedule may be amended to reflect changing needs of the organisation.

Training records will be maintained for each employee and will include an evaluation of the effectiveness of the training.

7 General Rules / Employees Responsibility

Employees have a responsibility to comply with the contents of this safety statement and to advise management or the Safety Representative of any potential hazards

a) Each employee is responsible to notify Senior Management i.e. DON/ADON/Proprietor of any work related accident at the time of accident/incident.

b) **Each employee is responsible for safe work practice and is obliged to put all training provided into practice.**

c) **Each employee is responsible to put in writing any work related accident /incident within 48hrs of incident.**

Potential Hazard	Employee Responsibility
Smoking:	**Is not permitted – Except in designated areas**
Running:	**Is not permitted**
PPE:	**Must be worn as necessary and kept in good condition**
Footwear	**Must be only as permitted**
Horseplay:	**Is not permitted**
Manual Lifting:	**Must be only by trained staff and in the prescribed manner**
Food/Beverage	**Will only be consumed in designated area**
Cooking	**Is not permitted other than in the main kitchen**
Stores:	**Only authorised persons will enter any stores area**
Staff Room:	**Will be kept tidy and clean at all times**
Spillages:	**Spillage of food or drink will be cleaned up immediately**

8 Visual Display Units

- **Short frequent pauses are recommended**

- **Eyesight tests will be provided by the company for staff who are using VDUs for continuous periods of more than 1 hour or if the VDU is used by the employee on a daily basis.**

- **Spectacles will be provided where exclusively required for working with VDUs**

9 Outside Contractors

- **Must be approved by the Proprietor and DON/ADON notified before work is carried out**
- **Must produce suitable insurance**
- **Must produce a Safety Statement**
- **Must seek a Permit to Work when using welding / burning equipment**
- **Will not be permitted to use home equipment or services**
- **Must advise management of any hazards**
- **Must report any accidents or near misses**

9:1 Hot Works

- **Must be approved by the Proprietor and management team notified before commencement of any Hot Works.**

- **Outside contractors must liase with our Health and Safety Officer before commencement to agree procedures/operations.**

- **Only two employees in the Maintenance Department can undertake Hot Works. This can only be done with the approval of the Proprietor.**

10 Summary of Hazard Identification, Risk Assessment and Control Measures

Below are the main hazards associated with Nursing Homes.

HAZARD	RISK	CONTROL
Lifting Residents	Injuries to carer and resident may occur if incorrect methods used	• Hoists • Training of staff • Hi-low beds
Bodily Fluids	Infection	• Use PPE • Wash hands & use alcohol gel on entering and leaving an infected area
Wet Floors	Slipping and falling	• Wet floor signs • Spills cleaned immediately
Fire	Risk to residents, staff and visitors in the event of a fire	Fire detection system • Fire Alarm system • Emergency Lighting • Trained staff • Fire Drills
Kitchen	Falls, burns and scalds	• Restrict access • Turn handles in on cooker • Maintain tidy and dry floor • Trained staff
Windows exiting premises	Risk to resident's getting out of premises unknown to staff	Windows can remain open if required for ventilation Restrict access Window restrictors on all windows
Doors exiting premises	Risk to resident's with open accessibility at the	Keypad installed at front door

	main entrance	**All exit doors alarmed** **All exit doors are locked and alarmed** **Wander guard alarm for high risk residents**

Hazard 1: Bedrooms and Corridors

The Hazard	The Control Measure
Slips, trips and falls	• **Damaged floors repaired immediately** • **Warning signs on wet floors** • **Litter removed immediately** • **Regular, scheduled cleaning of floors** • **Keep bedrooms tidy**
Breakages of glasses, plates, cups, vases etc	• **Cleaned up immediately**
Radiators	• **Clothing not permitted on radiators** • **Furniture positioned away from radiators** • **Residents not permitted to sit against radiators** • **Temp of radiators to be controlled** • **Regular cleaning/dusting of rads (maintenance schedule)**
Manual handling of loads and lifting residents ***See Section on Manual handling***	• **Care and attention will be taken when lifting residents.** • **Full body lifting will be avoided** • **Only trained personnel will lift residents**

	• Mechanical devices will be used when appropriate
Incontinence	• Incontinent residents will be carefully monitored and checked regularly • Incontinence wear will be changed without delay
Falling from bed	• Assess the resident • Assess level of safety • Use crash mats where required • Use low low bed • Use sensor mat • Use bed whereas a last resort • Liaise with GP and relatives
Residents Medication	• Visitors, relatives and non-nursing staff will not administer medication without the permission of the Nurse in Charge • Residents will not administer medication to other residents
Storage of medication	• Medication will not be stored in bedside locker. They shall be stored in the locked trolley in the clinic room
Exposure to aggressive residents	• Guidance and training will be provided in the handling of residents subject to mood swings and or tantrums
Pregnant staff	• Will avoid lifting and take special care • A risk assessment will be carried out
Call buttons	• Must be in easy reach and in working order
En-suites	• Will be kept clean & tidy
Access to beds	• Beds will be moveable to allow staff approach resident from both sides unless Resident care demands differently

Persons Responsible for Implementing Control Measure

All Nursing and Care Staff

Bedrooms and Corridors Risk Assessment

- **The high volume of residents, staff and visitors creates a risk**
- **Burns to residents with poor circulation from sitting too close to radiators or other sources of heat is assessed as high**
- **Disorientated residents falling from beds at night is assessed as high**
- **Confused residents wandering into other residents bedrooms and confused residents exiting the building is a risk**
- **Smoking room – Residents using Smoking room independently and refuses to be assisted by staff**

Hazard 2: Toilets, Bathrooms and Shower Room

The Hazard	The Control Measure
Wet and untidy floors can cause injury through slips and falls	• Housekeeping procedures • Cleaning records • Non slip floors • Warning signs • Bath and shower rooms will be mopped up immediately after use.
Unclean sinks and toilets are a hygiene risk	• Blocked toilets cleared immediately • Broken seats repaired immediately • Disposable items will be removed on a regular basis
Falls	• Use shower chairs • Use mechanical hoists • Use assisted bath • Have sufficient staff on hand when bathing residents
Slips in shower area	• Use shower commode • Have staff available • Keep shower area clean
Unused sinks, toilets, and showers	• Flushed daily • Water in sink to flow for 5 mins daily • House keeping to record.

Persons Responsible for Implementing Control Measure

All Nurses, Carers & Housekeeping staff

Toilets, Bathrooms and Shower Room Risk Assessment

The risk assessment is low as long as due care and attention is given to the Control Measures.

