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April 2001
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Appendix 1

a) The 1989 Safety, Health and Welfare at Work Act
b) General duties of employers to their employees
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d) General duties of employees
e) Summary of 1993 regulations
f) Summary of other relevant regulations

Appendix 2

Occupational health service for GPs, the GP family and practice staff
Have you considered the health hazards and risks of working in general practice?

Every occupation has its associated risks, but it is often erroneously believed that those of us who work in general practice have little or no risk.

'Managing Health and Safety in General practice' was produced because the ICGP identified a need for focussed information on the health and safety aspects of general practice in order to assist practices implement their legal and professional obligations.

This publication is aimed at those who are involved in General Practice, including individual GPs, GPs direct employees and associated staff. It could also be useful to GP Units, CME Tutors, GP Trainers and GP Registrars.

Legislation dictates that GPs (both as self-employed persons and as employers) have obligations to provide a safe working environment. GPs employees also have legal obligations to co-operate with practice health and safety policies and to prevent others being hurt by their actions or omissions. We have to address these hazards ourselves.

It is vital that GPs are supported in their crucial position within the health service, and so the ICGP have produced this publication as part of its ongoing support to its members.
Circumstances of general practice which are important to consider

➤ General practice has the important role of being the first point of contact for most members of the public who access the health service.

➤ As part of the health service, we are deemed to be ‘in the know’ and that we should have innate immunity to illnesses and accidents.

➤ We are generally regarded, and in some instances by the policy makers themselves, as low-tech, low-key small enterprises compared to hospital services.

➤ With approximately 2,500 GPs providing services across the country, general practice has a greater throughput of patients than hospital services. Our patients are generally less acutely ill than hospital in-patients, but not necessarily less ill than many casualty department attendees or outpatient department attendees. GPs are exposed to the same medical emergencies as hospital doctors, and we have risks from much the same range of hazards as hospital based healthcare workers.

➤ General practice personnel, medical and non-medical, deliver a variety of healthcare services from a variety of premises with a variety of skills and variety of working styles.

➤ Many of us work alone (approx. 50% of GPs in Ireland are single-handed, ie. not in partnership with another GP).

➤ Some of the premises we work from are owner-occupied, privately rented or health-board owned premises (or a combination of these) which in turn has repercussions for the extent of control of some elements of safety. Many of us are responsible for day-to-day running of the premises we work in, eg. responsible for attending burst pipes, changing light bulbs, repairing broken door handles.

➤ Most GPs are employers, with the associated responsibilities of provision of accommodation and facilities, paying a salary and provision of training. Some of us employ family members.

➤ All GPs work in ‘relative isolation’ from other sectors of the health service, perhaps many miles from laboratory services and physically separate from supportive colleagues. There is often no opportunity for breaks or for lunch as GPs remain singularly responsible for attending to the days demands and addressing the administrative work.

➤ There is an enormous investment of family time and resources in our practices as there is in other family businesses.

This publication is also available on the ICGP website at www.icgp.ie. Printed information will also be available on request.

Your regional Health and Safety Authority Office can be contacted for information and guidance, and the Health and Safety Authority website at www.hsa.ie is a valuable resource.

Other sources of further information are given at the end of the publication.
The ultimate goal of a safety policy for general practice must be the prevention of accidents, or the reduction of the extent of injury and harm from those that occur.

By law, GPs and GP employees have obligations to prevent themselves or others being hurt by their actions or omissions while they carry out work-related duties. Assessment of all the potential hazards encountered in your practice, and recording them with your safety policy, ie. your plans to control the hazards, will assist you in fulfilling these obligations.

Many of us in general practice are already appropriately addressing workplace health hazards and have knowingly or unknowingly put satisfactory controls in place. However, the safety aspects of general practice are dynamic, and change with new staff, new equipment, and with the introduction of new work practices, eg. new vaccination schedules. All changes require a review of the relevant section(s) of the practice safety statement in order to assess the impact of such change on health and safety.

It is important for individual practices to adapt the advice given here, to their own particular circumstances and working conditions, and so it is not acceptable to copy a safety statement from another practice or from this publication. It may be necessary to create more extensive risk management protocols for the procedures undertaken by certain practice personnel or for other procedures not listed here.

It would be impossible to design and deliver safe working conditions in general practice without incorporating aspects of practice management and practice organisation. Core areas that need to be assessed from the point of reducing health hazards and promoting health include time management, stress management,

telecommunications, arrangements for working after normal working hours and clinical waste management. However, information and training must have a pivotal role to play in the safe delivery of healthcare by general practice staff.

Employees are the most valuable assets of general practice, and it makes common sense to provide them with training to protect them from trauma. This may also assist in improving the overall standard of care for patients.

It is hoped that this publication will play its part by providing an overview of the impetus required in general practice to foster high standards of working conditions for the profession and, consequently, high standards of care for our patients.
2. The Safety Statement

2. The safety statement

2.1 What is a safety statement?

2.2 Why should your practice have a safety statement?
   2.2.1 It is a legal requirement
   2.2.2 There are penalties for non-compliance with legislation
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2.3 What should your practice safety statement contain?

2.4 Who should write the practice safety statement?

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2.6 Who should have access to a safety statement?

2.7 How can a safety statement benefit the practice?

2.8 How can you make optimum use of your safety statement?

2.9 Cost-benefit of addressing health and safety issues
2.1 What is a safety statement?

A safety statement is a printed systematic arrangement of hazards and risks that apply to a workplace, with the details of the procedures in place to control these.

It is a type of action programme setting out how health and safety is managed in your practice. The safety statement is based on the principle that safety can be managed, because most work-related ill health and workplace accidents are foreseeable and can usually be prevented.

2.2 Why should your practice have a safety statement?

2.2.1 It is a legal requirement

Once you commence in the business of general practice, the law obliges you, to assess your contribution to workplace safety. This is as mandatory as having a driving licence when you drive and should be an integral part of your provision of services in general practice.

The 1989 Safety, Health and Welfare at Work Act, Section 12, requires every employer and every self-employed person so far as is practicable, to identify the hazards and assess the risks at their place of work, and to prepare a written safety statement. This statement should specify the manner in which the safety, health and welfare of those using the premises will be secured. Every person who controls premises has a duty to consider the safety of others including non-employees.

2.2.2 There are penalties for non-compliance with legislation

Inspectors of the Health and Safety Authority have the power to enter, inspect, examine and search any place of work. Compliance with legislation is very important as non-compliance could result in action being taken by the Health and Safety Authority (HSA). Non-compliance with Health and Safety Law is a criminal offence.