Hazard 3: Day Rooms

The Hazard	The Control Measure
Poor housekeeping	• Housekeeping Procedures • Maintenance • Keep floors clean • Keep passageways/ doors clear
Slips, trips and falls	• Keep floors free of debris • No loose cables, leads or flexes • No loose, torn floor covering
Radiators	• Clothing not permitted on radiators • Furniture positioned away from radiators • Residents not permitted to sit against radiators • Temp of radiators to be controlled
Plugs and sockets	• Checked for damage or breakage • Repaired immediately by competent person
Fire	• No smoking in any part of the building except in the designated smoking areas • No burning candles allowed in rooms

Persons Responsible for Implementing Control Measure

All Nurses, Carers & Housekeeping Staff

Day Room Risk Assessment Summary

The risk assessment is low as long as due care and attention is given to the procedures and the Control Measures.

Hazard 4: Kitchen and Dining Room Area

Hazard	Control Measure
Slips, trips and falls	• Non slip floors • Only authorised personnel are allowed into the kitchen • All surfaces will be kept tidy and clean at all times • Housekeeping procedures
Electrical Appliances	• Regular maintenance • Replacement / repair of faulty appliances • Dry hands when handling portable electrical appliances
Opening of Ovens	• Trained staff will be aware of the escape of steam
Handling of hot equipment and food	• Trained staff will be aware of the dangers of handling hot equipment, food, hot surfaces and boiling water
Use of knives for food preparation and boning	• Suitable gloves should be worn when boning meat.
Personal Hygiene (See Kitchen Management Procedures)	• High standards of PH will be expected and enforced • Uniforms will be worn as specified and not worn outside the building • Clean uniforms will be worn at all times • Suitable gloves will be worn when handling food • Staff will have clean hands ,tidy hair in hair net/ hat as appropriate
Handling of heavy loads	Trained staff will follow proper handling procedures

Storage of meat in fridge *(See: Catering Procedures)*	• HACCP will be applied • IS 340 will be applied • Cooked meats will be placed above uncooked meats in fridge
Temperature Control *(See: Catering Procedures)*	• HACCP will be applied • IS 340 will be applied
Milk dispenser *(See: Catering Procedures)*	• Must be cleaned on a daily basis using the correct detergents
Spillages of food or drink	• Cleaned up immediately in either kitchen or dining area using the correct equipment and materials • Ensure that surface is dry after cleaning • This includes tabletops
Rubbish disposal	• No rubbish in doorways • Rubbish will be removed to correct container after each meal • Unused food will not be allowed to accumulate or to contaminate surfaces in the kitchen and will be removed to the appropriate bin without delay.
Fire	• See Fire Procedures • Fire blankets will be provided • No flammable materials will be allowed to accumulate • Smoking room checklist in place
Extractor Filters	• Stainless steel – cleaned regularly.

Gas Cookers	• **Shut Off Valve will be readily accessible** • **Location of valve will be known to staff**
Meat Slicer	• **Used only by trained staff**
Electric Power	• **Shut off Switch will be readily accessible** • **Will be known to staff**
Chemicals	• **Suitable PPE must be worn** • **Chemicals must be retained in their original, marked containers.** • **Containers must be securely closed** • **Safety Data sheets are to be available**

Persons Responsible for Implementing Control Measure

All Nurses, Carers, Catering, Housekeeping and Kitchen Staff

Kitchen and Dining Room Risk Assessment

All kitchens can be hazardous particularly at serving time.

Due to the characteristics of the resident's food will get spilled and dropped

Hazard 5: Storerooms, Cleaners Room, Linen Closets

Hazard	Control Measure
Wet, untidy floors can cause slips, trips and falls	• A place for everything and everything in its place • Repair damage to floors • Dry floors • Housekeeping procedures
Cleaning Materials Dermatitis	• Bleaches and material will be carefully stored and labelled • Bleaches and disinfectants will be kept in the original containers • PPE, such as gloves, face masks and aprons will be worn • Used containers will be disposed of immediately
Lifting	• Heavy and or bulky materials will only be handled using proper manual handling procedures and equipment • Suitable step ladders will be used to reach high shelves
Unmarked Containers	• All containers in all stores will be clearly marked • Unmarked containers will be removed
Buckets and Mobs	• Buckets and mobs will be stored away from residents • Buckets will be emptied immediately after use • Buckets and mobs will be colour coded to define their use

Persons Responsible for Implementing Control Measure
All Nurses, Carers, Catering, Housekeeping and Kitchen Staff
Storerooms, Cleaners Room, Linen Closets Risk Assessment
The risk assessment is low as long as due care and attention is given to the procedures and the Control Measures.

Hazard 6: Laundry and Sluice Rooms

Hazard	Control Measure
Overheating of machines	• No debris allowed to accumulate • Adequate Fire Extinguishers available • Use machines in accordance with manufacturers instructions • Adequate ventilation
Storage	• Laundry items to be stored in a tidy and orderly manner
Sharps	• Staff to be conscious of the possible presence of sharps in laundry items and baskets.
Blood borne infection	• Use PPE • Residue from sluice room to be disposed of in a hygienic and effective manner and without delay
Dermatitis	• Suitable gloves must be worn when using cleaning materials
Slips, trips and falls	• A place for everything and everything in it's place • Dry floors • Housekeeping procedures
Manual handling	• Heavy and or bulky materials will only be handled using proper manual handling procedures and equipment • Suitable step ladders will be used to reach high shelves

Persons Responsible for Implementing Control Measure

All Housekeeping/ Laundry Staff

Laundry and Sluice Rooms Risk Assessment

The risk assessment is low as long as due care and attention is given to the procedures and the Control Measures.

Hazard 7: Staff Room

Hazard	Control Measure
Smoking	• Smoking is strictly prohibited on-site except in the designated areas
Health Hazard	• Staff using the facility are responsible for the hygienic upkeep of the staff room • Floors must be kept clean and free of debris • Only Nursing Home staff may use the facility

Persons Responsible for Implementing Control Measure
All Staff

Staff Room Rooms Risk Assessment
The risk assessment is low as long as due care and attention is given to the Control Measures.

Hazard 8: Residents Smoking Room

Comment: Smoking is strictly prohibited on-site. A smoking room is provided for residents, (given the addictive nature of smoking) Smoking by individual residents is at the discretion of the management. Staff and visitors will not smoke in the Residents Smoking Room.

Hazard	Control Measure
Cleanliness	• Ashtrays will be emptied on a regular basis ensuring that there are no smouldering cigarette/cigar/ pipe residue
Burns	• Disorientated residents will be accompanied to the Resident Smoking Room • Staff will watch for dropped cigarettes or for residents falling asleep • Burns equipment in kitchen • Checklist to be completed by the cleaning staff
Ventilation	• Ventilation system will be activated when residents are smoking

Persons Responsible for Implementing Control Measure
All Staff

Resident Smoking Room Risk Assessment
The risk assessment is low as long as due care and attention is given to the procedures and the Control Measures.

Hazard 9: Outside Environs

Comment: In general residents are encouraged to use the outside environs and the Nurse in Charge will carry out a risk assessment as to suitability of the resident to use the outdoor facilities.

Hazard	Control Measure
Slips, trips and falls	• Areas used for walking to be kept free of debris
Vehicles	• Speed Limit Signs installed • Visiting vehicles will be controlled and kept away from areas where residents are walking.
Refuse Bins	• Clean and tidy at all times • Lids kept closed • Residents restricted from access

Persons Responsible for Implementing Control Measure
All Staff and visitors

Outside Environs Risk Assessment
The risk assessment is low as long as due care and attention is given to the procedures and the Control Measures.

Hazard 10: Lifting/ Manual Handling

Comment: In the main the residents of the Nursing Home are mobile and self-reliant, and they are encouraged to continue their mobility and self-reliance. Care plans are developed for each resident which access their condition and abilities and staff are aware of the frailties of all the residents.

Hazard	Control Measure
Resident Handling including: **Sitting up in bed** **Moving resident up in bed** **Turning resident in bed** **Getting resident out of bed** **Putting resident into bed** **Transferring resident** **Bed to chair** **Chair to toilet** **Chair to chair** **Sitting to standing** **Bathing** ***Risk Assessment** is Low to Medium, based on the fact that harm is possible but unlikely. Any injury sustained could be significant.*	• **By the nature of the work, manual handling of residents cannot be eliminated, but it can be greatly reduced.** • **Seek the cooperation and consent of the resident prior to any lifting** • **All Nursing and caring staff will have training in manual/patient handling** • **Hi-lo beds will be used** • **Where manual handling of a resident is required please refer to the manual handling assessment chart (located in resident's bedroom)** • **Act as a team** • **Mechanical aids such as hoists, wheel chairs, sliding/transfer boards, slings and standing/ walking aids will be used, as per individual resident's handling assessment chart (located in resident's Bedroom)** • **Make informed decisions:** **Is it necessary?** **Is it possible?** **Is it reasonable?** **Is it practicable?**
Bed Making **Beds will normally be empty when being made.** ***Risk Assessment** is Low in this process*	• **Ensure adequate space around bed for access** • **Do not over stretch** • **Training in bed making**

Moving of beds/ Furniture ***Risk Assessment** is Low in this process as there are no large items to be moved on a regular basis and all beds have wheels.*	• **Ensure route of move is clear** • **Ensure wheels are clear and free moving** • **Seek assistance when necessary or if in doubt** • **Apply proper lifting techniques**
Kitchen Activities ***Risk Assessment** is Low in this process As items lifted in the kitchen, while hot are generally small and light.*	• **Avoid heavy lifting** • **Access the need to lift** • **Check hot containers before moving or lifting** • **Training**
Floor Cleaning ***Risk Assessment** is Low in this process as equipment is specialised and very manoeuvrable*	• **Use free moving equipment** • **Avoid bending when using vacuum or polisher** • **Avoid erratic movements** • **Clear all obstructions before commencing activity** • **Place Warning Signs in vicinity** • **Ensure cables/ flexes / extensions are not the cause of a trip or fall**

Hazard 11: MRSA and Other Infections

Comment: MRSA (Methicillin Resistant Staphylococcus Aureus) is a term which describes a strain of bacterium which is resistant to antibiotics. It is a widespread problem in Ireland, but in general causes no threat to the individual or to public health. While normal in 30/50% of the population, the most common carriage site is in the nose. MRSA is troublesome in the health care setting because of the range of susceptible patients, particularly those who have recently had major surgery or who are receiving intensive care. MRSA patients are not isolated in the community.

The Person in Charge is responsible for ensuring compliance with the following procedures to ensure implementation of preventative action to ensure maximum control.

Hand washing is the most important factor in preventing the spread of MRSA and other infections

Hazard	Control Measure
All residents	• Wash and dry hands before and after handling the resident • Use disposable gloves when changing dressings, doing invasive procedure or handling body fluids • Use alcohol gel
Residents with MRSA/similar multi resistant infection	• Seek information from hospital, prior to the admission of a new resident as to their MRSA status and treatment regime. • Always wash hand with antiseptic (e.g. chorhexidine) after dealing with a resident with MRSA. • Use disposable gloves when changing dressings, doing invasive procedure or handling body fluids. • Change dressing in residents' own room. • Cover wounds with appropriate dressings.

	• Discreetly identify the resident as being infected with MRSA. • Advise hospital, in admission letter, of the resident's MRSA status. • If travelling by ambulance advise ambulance personnel of MRSA status. • Management and staff need to be aware of MRSA and it consequences • Staff with extensive skin lesions should be screened for MRSA • All lesions should be covered.
All persons entering and leaving the home.	• Should wash their hands using the recommended antiseptic (e.g. chorhexidine)

Policy on the Management of Fire Safety

Fire Safety Management

The owner, operators, management and staff of the Homes have a statutory and moral responsibility to take all reasonable measures to prevent the occurrence of fires and to ensure as far as is reasonably practical the safety of the occupants in the event of fire occurring on the premises.

A Fire Safety Register

The Person in Charge (Sherin Anup) or Fire Safety Officer (Darren Ronan) will maintain a Fire Safety Register and this will be available for inspection by the statutory authorities in accordance with legislation.

Fire Safety Programme

The implementation of a "Fire Safety Programme" is an integral part of the day-to-day management and operation of the Home. The operators have prepared a fire safety programme. The objective of the programme is the preventing of an outbreak of fire. This will be achieved through the establishment of fire prevention practices and documented procedures and the training and instruction of staff in relation to all matters relating to fire safety as follows:

- **Emergency procedure, including fire and evacuation drills**
- **Maintenance of fire protection equipment**
- **Maintenance of the building, its fittings and services**
- **Maintenance of escape routes**
- **Liaison with and assisting the fire brigade**
- **Maintaining a fire safety register**
- **Provision and maintenance of safety signs and notices**
- **Daily/Weekly inspections carried out to ensure compliance**

Smoking Policy

In the interest of the safety of residents, staff, and visitors, a No Smoking Policy exists in the Home except in designated area.