2.2.3 It increases safety awareness and promotes safer working conditions.

One of the aims of the safety statement is to reduce the workplace risks to a minimum level for the GP, the practice staff and anyone in contact with the practice (It would be impossible to eliminate all risks). Given the broad range of hazards in General Practice, it is certainly appropriate to look at risks and to consider how they might be addressed. The safety statement highlights practice safety in a common-sense manner and helps everyone in the practice consider how they perform their various tasks. Regular safety reviews (see section x) can then be carried out to determine how well the aims of the safety statement are achieved. Appropriate corrective action can then be taken to fulfil responsibilities. In fact, one could question the ethics of NOT performing a workplace risk assessment for both GPs and staff.

2.2.4 It makes good business sense

Addressing the safety aspects of working in general practice should be part of the overall management of the business of general practice. By helping to prevent accidents, reduce accidents or minimise the effects of accidents, the safety statement can reduce consequential loss of time, loss of money, and loss of efficiency as well as reduce the amount of workplace trauma and distress. Safer working conditions boost staff morale and add to the feel-good factor of working in a team that works healthily together. The GP employer also has responsibilities for the safety of visitors to the premises, i.e. patients, maintenance personnel, pharmaceutical representatives.

Our standard of premises affects the way our staff, visitors and patients view us. In common with using other businesses premises, visiting a general practice with an atmosphere of order and tidiness is far more conducive to trust and confidence than a practice which gives an impression of disorder and poor standards. Legal redress for injury or distress is becoming more commonplace for all small businesses.
2.3 What should your practice safety statement contain?

The areas that should be covered by the Safety Statement are quite specific and are covered by the 1989 Act (Section 12) and the 1993 General Application Regulations (Regulation 10). Full text of the Acts and Regulations pertaining to General Practice are available from links from the ICGP website, the HSA website, or in print from the Government Publications Office. Further information and guidelines are available from HSA. The following is an overview.

2.4 Who should write the practice safety statement?

General practices are small enterprises and in common with other small businesses, the preparation of a Safety Statement should be a relatively straightforward matter. Legislation does not specify the position of the person(s) who writes the safety statement: it could be a GP or a practice manager, a practice nurse or practice secretary. If you are confident you understand what is required, the hazard identification and risk assessment can be performed from within the practice itself.

Delegation of particular tasks involved in writing a safety statement is of course acceptable, provided staff involved are given a defined reporting structure, e.g. the nurse could do a risk assessment for her consulting room etc. The person carrying out the risk assessment should consult with GPs and other members of staff to help identify hazards that might be applicable to their area of the practice. Assigning duties to assist in drawing up a statement does not detract from the GP employers overall responsibility.

A good example might be where one doctor or the practice manager takes on the role of ‘safety officer’ and keeps up to date with needs, changes and developments in the practice, keeping other GPs informed during practice meetings or in memos. Perhaps, two practices could amalgamate their resources and help each other. Practices could agree to do diplomatic ‘walk-around-surveys’ of each other’s practices. Have you seen inside your GP colleagues’ practices or neighbouring practices? Would your practice premises and your staff awareness compare favourably?

The Safety Statement should:

- Begin with a health and safety policy declaration which is signed by the GPs and if possible, by an employee at ‘representative’ or ‘management’ level. This declaration should indicate your commitment to ensuring the practice is as safe and healthy as reasonably practicable and that relevant statutory requirements will be complied with.
- Be based on an identification of the hazards and an assessment of the risks to everyone involved in the practice
- Give details of how you are going to manage the hazards and risks in your practice i.e. how you plan to manage your own and your employees’ health and safety
- Specify the co-operation required from your employees on health and safety matters
- Include the names and job titles of people you are appointing to be responsible for specific health and safety tasks in your practice
- Contain the consultation arrangements with employees on health and safety matters
- List the resources provided in implementing your safety arrangements
- Include details of information available to employees on health and safety as well as other sources of information

See sample safety statement in chapter 7.
2.5 Consultation, participation and representation

Consultation ensures that all practice personnel understand and take ‘ownership’ of the health and safety measures proposed. Co-operating effectively in developing and promoting health and safety is a legal duty of everyone at work in the practice. It also gives everyone an understanding that the workplace and the people working in it can benefit from good health and safety performance. Pooling knowledge and experience through employee consultation and participation means that health and safety becomes ‘everybody’s’ business. Commitment to health and safety in the practice is also more likely if consultation has taken place.

Under the 1989 Act, GP employers must consult their employees in establishing arrangements for co-operation in safety issues in the workplace. Equally, employees have a right to consult the GP employer on safety issues. In larger practices, the staff may appoint one from among themselves to act as a safety representative. The safety representative has a right to safety information in order to ensure the safety, health and welfare of employees.

Your Safety Statement must specify the arrangements you are going to use for consultation with your employees on health and safety matters. This would include the procedures you will use for facilitating effective co-operation and communication on health and safety matters between you and your employees and might include some or all of the communication procedures listed in the box.

Essentially, all relevant practice personnel should be involved in the creation and/or review of the safety statement, but legal responsibility for health and safety ultimately lies with the GP (or GPs) as the employer.

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<th>Communication procedures</th>
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<td>Display new or important information on staff noticeboard</td>
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<td>Safety issues to be tabled on minutes of practice meetings</td>
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<td>Draw attention to safety matters in practice memos</td>
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<tr>
<td>Verbal discussion of the terms of the Safety Statement</td>
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<tr>
<td>Referencing or including the Safety Statement in employees’ handbook or manual</td>
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<td>Discussion during ongoing staff training</td>
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<tr>
<td>Display details of the name(s) and functions of the safety representatives in the practice</td>
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<tr>
<td>Give details of the health and safety information available to employees in-house</td>
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<tr>
<td>Specify where this information is located in the practice</td>
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<tr>
<td>Introduce a safety handbook to provide a framework for the organisation of safety within the Practice. hazards and risks in your practice, ie. how you plan to manage your own and your employees' health and safety</td>
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### 2.6 Who should have access to a safety statement?

All **directly employed staff**, including staff who are relatives, temporary staff and locums should be made aware of and understand the terms of the safety statement, and know where it is kept. Where relevant, these staff may include receptionist, secretary, nurse, manager, counsellor, and cleaner.

Each **new appointment** should be shown the safety statement, ideally before they commence employment in the practice. It can be useful as an aid to orientation, induction and training.