Fire Safety Managers

Maintenance Attendant (Darren Ronan) has been designated as Fire Officer for implementation and overseeing of the fire safety programme at the Home.

Jörg Rossbach (Care Assistant) is The Deputy Fire Officer.

Outside of daytime working hours the Senior Nurse on duty is The Deputy Fire Officer.

Procedures

In addition to this Policy, the operators have drawn up documented procedures. There is a critical responsibility on all members of staff to be fully familiar with these procedures:

SOP Fire 001 - Fire Safety Management (p32 of this document)
SOP Fire 002 - Managing a Fire Situation (p38 of this document)
SOP Fire 003 - Evacuation Procedure (p40 of this document)

SOP Fire 001 - Fire Safety Management

The Person in Charge must ensure the full compliance with the critical rules which have been identified as follows:

FIRE PREVENTION

A Fire Officer is appointed to manage a fire situation and evacuation. The nurse in charge of the non-daytime shifts is the Deputy Fire Officer. During daytime this is the Person in Charge with full responsibility for the fire management of the shift.

DISPOSAL OF WASTE

- **All waste will be removed after breakfast, after lunch and after dinner by kitchen and housekeeping staff**
- **Waste to be removed immediately to outside bin and not stored internally**
- **Waste will NEVER be stored in ESCAPE ROUTES**

SMOKING

- **The Home has a strict no smoking policy except in the designated areas**

ELECTRICAL EQUIPMENT

- **Defective equipment reported by all staff IMMEDIATELY**
- **Repair carried out by competent person**
- **Regular inspections are carried out by competent person**

KITCHEN

- **Kitchen cleaning checklists rigorously enforced by Chefs Jimmy/ Michael**
- **Equipment serviced in accordance with manufacture instructions**
- **Gas/Electric cut-off valves clearly marked**
- **Vigilance in using fats and oil when cooking**
- **Kitchen staff must be familiar with location of emergency equipment**

MEDICAL GASSES

- **Highly inflammable**
- **Store away from sources of ignition**
- **Display safety signs where gas is stored**

FIRE DOORS

- **Must not be wedged or propped open**
- **The designated person will inspect door mechanism on weekly basis and record**

STAFF TRAINING

- **All staff including part-time, will receive training in matters of fire prevention/management**
- **A record will be maintained of all staff training by the Assistant Manager**
- **The fire officer will evaluate all training**
- **The following is the minimum training for staff:**
    - **The Fire Safety Policy**
    - **The fire alarm system**
    - **Fire Safety Management**
    - **Evacuation**
    - **Building layout/Fire escapes**

- **Location of fire fighting equipment**
- **Arrangements for calling fire brigade/ambulance**
- **Fire control techniques, including:**
    - **Using fire fighting equipment**
    - **Closing doors/windows to inhibit fire**
    - **Shutting off electricity and gas**
    - **The role of fire doors and not wedging doors open**

FIRE DRILLS

- **Fire drills will be carried out quarterly**
- **Fire drills & evacuation will be held with the objective of –**
    - **familiarising staff with their roles**
    - **testing effectiveness of staff**
    - **identifying shortcomings**
- **Fire drills will include –**
    - **raising the alarm**
    - **checking escape routes**
    - **simulating evacuation (using staff as residents) using fire extinguishers**
- **Drills will be reviewed by Management and recorded in the *Critique Fire Evacuation Drill Form***

FIRE PROTECTION EQUIPMENT

- **Service contracts will be maintained on all fire fighting equipment and an annual Inspection carried out**
- **The designated person (Darren Ronan) will carry out a Fire Prevention Check weekly and report problems to the Person in Charge (Sherin Anup).**

MAINTENANCE OF ESCAPE ROUTES

- **Every member of staff is responsible for ensuring that escape routes are not obstructed**
- **Housekeepers and night staff will be particularly vigilant**
- **The following precautions will be taken in relation to escape routes:**
  - **escape routes will not be obstructed**
  - **escape routes will not be used for storage**
  - **furniture/equipment will not be placed in corridors**
  - **escape doors will be capable of opening quickly**
  - **no curtains, drapes, hanging on escape routes**
  - **area outside escape routes clear**
  - **fire escape routes will be checked daily and the result recorded in daily Fire Prevention checklist Fire Form**

FIRE PROTECTION / ALARM SYSTEM

- **An LI Fire detection system complying with IS3218:1989**
- **The alarm system improves chances of restricting fire growth and alerts residents and staff to the emergency**
- **The building is divided into "zones" to facilitate identification of fire source**
- **The control panel will be attended immediately by the Fire Officer**
- **The system will automatically close the fire doors and where applicable open escape doors**
- **Staff are trained to interpret the fire detection system**
- **A maintenance contract is maintained to provide inspection and maintenance of the fire detection system**
- **Maintain annual certification to IS3218**

EMERGENCY LIGHTING

- **Emergency lighting provides light to:**
  - **indicate fire escape routes**
  - **provide illumination along escape routes**
  - **identify fire-fighting equipment**
- **Commissioning certification will be secured and maintained in Fire Safety Register in accordance with IS3218**
- **Maintenance contract in place for inspection, test and maintenance in accordance with IS3218**

EXIT DOORS

- **Exit doors have thumb turn locks for evacuation from inside the building. Exit doors are unlocked from the outside by use of generic keys kept at reception.**

FIRE FIGHTING EQUIPMENT

- **Fire fighting equipment is strategically located throughout the home**
- **Equipment does not offer protection without trained staff**
- **Equipment is conspicuous, ready and available for use**
- **A maintenance contract is in place to provide inspection, testing, maintenance and replacement in accordance with IS291 for fire equipment complying with IS290 and for other extinguishers complying with BS5306 Part 3**
- **The Manager will consult with the local fire brigade with the following objectives:**
  - **familiarisation of Fire brigade with the premises**
  - **ensuring availability of access and facilities**
  - **assistance with fire management**
  - **seeking advice of general fire safety matters**

FIRE SAFETY RECORDS

- **Maintain a Fire Safety Register which is available to the fire authority for inspection**
- **The Fire Safety Register will contain the following:**
  - **name of nursing homeowner/operator (Mary Gilmartin)**
  - **name of Director of Nursing/person in charge (Sherin Anup)**
  - **name of fire safety officer (Darren Ronan) and deputy fire safety manager (Jorg Rossbach)**
  - **details of specific fire safety duties that have been assigned to specified staff members**
  - **details of instruction and training given to staff and by whom**
  - **details of each fire and evacuation drill**
  - **details of furnishings, bedding and certification of compliance**
  - **details of fire protection equipment and systems in the premises**
  - **details of inspection and testing of fire protection equipment and systems, with brief comments on all of checks and actions taken to remedy defects**
  - **details of all fire incidents and false alarms that occur and the actions taken**

- **Maintain an *Accident Incident Report Admin Form (Appendix 6 p. 50)***

SOP Fire 002 - Managing a Fire Situation

INVESTIGATING AUTOMATIC ALARMS

- **The fire alarm system will automatically activate on detecting a fire**
- **The Fire Safety Officer or Nurse in Charge will respond immediately and**
- **Identify the whereabouts of the fire as indicated on the Fire Alarm Panel**
- **The Fire Safety Officer or Nurse in Charge who attends the fire panel will follow the fire alarm response check list / procedure. (Appendix 4)**

ASSESSMENT OF THE SITUATION

- **The Fire Safety or Deputy Fire Safety Officer on duty will have full authority to make the decision to evacuate and this will be based on consideration of the following:**
  - **the location of the fire**
  - **the seriousness and extent of the fire**
  - **the presence or extent of smoke**
  - **the proximity of flammable materials**
  - **whether immediate action taken to control the fire is having the desired effect**
  - **the nature and type of the residents in the vicinity**

RAISING THE ALARM

- **Dial 9 for an outside line then 999 or 112 from mobile and clearly define the nature of the problem**
- ***i.e. "Fire in Summerville Nursing Home" Strandhill, Co. Sligo***
- **At night /weekend phone Proprietor Mary Gilmartin and Person in Charge Sherin Anup**
- **Ensure that staff on duty are aware of the emergency and the decision in relation to evacuation.**

STAFF ACTION ON HEARING AN ALARM

- **On hearing the alarm or on being alerted to an emergency fire situation, staff should:**
  - **report to the Fire Safety Officer or Nurse in Charge at the fire panel at reception**
  - **carry out any specific tasks or other instructions assigned by the Fire Safety Officer or Nurse in Charge**
  - **carry out duties as trained**
  - **remain calm**

SOP Fire 003 Evacuation Procedure

The Fire Safety or Deputy Fire Safety Officer, having accessed the situation have the authority to order the evacuation or partial evacuation of the building.

IF IN DOUBT, EVACUATE!

EVACUATION PRIORITIES

- **The first priority of evacuation is to move any resident who is in immediate danger to a safe area.**
- **For the purpose of speedy evacuation, it is prudent to carry out the evacuation of residents in the following order of priorities:**

1. **Residents closest to the fire**
2. **ambulant residents, requiring only a member of staff to guide or direct them**
3. **semi ambulant residents, requiring minimum assistance**
4. **Non-ambulant residents who have to be physically moved or carried.**

EVACUATION TECHNIQUE

- **Special care will be needed to evacuate non-ambulant residents. Residents mobility status is displayed above the light switch in each room. A list of their mobility status is also displayed below the fire panel at reception.**
- **It may be necessary to consider residents who may slow down the evacuation e.g. slow walkers as non-ambulant**
- **Various items of equipment may be employed to assist with the evacuation. These may include wheelchairs, stretchers, and blankets/ski sheets.**
- **This equipment must be used during fire drills.**

PRINCIPLES OF EVACUATION

Evacuation of the Home can be sub divided into Four Distinct Phases, as follows:

Phase 1	**Evacuation from the room/ area of the fire**
Phase 2	**Evacuation to a place of relative safety e.g. another Compartment/zone**
Phase 3	**Evacuation of parts of the building**

Phase 4 **Evacuation of the building**

Health & Safety Forms

Form Name	Relevant Procedures
Weekly Fire Prevention Checklist	Fire Safety Management SOP 001
Daily Register & Roll Call of Residents	Responsibility of Management SECTION 2
Fire Drill & Evacuation	Fire Safety Management SOP 001
Accident Incident Report	Fire Safety Management SOP 001
Maintenance Request Form	Fire Safety Management SOP 001

Appendix 1

Document Change Log

Date	Procedure / Form	Reason for Change	Approved

APPENDIX 2
Violence at Work in the Health Services Sector
(HSA Guidance Notes)

The risk of violence in the Nursing Home is low compared with A&E Departments. It is however recognised as a potential hazard and a procedure or policy on "Dealing with Aggressive Incidents" is in place Nursing Caring SOP 002

APPENDIX 3
Accidents and Dangerous Occurrences

Accident

An accident is an unplanned event resulting in injury or death and must be reported to the Health and Safety Authority

Dangerous Occurrence

A dangerous occurrence is a near miss death and must be reported to the Health and Safety Authority

Reporting an Accident or a Dangerous Occurrence

All accidents and dangerous occurrences must be reported to the Nursing Home Management.

There is a legal obligation to report to the Health and Safety Authority in the following cases:

- **An accident which results in death**

- **Where as a result of an accident a person is prevented from performing their normal work for more than three consecutive days, excluding the day of the accident (but including days that would not have been working days).**

- **When an accident occurs to a non-employee such as a visitor, member of the public and where medical treatment is provided by a doctor or a nurse, this accident must be reported. The level of injury or seriousness is not a factor – the accident must be reported.**

- **A copy of all reports to the Health and Safety Authority must be kept on the individuals file for 10 years from the date of the accident.**

APPENDIX 4
FIRE ALARM RESPONSE CHECK LIST

FIRE ALARM RESPONSE CHECK LIST

ON HEARING THE FIRE ALARM

- ☐ Check the fire panel and locate affected area
- ☐ Send two trained staff members to the affected area. Instruct the 1st person to return to fire panel immediately and inform PIC if there is a fire, or no fire. 2nd persons stays at the affected area to tackle fire or continue search for signs of fire

IF THERE IS NO FIRE

- ☐ 2nd person checks all areas surrounding the affected area for signs of fire.
- ☐ Send 2 additional staff members to affected area to checks all areas surrounding the affected area for signs of fire, including toilets and close all doors and windows and report back to panel
- ☐ Instruct all other staff to check the rest of the building including toilets and close all doors and windows and report back to panel. Ensure all rooms doors have closed especially R29
- ☐ Call Fire Warden (Darren - 0872330018) or
- ☐ Coleman Electronics (09636428) if Fire Warden is not available
- ☐ Fully search the building