Where relevant, the contents of the Safety Statement must also be brought to the attention of any other people in your workplace who may be affected by health and safety risks and who therefore need to be aware of the necessary safety precautions they may need to take. This includes all **contracted staff** and **other people carrying out their work** while on practice premises, eg. builder, maintenance worker, contract cleaner, gardener, dietician, physiotherapist, chiropodist, window cleaner, pharmaceutical representative, and delivery people.

### 2.7 How can a safety statement benefit the practice?

- It can assist with compliance with legal requirements for workplace health and safety
- Helps provide a safeguard should any legal action, insurance claims or compensation claims be made.
- It can help the practice manage breaches of its safety policies in a positive framework
- It is a practical tool for helping to reduce accidents and ill health at work
- It can reduce financial costs – accidents cost money
- It can improve in efficiency – accidents cost time, staff absenteeism and temporary staff covering sick leave may result in upheaval
- It can improve in morale – accidents can cause worry, pain and distress
- It illustrates that all practice staff have:
  - considered possible hazards
  - that controls were put in place where appropriate
- **All members of staff can consider ways to protect the health and safety of:**
  - other staff
  - anyone working on practice premises
  - patients and
  - anyone who may be visiting the practice
- **GPs can improve their awareness of their own health and safety, an aspect of work that is easily overlooked**
- Producing your safety statement will increase your awareness of:
  - What you do on day-to-day basis
  - How you do it
  - The equipment you use
  - The work practices you use and
  - The procedures in place to deal with potential crises.
2.8 How can you make optimum use of your safety statement?

The safety statement is ideally suited to being the cornerstone of improving health and safety of all those who work within general practice.

The safety statement can be incorporated into staff induction, staff training, and staff appraisal topics. Safety issues should be part of the agenda for practice meetings. Rehabilitation of staff after injury or prolonged absence may be necessary in some situations, whereby the GPs or other practice personnel may return to work while under medical supervision and with the agreement of the employer. This may, for example, involve working shorter hours during an initial defined period, to build up to original hours worked. Some work practices may need to be altered to cater for temporary or permanent changes in mobility or ability. Safety should be reviewed before staff return from work after accidents, serious or prolonged illness. Shortcomings can be revised and new ideas can be incorporated.

Audit of the practice’s management of safety issues is facilitated by framework of the safety statement. Overall working conditions can be improved.

2.7.2 Cost-benefit of addressing Health and Safety issues

Cost-benefit analysis of health interventions has historically been difficult to quantify. Costs can be measured relatively easily but financial benefits of controlling workplace health risks are often intangible. How can we measure the value of benefits to human health and well-being? How can we calculate the cost against the benefit of improving productivity within general practice?

Fall-out from workplace accidents and work-related ill-health includes the ‘costs’ of

- sick pay
- temporary staff pay
- training of temporary staff
- time spent in dealing with new arrangements
- worry over long term outcome including litigation
- strained work relationships, as well as
- the burden of pain and distress borne by the affected individual(s).

The first safety statement will involve a time commitment, but subsequent reviews and amendments should be relatively brief. Addressing practice health and safety issues is not simply a matter of upholding your legal responsibility – it can have many positive spin-off effects.

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<tr>
<td>- Addressing your own needs</td>
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<td>- Addressing your staff needs</td>
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<tr>
<td>- Improving morale</td>
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<td>- Improving performance</td>
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<td>- Improving productivity</td>
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<td>- Improving teamwork</td>
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<td>- Improving motivation</td>
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<td>- Improving the quality of patient care</td>
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<td>- It can be used as a medium to make change in the practice more acceptable, thereby helping all practice staff adapt to change more readily.</td>
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“There is now considerable evidence, borne out by businesses’ practical experiences, that effective workplace health and safety management actually contributes to business success, whereas accidents and ill health have costs, often hidden and underestimated…”

Transcript from HSA ‘Guidelines on safety statement & risk assessment’. 
3. Assessment of health hazards and health risks in your practice

3.1 Introduction to health hazards in general practice
3.2 Identify the health hazards in your practice
3.3 Categorise the hazard
3.4 Identify the risk posed by the hazard
3.5 Prioritise the risk
3.6 Example of risk assessment
3.1 Introduction to health hazards in general practice

A hazard is something that has the potential to cause harm to health, eg. a wet floor, syringes, dressings, filing cabinets, house calls.

A risk is the likelihood of the hazard to cause harm, eg. low risk, medium risk, high risk.

Everyone assumes that working in the healthcare sector must be a very healthy and safe place to work and that we reap the benefits of 'insider information'. Ironically, this is not often the case.

A significant source of danger is the inherent familiarity that healthcare workers have with certain hazards, eg.

➤ taking blood samples without wearing gloves;
➤ having tea and biscuits on the same surface a stool sample was on earlier;
➤ failing to wash hands after touching infected skin;
➤ being too embarrassed to ask the patient to 'look the other way' before giving you a cough or deep breaths during a chest examination.

3.2 Identify the health hazards in your practice

Draw up a list of hazards relevant to your practice by, literally, doing a 'walk-around survey' of the premises to find potential causes of harm. Another member of staff could also do this and ideas or concerns could be pooled.

Consider the general risks of operating a small business on premises with many people involved in various ways.

Consider the particular risks in your practice.

When you identify hazards, it is helpful to view them in the contexts as outlined below.

| – Where? |
| – Who? |
| – What? |
| – When? |
| – How? |
| – Why? |

➤ Where?
Where are the people when on the premises? Could the layout of each room or passageway be better arranged for staff security? Is there an adequate communication line between reception and the room(s) distant from it? Where is cash stored?

Consider outside the building:
– steps
– pathways
– gradient
– poor lighting
– slippery surfaces, eg. wet leaves
– hazardous litter, eg. broken glass.

Consider inside the building:
Room by room, including reception, toilet, passageways, and attic, if used for storage in connection with work.

➤ Who is at risk?
Who works here? Who visits here? Do you have people on work experience? Who transports specimens?

Don’t forget who you and your staff interact with:
– contractors, sub-contractors and attached staff
– locums, temporary staff
– patients (and the range of their ages and abilities)

Checking for hazards

Checking for hazards is a common sense exercise and a necessary element of writing a workplace safety statement. Drawing up a safety statement requires an assessment of risk posed by individual workplace hazards. Following the process outlined in chapters 3 and 4 below will help you create your safety statement.
Managing Health and Safety in General Practice

– Other visitors, eg. delivery personnel, pharmaceutical reps, maintenance people.
Think about anyone who is involved in practice procedures, eg. collecting supplies, delivering specimens

➤ What?
What might people might be doing on the premises?
Look at practice procedures and working practices, eg. phlebotomy may result in needle stick injuries.
Think about the services provided by the practice and extra responsibilities, such as those associated with providing care for local employers or local sports clubs, being summoned by the Gardai, visiting nursing homes, working with acupuncture equipment, and performing minor operations.