IN THE EVENT OF A FIRE

- ☐ Instruct 2nd person to tackle the fire but only if it is safe to do so.
- ☐ Obtain evacuation envelope if needed (keys to exit doors & torches)
- ☐ Send remaining staff members to affected area to evacuate persons closest to the fire to a safe area in the building ensuring that they mark the doors of checked and cleared rooms with chalk. If possible ensure residents in non affected areas are monitored
- ☐ Instruct staff member to ensure that all cooker and gas valves are turned off in the kitchen. Kitchen Door Code C04
- ☐ Call Fire Brigade 999 or 112 from mobile
- ☐ Call Fire Warden (Darren - 0872330018)
- ☐ Obtain staff sign in book, the daily resident roll call sheet, visitors book and the residents outing book.
- ☐ Proceed with role for staff, residents and visitors.
- ☐ Wait for Fire Brigade

IF FULL EVACUATION IS NEEDED

- ☐ Obtain staff sign in book, the daily resident roll call sheet, visitors book and the residents outing book.
- ☐ Report to the assembly point located at Front Car Park Proceed with role for staff, residents and visitors.
- ☐ DO NOT RE-ENTER BUILDING

IF FULL EVACUATION IS HAZARDOUS

- ☐ Accommodate residents and staff at the Strandhill Golf Club using bus hire. Details below

STRANDHILL GOLF CLUB
Strandhill, Co. Sligo - Joe McCann 0872461981 / 0 71 91 68188.

MIDDLETON BUS HIRE
Francie Middleton 0868143464 / 0719162890

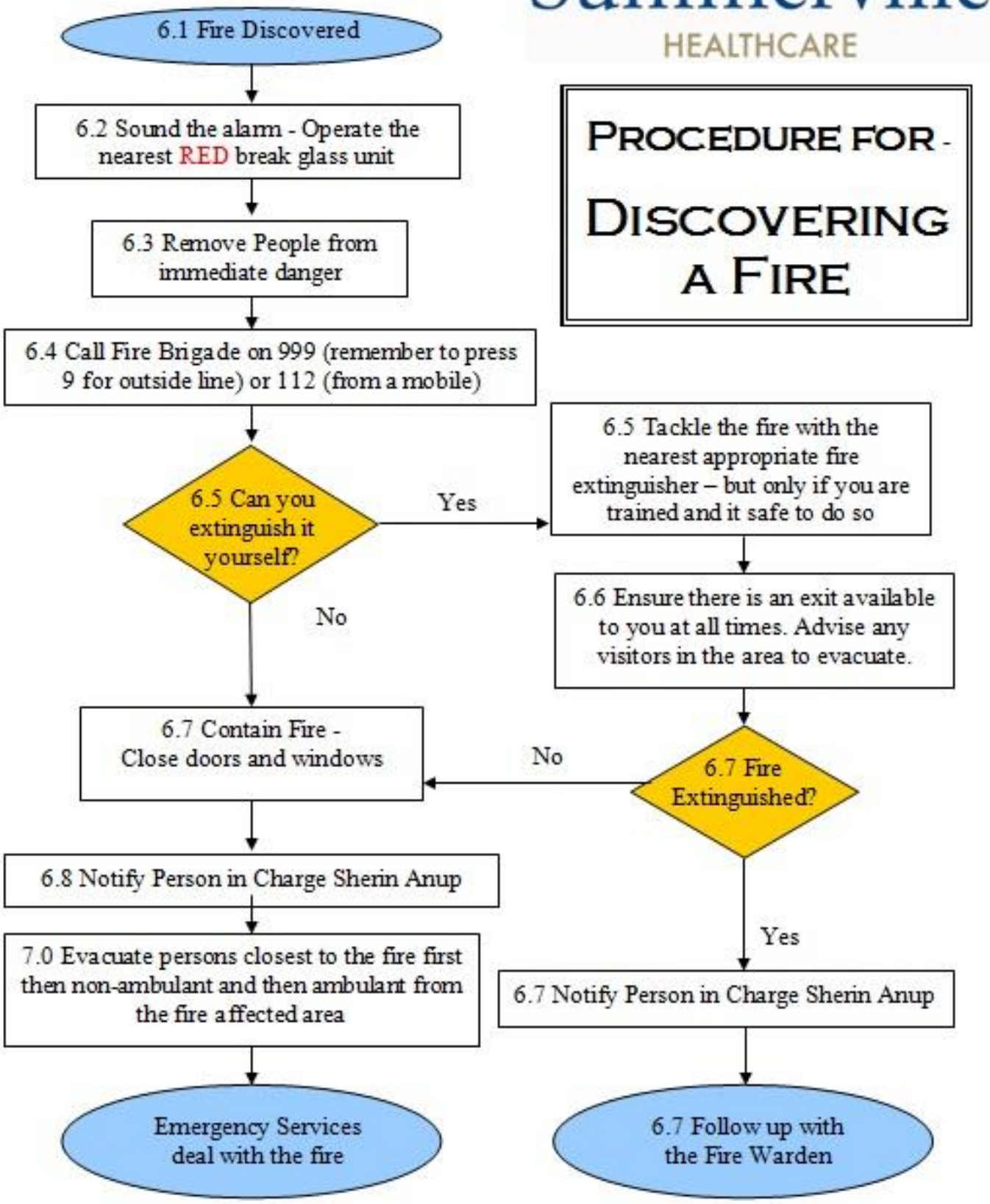
Door Codes: Kitchen **C04**, Sluice Rooms **C02**, Housekeeping **C02**, Nurses Station **C05**