➤ When?
When are people working? Is the receptionist alone?
Does s/he have a protocol to follow for the initial management of a collapsed patient, a bleeding patient, and an aggressive patient when a GP is not present?

➤ How?
How is cash taken to the bank? How are specimens packaged and transported? How might a practice procedure be improved, eg. phlebotomy, giving test results to patients, interruptions?

➤ Why?
Why is it so much busier at sometimes of the day?
Could pressure on reception be reduced by staggering the doctors surgery times? Could a specific time be allocated for giving out test results over the telephone?

3.3 Categorise the hazard
List the hazards you have identified under various categories (see box). This will make it easier to see patterns and common ways of addressing similar hazards.

3.4 Identify the risk posed by the hazard
For example, an unexpected step or change in floor level poses a risk of a slip and a fall. An electric kettle may pose a risk of scalds or electrocution. List the risks of each hazard.

3.5 Prioritise the risk
Prioritise the risk according to potential danger. The key to avoiding accidents is to be aware of all possible risks, including that of human involvement or human error. Risk assessment in general practice characterises the magnitude of a specific risk, eg. into high, medium or low risk, so that decision-makers (ultimately the GP) may decide if the risk needs to be addressed.

3.6 Example of risk assessment
See chapter 7

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Four categories of hazard

- Biological hazards
- Chemical hazards
- Physical (including ergonomic) hazards
- Psychosocial (human factor) hazards
4. Control of health hazards and health risks in your practice

4.1 Introduction

4.2 Methods of control for practice hazards and risks
   4.2.1 Information and training

4.3 Assess whether existing controls are adequate

4.4 Assign responsibilities to named staff members

4.5 Audit of safety in the practice
   4.5.1 Examine your ‘accident/incident book’

4.6 Safety Audit

4.7 Risk management – summary

4.8 Example of risk management
4.1 Introduction

Logic tells us that life is not risk-free. The majority of accidents and injuries are foreseeable to some degree. For this reason, we need to look at and address the hazards of working in general practice in order to prevent accidents or to minimise the effects of accidents.

The safety measures should be proportional to the real risks involved and should be adequate to eliminate, control or minimise the risk of injury. It is important to note that eliminating one risk completely might result in it being replaced with another type of risk, eg. substitution of chemical sterilisation with autoclave.

If you share a workplace, tell the other employers and self-employed people there about any risks your work could cause them, and what precautions you are taking. Also, think about the risks to your workforce from those who share your workplace.

If you have a disciplinary procedure for failure to comply with safety requirements where appropriate, these should be specified.

4.2 Methods of control for practice hazards and risks

We must begin the process of making our practices as safe as possible by considering possible hazards and potential risks. Hazard identification and risk assessments should be followed up by assessing existing control measures and deciding whether further safety measures are required.

Options for controlling practice hazards

➤ Containment of the hazard at source, eg. sharps bin elevated to safe working height out of reach of children who are attracted by bright colours
➤ Ventilation eg. waiting room droplet spread in winter
➤ Isolation of the process, eg. phlebotomy in separate area to where food or drink is ingested
➤ Reduced time exposure (job rotation, change of work practice, eg. typing then reception duties)
➤ Safeguarding of equipment, eg. keeping door of autoclave room closed during surgery times
➤ Ensuring a clean and tidy workplace
➤ Emergency planning procedures
➤ Personal protective equipment. This equipment designed to be worn or held by an employee for protection against one or more hazards likely to endanger the employees' safety and health at work, and any accessory designed to meet this objective, eg. gloves
➤ Adequate health surveillance programme including vaccination for hepatitis and follow-up of needlestick injuries
➤ Accident and ill health reporting and investigation
➤ Adequate facilities for lunch breaks and coffee breaks, eg. separate to clinical area, clean and hygienic, separate fridge for milk and food;
➤ Elimination (but would that be practical?);
➤ Substitution, eg. use an autoclave instead of chemical glutaraldehyde;
➤ Housekeeping (personal & environmental hygiene)
➤ Information, education, training and supervision, eg. cleaning up spillages of blood and body fluids
➤ First aid training.
4.2.1 Information and training
It is essential for staff to have information about hazards and safe work habits in order to prevent occupational injury and illness. Each practice needs to develop policies that ensure workers are familiar with potential hazards.

All staff should receive ongoing training, beginning with induction training. Sometimes new, young or inexperienced workers are more vulnerable to accidents and may need particular attention. The GP (or the practice administrator or manager in larger practices) needs to identify appropriate safety-related induction training needs and in-service training for practice employees. Doctors ongoing needs also need attention.

GPs and other staff need intermittent encouragement and reminders to follow safe work practices and to avoid taking shortcuts.

Log the time spent on your staff education and training.

4.3 Assess whether existing controls are adequate
If existing control techniques are not sufficient then you must review your policies and procedures. Incidents, accidents and exposure to practice hazards in the past should be taken into account when drawing up new or amended plans of action. This information should be available in your ‘accident and incident book’.

For completeness, consider exposures to hazards under different conditions. How would your practice handle obvious ‘foreseeable’ incidents e.g. if a particular floor was wet; if a patient was violent; if a child wandered into the empty consultation room, needle-stick injuries, spillage’s like vomit or blood, or working alone?

4.4 Assign responsibilities to named staff members
This does not abdicate responsibility from the GP, but should ensure involvement of all staff members to some degree. It gives everyone a stake in the success of the safety measures adopted.

4.5 Audit of safety in the practice
It is vital to monitor your control of workplace hazards and risks by periodical review of your risk assessment. Pick times that you would be likely to consult the safety statement, e.g. every six months, after an accident, or when a new member of staff is appointed, or when new equipment or new procedures introduced. State the review intervals or cues in your safety statement insert.

Auditing the accident/incident book should:
➤ Assist in the assessment of dangerous occurrences in the practice
➤ Illustrate trends
➤ Illustrate recurrent problems
➤ Check on implementation of safety measures
➤ Check on appropriate use of protective equipment
➤ Check on safe disposal of contaminated items etc
➤ Highlight the appropriate corrective actions.

4.5.1 Examine your ‘accident/incident book’.
Reviewing the accident and incident book is also a sensible place to begin an audit cycle. How effective is your control of hazards? Look at the accidents or incidents which have occurred. How might things be done differently or better? What do you need to do to change things? Make the changes. Review the situation when it comes to your regular review. Have the changes been successful in reducing or eliminating the risk? Are there any further changes needed? Is it necessary to start again? Over time, check if the changes impact on the practice safety record?
4.6 Safety Audit

- You need:
  - your current accident book
  - your records of incident investigations
  - records of staff absences from work
  - details of manufacturers recommended service intervals for practice equipment
- Review in the light of changes in practice staff, alterations in staff roles, new equipment, new chemicals, new working procedures.
- Walk around survey may be valuable
- Note discrepancies in what the practice states it is doing to minimise risks and what actually happens in reality
- Note any additional actions required
- Record findings
- Discuss with relevant staff members, delegate or assign responsibilities
- Sign and date review
- List planned next date of review

4.7 Risk Management Summary

- Draw up a list of hazards
- Categorise the hazard, eg. the physical
- Identify the risk of the hazard, eg. electrocution
- Prioritise the risk (high, medium, or low)
- Check existing control of the risk
  - If adequate-record as such
  - If inadequate-state actions required
- Record findings in safety statement
- Designate responsibilities for particular tasks to named individuals
- Set date for review of risk management

4.8 Example of Risk Management Form

See chapter 7
5. Management of common risks relevant to your practice

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Some of the more important elements of health and safety intervention and monitoring in general practice are given more detailed consideration in this section, along with examples of good practice. This list is non-exhaustive and needs to be tailored to individual working environments. This section will be updated regularly on the ICGP website: www.icgp.ie

### 5.1 Biological hazards in general practice

Biological agent hazards include viruses and bacteria that can cause infection as well as more rare infections such as protozoan, mycoplasma and transmission of prions. There is increased awareness of the prevalence of organisms in the community that are more resistant to treatment, eg. MRSA which can be transferred between patients and staff.

As a consequence of the variety of work of general practice, and contact with so many people, some of whom may be infectious patients, we may be exposed to a variety of biological hazards. We also perform tasks such as sterilising instruments, cleaning up spillages, and managing clinical waste, which put us at risk. Blood is not the only high-risk body fluid, others include amniotic fluid, vaginal secretions, semen, breast milk and stool.

#### 5.1.1 General Management

Staff training is of paramount importance in the effective prevention of biological risks:

- Many staff admit they fear contracting an infection from specimens or practice toilet facilities as they may handle items touched by patients.
- The importance of regular staff hand washing cannot be over-emphasised. Adequate hand washing and drying facilities, and clean toilet facilities should be provided for patients, visitors and staff in order to minimise transmission of organisms. There should always be adequate supplies of soap, hand towels (or dryers) and toilet paper. How many people do you shake hands with on a daily basis?
- Hand-to-mouth and hand-to-eye contact should be avoided.
- Good general hygiene and tidy housekeeping in the practice should be the norm for everyone in the practice.
- Limit the areas where staff may have exposure to blood and body fluids and specimens. Staff should not come into direct contact with specimen containers that might have splashes or infectious residues, eg. blood, stool or urine specimens. All specimens should be bagged as soon as they leave the area they are produced. Hazard warning labels could be used where appropriate, but every specimen should be regarded as potentially hazardous. Bags containing specimens should not be reopened as this involves a risk of spillage and breakage.

<table>
<thead>
<tr>
<th>Biological hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood borne pathogens</strong> include hepatitis B, hepatitis C and HIV from handling of infected body fluids or clinical waste. Percutaneous transmission, which includes via uncovered cuts and grazes as well as sharps injuries, may also result in transmission of other diseases such as gonorrhoea, malaria, staphylococcal disease, streptococcal disease, syphilis, toxoplasmosis and Creutzfeldt-Jacob disease. It is documented that Hepatitis B was transmitted via dried blood.</td>
</tr>
<tr>
<td><strong>Airborne pathogens</strong> include tuberculosis transmitted from infectious patients, varicella, adenovirus infection, influenza, meningococcus, pertussis, measles, mumps, rubella, and legionella.</td>
</tr>
<tr>
<td><strong>Skin to skin pathogens</strong> include ringworm, warts, herpes simplex virus. and staphylococcal infections, eg. impetigo.</td>
</tr>
<tr>
<td><strong>Ingested pathogens</strong> passed on via the faecal–oral route, ie. as a result of poor hygiene, include hepatitis A, polio, salmonella, and campylobacter in addition to other causes of gastroenteritis.</td>
</tr>
</tbody>
</table>
How are specimens stored as they wait for processing? Specimens should be carried and stored in a collection box so as to minimise handling and to minimise specimens falling or leaking onto other surfaces. The collection box itself will need to be regularly disinfected. All practice staff should be familiar with the correct management of clinical waste.

- Materials awaiting autoclaving should be stored as infectious materials.
- Disinfect and decontaminate work surfaces regularly.
- Immunisation should be recommended for staff at risk.
- One-way-valve masks should be available for mouth to mouth resuscitation. Infections can be transmitted via body fluids, there has been documented transmission of meningitis from patient to doctor in cases where CPR was performed.

Infection control policies. Universal or standard precautions should apply. Also, appropriate post-exposure evaluation and medical management policies should be in place, in conjunction with the policies of the relevant area microbiology department and hospital service. This applies to incidents of known exposure to, eg. patients infected with TB, needlestick injuries.

- Infection control policies. Universal or standard precautions should apply. Also, appropriate post-exposure evaluation and medical management policies should be in place, in conjunction with the policies of the relevant area microbiology department and hospital service. This applies to incidents of known exposure to, eg. patients infected with TB, needlestick injuries.

- Personal protective equipment. The ‘familiarity’ of general practice staff with their patients and extended families over many years should never be a reason for not wearing gloves when appropriate.

- Body fluids spills or accidental breakages of containers of body fluids should be reported, and the area cleaned and decontaminated by a trained staff member. Blood spills should be dealt with promptly. The blood should be immediately covered either:
  - with disposable towels, which are then soaked with sodium hypochlorite solution (at 10,000 ppm),
  - or with granules of sodium dichloroisocyanurate.

- A 1:10 dilution of household bleach should provide 10,000 ppm of sodium hypochlorite solution, but labels should be checked. After a few minutes the residue and towels are removed and disposed of as clinical waste by a worker wearing protective clothing including gloves or apron and if an extensive spill has occurred, protective footwear to avoid contamination.

5.1.2 Needlestick injury or ‘sharps’ injury

Needlestick injuries and injuries involving other ‘sharps’ which are contaminated with body fluids may occur in general practice. Sharps include scissors, razors, lancets, scalpels, broken glassware, glass smear slides, surgical clips, as well as needles and syringes. Beware of bone fragments if attending a road traffic accident. Beware of covering paper cuts on hands.