APPENDIX 5
EMERGENCY PROCEDURES

FIRE

Summerville HEALTHCARE

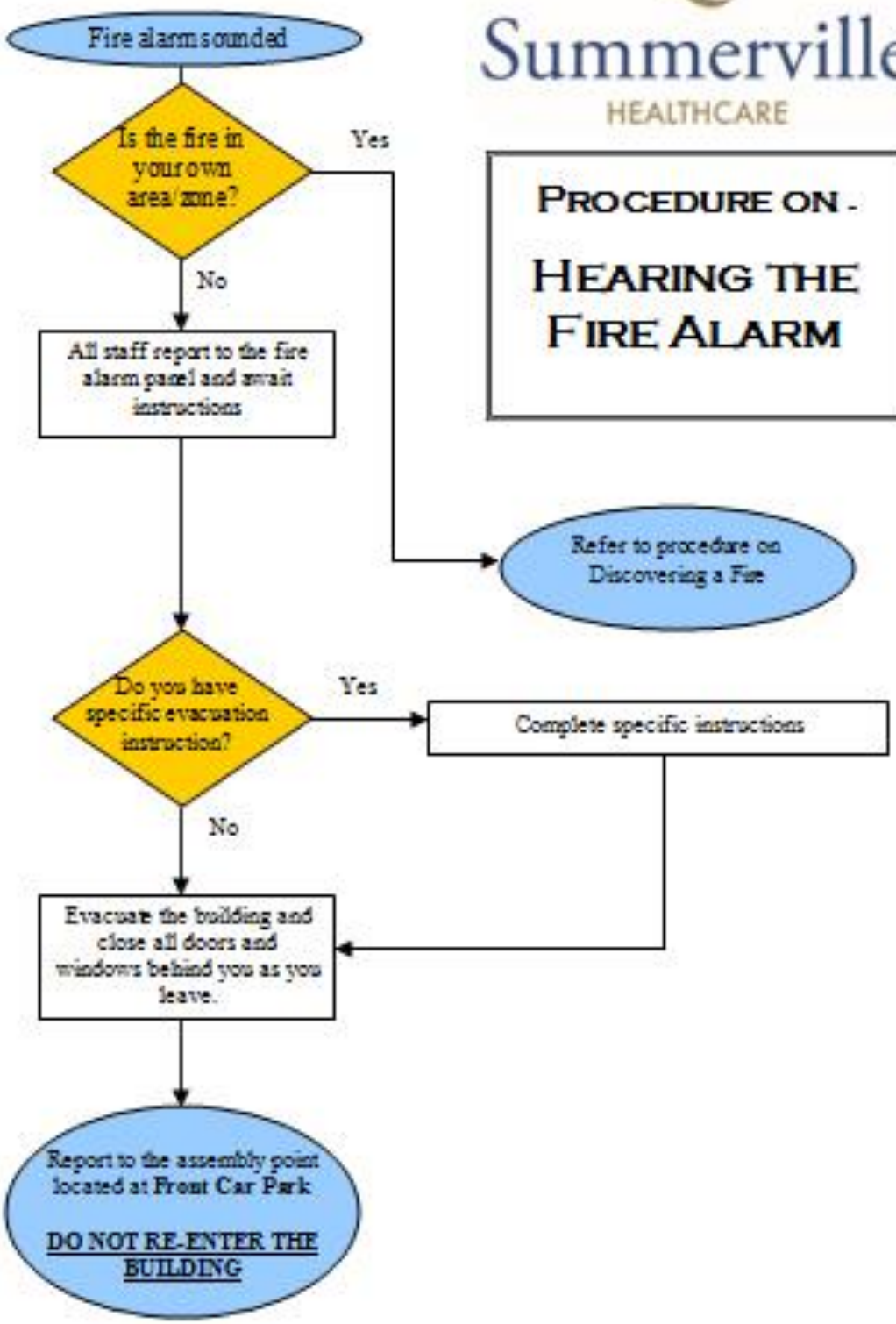
PROCEDURE FOR - DISCOVERING A FIRE

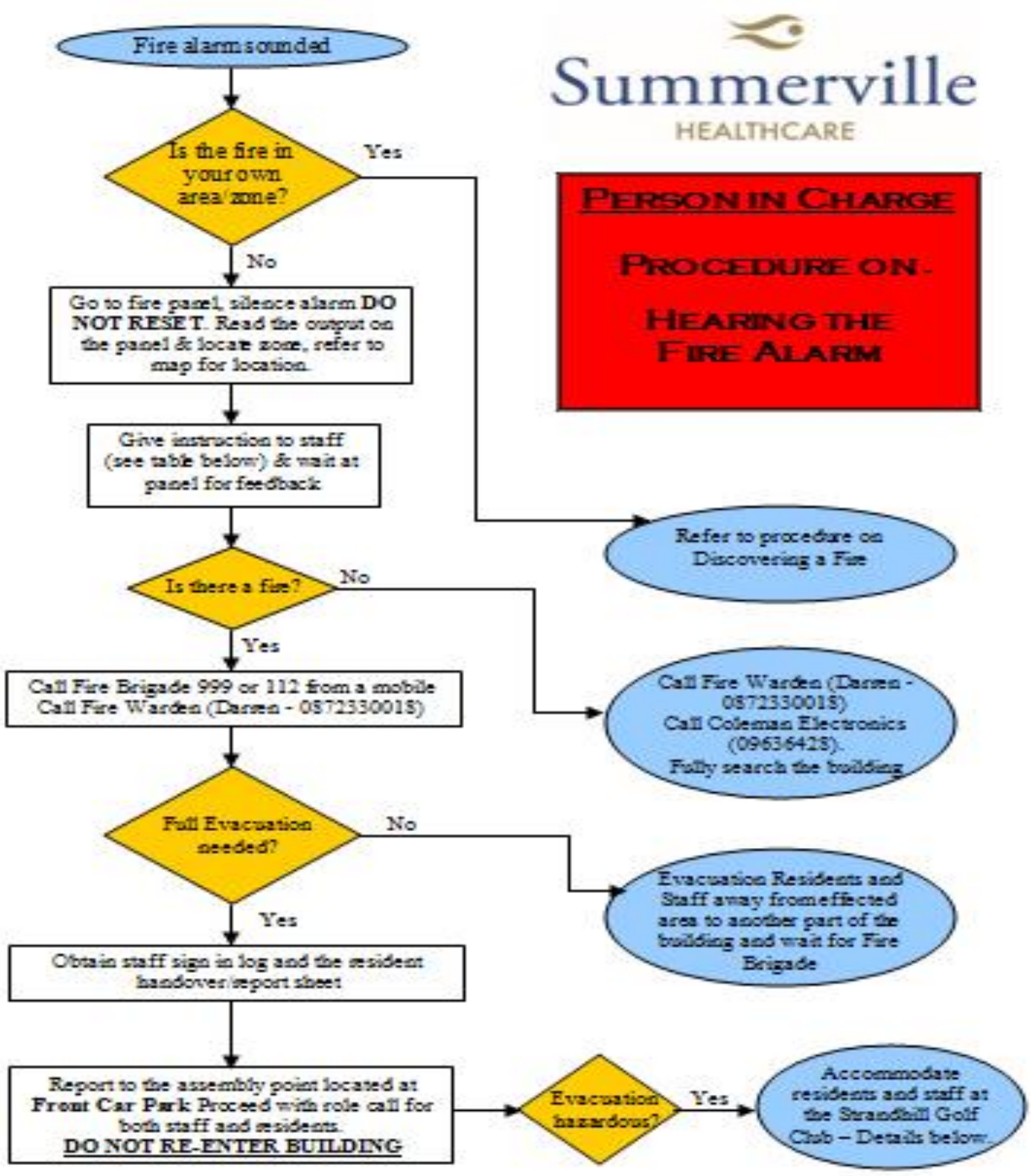


Summerville HEALTHCARE

PROCEDURE ON -

HEARING THE FIRE ALARM





Suspected Fire Instructions	
Two staff members	Investigate zone where suspected fire is located and report back to panel
All other staff	Check the rest of the building including toilets and close all doors and windows and report back to panel
Evacuation Instructions	
All non trained staff	Evacuation Residents already in Wheelchairs
All trained staff	Evacuation of all other residents – closest to the fire first then ambulant persons and then non-ambulant
Maintenance	Turn of Gas (O2 & Calor) supply in the nurse's station and/or at mains.
STRANDHILL GOLF CLUB	Strandhill, Co. Sligo – Sandra Corcoran / 0 71 91 68188.
MIDDLETON BUS HIRE	Francie Middleton 0868143464 / 0719162890

Chemical Spillage

Chemical Incident

Priorities

1. Safety of Personnel
2. Containment of Spill
3.

Chemical spill procedures

Safety of personnel is first priority
It must, therefore, be stressed to all employees that in-house procedures for the containment of spilled or released dangerous substances shall be undertaken
"Only when it is deemed safe to do so"

Chemical Spill Procedures

Assessing spill size
A spill is considered MAJOR if it **CANNOT BE CONTAINED OR CLEANED UP** by the individuals present

Or

If any of the spill enters the drains

A spill is considered minor if it can be immediately contained and cleaned up by individuals present

AND

It does not enter the drains

Chemical Spill Procedure

Action
Minor Spill

- Peron discovers or causes spill
- Contains
- Cleans up
- Reports to supervisor

Spill Clean up materials available:

Spill clean up requirements
Personal protective clothing (PPC)
Means for containment
Means for testing
Means for cleaning

Sequence of Actions
Put on PPC
Approach with caution
Mark out zones
Identify spilt material
Clean and neutralise site
Carry out any decontamination necessary
Clean and re-store all equipment
De-brief

Action
Major Spill

- Person discovers or causes spill
- Evacuate area
- Protect drains **if safe to do so**
- CALL EMERGENCY SERVICES giving as much detail as possible about the nature and priorities of substances spilled
- Contact Person in Charge and report incident
- Obtain Material Safety Data Sheets for substance spilled **Only if safe to do so**
- Provide Emergency Services with assistance
- Complete incident report form
- De-brief

Gas Leak

If a gas leak is suspected

- Extinguish all heat sources & turn of all electrical appliances
- Turn of Gas at source
- Evacuate area
- Open windows to all natural ventilation
- Contact An Board Gais 1850205050
- Contact Local Emergency Services to have them on stand by (999 or 112 from mobile)
- Don not re-enter premises until safe to do so
-

Bomb Threat

Bomb Threats

All Bomb Threats are treated seriously and a search of the premises is always carried out. The Gardi are always alerted and in consultation with them a decision is taken as to whether the premises should be evacuated or not.

If the decision is to evacuate, the Evacuation Procedures is implemented.

Employees who receive bomb threat should do the following

- Remain calm
- Try to ascertain details of the bomb e.g.
  Exact location
  Time due to detonate

- Note details about the caller e.g.
  Sex
  Accent
  Approx age (young or old)
  Speech (measured, abusive, drunken etc)

- Try to get as much information as possible
- Note the main points of the call
- Inform your Manager or Supervisor
- Remain Calm and do not spread panic
- If the warning is given by other means inform your Manager or supervisor immediately

Note: In normal course of work if you notice anything out of place or out of the ordinary e.g. suspicious packaging etc report it to your manager or supervisor immediately

Don not move or touch any suspicious packages or objects.

Bomb Threat Checklist

Instructions

Be Calm, courteous and listen. Do not interrupt the caller. Alert a colleague to call Senior Manager or Fire Warden.

Bomb Facts

Pretend difficulty with hearing. Try to keep the caller talking and inform the caller that detonation could cause injury or deaths.

Questions to Ask

1.When is the bomb going to explode?	
2.Where is the bomb located?	
3.What kind of bomb is it?	
4.What does it look like?	
5.Why did you place the bomb?	
Were any code words used, if so what were they?	

Sex of Caller (Tick)		**Suspected Origin of Caller (Tick)**	
Male		Local	
Female		Long Distance	
Approximate Age		Pay Phone	
		Mobile Phone	

Voice Characteristics – place a tick opposite appropriate description.					
Speech				**Language**	**Accent**
Loud	Soft	Fast	Slow	Excellent	Dublin
High Pitch	Deep	Distant	Distorted	Fair	Country
Raspy	Pleasant	Stutter	Nasal	Foul	Northern
Intoxicated	Other	Slurred	Lisp	Poor	Foreign

Manner		**Background Sounds**	
Calm	Angry	Office Equipment	Street Traffic
Rational	Irrational	Factory Machinery	Aeroplanes
Coherent	Incoherent	Bedlam	Party Atmosphere
Deliberate	Emotional	Animals	Trains
Righteous	Laughing	Quiet	Music

Summerville HEALTHCARE

EMERGENCY CONTACT NUMBERS

IN THE EVENT OF:	CALL		
Power Cut	Darren Ronan	Maintenance	0872330018
	Kevin Finnegan	Maintenance	0857290838
No Water	Darren Ronan	Maintenance	0872330018
	Kevin Finnegan	Maintenance	0857290838
Flood	Darren Ronan	Maintenance	0872330018
	Kevin Finnegan	Maintenance	0857290838
Missing resident/patient	Sherin Anup	Person in Charge	0872269395
	Mary Gilmartin	Proprietor	0876818181
Bomb threat/ Suspicious Packages	Sherin Anup	Person in Charge	0872269395
	Mary Gilmartin	Proprietor	0876818181
Violent/ Criminal Incidents	Sherin Anup	Person in Charge	0872269395
	Mary Gilmartin	Proprietor	0876818181

APPENDIX 6
Accident / Incident report form

Date	Issue	Reported to	Action Completed	Sign & Date