Diseases transmitted via ‘sharps’ injury include:

- Hepatitis B virus
- Hepatitis C
- HIV.

Hepatitis B can be effectively vaccinated against; at present we have no vaccine for hepatitis C or HIV. HIV infection has been reported after occupational exposure via splashes of infected blood to the eyes, nose and mouth. The risk of transmission of HIV via needlestick injury from an infected source has been quoted as 0.3%, ie. 1 in 300. The amount of hepatitis B infected blood required to transmit infection via needlestick injury is quoted as 0.0004ml. Unfortunately, the National Virus Reference Laboratory in Ireland does not have current statistics for general practice on the incidence of the three occupationally acquired infections as mentioned above. (See box page 27 for prevention of of needlestick injuries.)

Treatment: GPs need to have a plan of action in place to manage needlestick injuries in themselves and their staff (see box page 28).
5.1.3 TB (tuberculosis)
It is uncommon for healthcare staff to acquire tuberculosis infection from patients. Nevertheless, it would be prudent to ensure you and your staff have been screened for BCG scars or symptoms in order to minimise transmission of infection and to protect staff who handle specimens. Pre-employment questionnaire type screening is most effective and is where staff protection should begin.

5.1.4 Clinical waste management
According to the Waste Management Act 1996 a category or generic type of Hazardous Waste includes Category I waste, ie:
- Anatomical substances, hospital or other clinical waste
- Pharmaceutical or medicinal compounds.
Properties of waste which may render it hazardous:
Explosive; oxidising; highly flammable; flammable; irritant; harmful-(substances or preparations which, if they are inhaled or ingested or if they penetrate the skin, may involve limited health risks); toxic; carcinogenic; corrosive; infectious-(substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms); teratogenic; mutagenic; ecotoxic.

Management of clinical waste
Clinical waste should be properly segregated, bagged and stored so that it is safely contained. Clinical rooms could have automatic spring closing features to minimise the possibility of children wandering into dangerous areas. Materials stained with body fluids, eg. dressings, swabs, gloves, couch paper tissue rolls, should be disposed of as clinical waste and not normal household type refuse. Ensure licensed clinical waste management contractors transport your clinical waste, or health board appointed contractors. Also, be alert to the possibility of stored waste becoming a fire hazard.

Management of needlestick injury – (2) Treatment
- Bleeding from a wound should be encouraged, although no ‘scientific’ evidence exists to show this reduces transmission rates of HIV.
- Wash the area with soap and water.
- Splashes to the nose or mouth should be flushed with water.
- Splashes to the eyes should be irrigated with (preferably sterile) water.
- Record the details in the accident book including the date and time, source of the sharp instrument, the source patient’s name and address, whether the source patient is known to be in a high risk group for Hepatitis or HIV infection, whether the staff member is immune to hepatitis B.
- The GP on duty should be contacted with these details as soon as possible and appropriate actions taken.
- Regional Microbiology departments, Hospital Infection Control teams and all Casualty Departments should have policies in place for management of needlestick injuries in the health care setting. All GPs should be aware of local policies including management during out-of-hours. It may be necessary to discuss immediate management with a Clinical Microbiologist, who can advise whether specific immunoglobulin or post-exposure prophylaxis is recommended, ie. whenever there has been a significant exposure to body fluid known to be or strongly suspected to be infected with HIV or hepatitis virus. If a high-risk exposure has occurred, specific treatment should be commenced within one or two hours of the inoculation injury for best results, or at least within 10 days if deemed necessary. Post-exposure treatment does not guarantee to prevent all cases of transmission of occupationally acquired infection and side-effects are common. An individual may wish to start the treatment for a few days until a clearer picture of the risk arises, and they can assess their level of risk.
- The recommended follow-up procedures for serology testing should be adhered to including counselling for blood tests at the time of incident, and at three months and six months after the incident (and further tests if indicated). During the follow-up and testing period it may be necessary to follow advice on preventing further transmission of infection.
- Permission and consent of the source patient is required for any hepatitis B, C or HIV testing on their blood.
5.2 Physical hazards

Some potential causes of accidents resulting from physical hazards are:
➤ Manual handling, eg. heavy, awkward or hard to reach loads, files at the back of a heavy top drawer in a filing cabinet, stiff and heavy drawers, handling patients
➤ Equipment, eg. poorly maintained electrical appliances, splintered furniture, sharp corners
➤ Slipping/tripping hazards, eg. poorly maintained floors or stairs
➤ Introduction of new equipment (trailing wires) or work systems (unfamiliarity)
➤ Fire, eg. from unguarded heaters, combustible materials, refuse
➤ Electricity, eg. poor wiring, poor maintenance
➤ Hazards of the workplace premises itself, eg. stiff windows latches
➤ Hot substances or surfaces, eg. excessively hot tap water; sterilising instruments;
➤ Hand-held appliances, eg. electrocautery and cryoablation equipment; scissors
➤ Poor housekeeping, eg. lack of hygiene, obstacles on floors and hallways, clutter.
➤ Assaults

Slips, trips, falls and manual handling accidents are common in workplaces comparable to general practice.

Management
Overall, any deficiencies or dangers should be reported to the person responsible for safety as soon as is reasonable. Good housekeeping and sensible workplace design will help to address risks of slips trips and falls.

Legislation details the attention which must be given to areas such as standards of work equipment, the premises and facilities to be provided for staff.

5.2.1 Premises
The arrangements for maintenance of the premises both inside and outside should be documented. List the intervals for a general ‘spring clean’ of floors, upholstery, windows, doors, skirting boards etc.

Some hazards, eg. loose handles, hinges and latches for example will need to be dealt with as they arise. Outside your building, list your arrangements for addressing, eg. broken or uneven paths, wet slippery leaves etc.

5.2.2 Practice equipment
Check that practice equipment is kept in good working condition, and is maintained and serviced as per manufacturers instruction. Is your oxygen cylinder refilled and stored as recommended?

5.2.3 Fire
General practice premises are at additional risk of fire due to large amounts of paper, flammable substances including oxygen and smear fixatives, multiple operators of electrical appliances, in addition to a large throughput of people.

Management
Assess your practice hazards from the viewpoint of the layout of your premises. Are alterations necessary? Are there safe exits, with emergency lighting for illuminating access in the dark? Consider how an elderly or disabled person would be able to exit quickly. What fire prevention and fire control measures do you have? Are staff trained to use fire extinguishers? Fire blankets? Do you have regular fire drills? Consider the position of fire extinguishers and fire alarms. Are your fire extinguishers within their use-by-date?

Further information on fire prevention in your practice premises can be obtained from the Chief Fire Officers Department in each County Council and Local Authority, and from the Fire Act 1981

5.2.4 Electricity
Hazard and risk
Electricity and electrical equipment have the potential to cause electrocution, burns, serious injury and death.

Management
The employer has a duty to provide safe equipment,
Managing Health and Safety in General Practice

5.2.5 Ergonomic hazards
Ergonomics is the study of how people relate and adapt to their working environment with a view to enhancing their safety, health, productivity and quality of life.

Ergonomics encompasses
- Human factors, eg. posture, movement, motivation
- The design of workspaces, eg. relative positioning of chair, desk
- Its surrounding equipment, eg. VDU (visual display unit), printer, telephone
- The work organisation, eg. roles and responsibilities, monotonous tasks, training
- The physical environment, eg. noise, lighting, odours, ventilation, and temperature.

The importance of ergonomics is confirmed by specific legislation on VDU usage, manual handling, workplace conditions and standards of work equipment as in the 1993 Regulations.

5.2.6 VDU hazards
VDU hazards can arise in the office, reception area, or any consulting room with a VDU workstation. Associated hazards can be categorised into poor workstation design and layout, poor workstation environment, lack of training and lack of consultation with the VDU user. Upper limb discomfort and visual fatigue are the main problems that may arise. To date, there is no medical evidence to support any association between VDU use and any permanent damage to eyes or eyesight, but it may give rise to temporary visual fatigue. It may also make existing visual defects more obvious.

A VDU user is not strictly defined by the 1993 Regulations. However, it has been accepted that a VDU user is someone who uses a VDU screen for the majority of their working day. A VDU user is now generally regarded as someone who uses the VDU for a period of one continuous hour each day of the working week (HSA guidance).

Management
Correct management of ergonomic hazards relies heavily on appropriate layout of the workstation area and on each individual adopting technique of good posture and movement. Consider the parallels between a driver having a comfortable driving position, handling a car and muscular aches and pains after a long drive. This may appear to be self-evident but in reality requires a risk assessment of workstations and work-practices, and may require simple action such as the repositioning of a chair. Information should be provided to VDU users so that they may arrange their workstations so as to avoid problems of screen glare and reflections, awkward postures and movements, and the resulting fatigue and stress. Training and information should be provided with regard to the proper use of software also. Correction of visual defects can result in better worker performance and worker comfort. Employers have a duty to ensure that VDU users have an eyesight check before commencing VDU work and at ‘regular intervals’ thereafter, or if an employee experiences difficulties which may be related to VDU work.

VDU information could be provided in handouts or displayed on noticeboards for reference. There should be adequate breaks from VDUs for those who use them for long continuous periods. These intervals could be used for other staff functions such as filing, telephone or reception work.

Further, extensive, detailed information on VDU use is available from HSA for more complex problems, and the specific regulations that apply can be read from the ICGP and HSA websites.

5.2.7 Manual handling
Manual handling includes any movements or actions that require lifting, carrying, pulling, pushing, or stretching, which involves risk, particularly of back...
Managing Health and Safety in General Practice

injury, to employees, (eg. lifting patients, moving furniture, lifting boxes, reaching into the back of filing cabinets).

Management
Detailed specific legislation applies to the prevention of manual handling problems in the workplace in the 1993 Regulations. The employer is required to carry out a risk assessment in order to eliminate, avoid or minimise risks, and to provide information and training where appropriate as part of a practice policy on manual handling. Practice personnel should be made aware that they should never attempt to lift anything beyond their capability and to seek help when possible. This also applies to GPs and nurses who may be alone with patients when patients need to get on or off examination couches etc, instead, patients should be encouraged to move themselves or assist the worker, or the GP or employee should request assistance. Lifting awkwardly, eg. boxes from an attic, or in restricted areas eg. narrow aisle, is as potentially dangerous as lifting beyond ones capability.

Manual handling can be complicated by slips, trips, falls, striking against objects or trapping of fingers or limbs, so good housekeeping and adequate lighting is important.

Further, extensive, detailed information on manual handling issues is available from HSA, and the specific regulations that apply can be read from the ICGP and HSA websites.

5.3 Chemical hazards

General practice staff may be exposed to a wide variety of potentially toxic chemicals during normal working conditions or during accidents. They range from common everyday products like correction fluids and printer ink to disinfectants and liquid nitrogen.

Chemicals that are commonly used in the home like bleach or drain treatments have to be regarded and assessed differently if they are present in the workplace.

5.3.1 Effects of chemicals

The range of effects may vary from minor skin irritation to chronic disease (eg. occupational asthma) or adverse reproductive outcomes.

The following are possible effects of chemicals:

➤ Immediate effects (eg. acute toxic effects or flammability)
➤ Long-term effects of exposure (eg. asthma, cancer)
➤ Potential of explosion (eg. oxygen)
➤ Potential skin problems, (eg. skin irritation or sensitisation, eg. latex)
➤ Potential chest problems (eg. respiratory irritation or sensitisation, eg. airborne powder from latex gloves).

Chemical substances of some sort are used everyday. In most cases the hazards are well documented and it is possible to access further information if necessary. Regulations require certain chemicals to be labelled according to their hazards. These take the form of codes which are displayed on the container, eg. smear fixative ‘flame’.

In general practice, be vigilant about how you store toxic chemicals; it only takes a few seconds for one curious child and an accessible cupboard for a disaster to occur.

Management
The employer is responsible for providing information and training to their employees or to any self-employed person who may be affected by chem-
rical exposure arising out of their work undertakings. Information could be communicated through in-house labelling, formal training, written manual or memo. Under the Safety Health and Welfare at Work (Chemical Regulations) Regulations 1994, packaging, labelling and safe storage of chemicals in the practice needs to be addressed, as well as actions required in the event of skin contamination or ingestion or inhalation.

All chemicals have an associated material safety data sheet (MSDS). These sheets are often supplied with the product, but are always available from the manufacturers who are legally required to provide them. The MSDS detail the known toxic effects of substances under various possible exposure routes, be it via inhalation, skin contact, or ingestion. The MSDS also give advice regarding precautions and initial management of any hazardous effects. All practice staff should have access to the appropriate MSDS for each toxic chemical they might use in the practice.

5.3.2 Latex sensitivity or allergy
The protein in natural rubber latex can cause allergic reactions in the occupational setting. It is a rapidly growing problem for health care workers as its effects are cumulative. Development of a natural rubber latex allergy, and the morbidity that may ensue, can be devastating for staff physically, emotionally, and financially.

Skin rashes, cracked skin and hives may result. Other chemicals incorporated into latex gloves include chlorine, and antioxidants (gloves become brittle when left exposed to air after time), and these chemicals may also cause dermatitis. The dermatitis could be contact irritant (nonimmune) dermatitis, allergic contact (type IV hypersensitivity) dermatitis, or Immediate (type 1) hypersensitivity reaction which may culminate in anaphylactic shock.

Powdered gloves contain cornstarch powder, which the latex protein particles may adhere to. An aerosol of latex protein can be created by the powder becoming airborne during putting on and taking off powdered gloves. This can cause coughing, sneezing, watery itchy eyes and occupational asthma.

Any individual could develop this sensitisation and allergic response to latex, which may progress unpredictably after minimal symptoms to cause life-threatening anaphylactic shock.

Management
Avoidance of latex is the key. Gloves should only be worn when a barrier to infection is required during a procedure, and should not be worn for long periods unnecessarily.

Preventing sensitisation and exposure for those who are susceptible may be complex and involve costs to the employer and employee. Gloves and other articles that contain latex in the person’s environment (eg. rubber bands, tourniquets, and some dressings)
should be substituted with non-latex materials, as once sensitised to latex the person becomes allergic to all latex.

Diagnosis is generally made on the basis of the history, but it may be necessary to arrange blood tests or skin tests under controlled conditions. Practice staff with suspected latex allergy should attend either their own GP or the occupational health service for general practice.

Policies are needed to identify employees at risk at an early stage, eg. specific latex questionnaire, and to implement appropriate employee education and controls in order to prevent deterioration in skin condition.

5.3.3 Sterilising instruments
Sterilising instruments incorporates risks of chemical (disinfectants, sterilising fluids), physical (autoclave) and biological (splashes contaminated with body fluids) hazards. Glutaraldehyde is a sterilising agent that is less commonly used in the health care setting because of its possible adverse effects, eg. occupational asthma. It is a good example of the potential serious problems of exposure to chemicals and the importance of finding substitute methods of sterilising.

Washing instruments before sterilising them is a necessary part of the sterilising procedure but has risks that are often overlooked. Skin may become irritated by the chemical or by water or by the method of drying the hands. Splashes of water containing body fluids may enter uncovered cuts, or enter the unshielded eye (see biological hazards also). The member of staff with the task of sterilising instruments should be given the relevant information and training.

5.3.4 Smoking and passive smoking
Under the Tobacco (Health Promotion and Protection) Act 1988, there is prohibition or restriction on consumption of tobacco products in doctors’ waiting rooms. Penalties apply to the owner, manager, or other person in charge of a designated area or a designated facility who fails, neglects or refuses to ensure that the prohibitions and restrictions apply to that area. Those guilty of an offence are liable on summary conviction to a maximum fine of £500, or to imprisonment for a maximum term of six months, or, at the discretion of the court, to both fine and imprisonment.

5.4 Psychosocial /Human Factor Hazards
In general practice we are lucky to have enormous scope for job satisfaction. We have the option of developing special skills and special knowledge at any stage of our career.

However, we are human, and are prone to stresses from our work just as other people are in their jobs. We are also prone to stress from outside the working environment, eg. bereavement, relationship problems and financial difficulties. In general practice, we tend to live close to or among the people in the working environment or practice area, so there is often no defined barrier between work and home.

5.4.1 Stress
If you consider the working environment of general practice, a small number of people work closely together in ‘relative isolation’ from other sections of the health care system, often under pressure from each other and from other people (eg. patients and relatives).

Patients’ demands and expectations added to the constraints of time available for each individual, with the additional stress of providing a service after normal working hours (directly or indirectly) can cumulatively take their toll. General practice staff, apart from doctors, also experience being contacted by patients for advice or requests outside normal working hours. There are increasing pressures on all who work in general practice to be personally competent, flexible, tolerant, and to resolve queries and problems promptly.

Stress and stress-related conditions combined are the greatest cause of absenteeism in Europe. Stress affects more people than the individual experiencing it. Everyone needs to consider ways of managing stress in the practice.
5.4.2 Burnout
Burnout, or complete physical and mental exhaustion has been recognised as an end-stage consequence of chronic stress in the caring professions. General practice is no exception.

5.4.3 Violence and bullying
Violence and bullying includes aggression (physical and verbal), harassment, intimidation, shouting, and ignoring.

An Irish Study confirmed a significant percentage of those who work in general practice experience violence or the threat of violence in their work.

### Common sources of stress in general practice

- Managerial and financial pressures of being self-employed
- Being an employer
- Role conflict of being GP and employer to staff
- Role conflict of being a professional healthcare worker with moral and ethical issues
- Financial issues connected with controlling a business
- Living in practice area – concern about reputation, being all things to all people, threat of criticism from patients and relatives (for generations!), inability to switch-off, being seen as ‘available’.
- Patients demands and expectations
- Threat of litigation
- Violence and aggression or the threat of it
- Interruptions to the work-family-personal interface, this may apply to all staff but especially doctors
- Excessive working hours i.e. evenings, nights and weekends in addition to the normal working day
- Administrative burden
- Communication problems, mainly GP-staff but also patient-GP and patient-staff

Consider telephone contacts you and your staff find ‘difficult’ or ‘time-consuming’ (eg. patients, relatives, hospital services, GMS payments board)

- Dealing with distress and death
- Excessive feeling of responsibility for outcome
- Inability to cope with treatment failures
- Rapid pace of change in medical knowledge and technology
- Anxiety about dealing with crises when alone at work
- Isolation

5.4.4 Working alone
The GP employer must be aware if practice staff are on the premises during the early morning, late evening or at weekends. Staff who have experienced emergencies on the premises while the GP was not present, recall their experiences as traumatic and a lot of practice staff voice their concerns about how they would cope with emergencies when the doctor is not on the premises. Management of problems such as verbal or physical violence needs addressing also.
5.5 Managing the psychosocial hazards of general practice

Addressing problems of existing stress will require present arrangements to undergo some type of change(s). Instigate change when circumstances are unsatisfactory.

Manage stress by:
➤ Prevention – removes stress at source
➤ Develop your coping strategies to improve your resilience.
➤ Seek treatment and/or counselling if you are experiencing stress-related problems.

Management of stress in your practice

- **Identify situations that cause you stress.** Why sometimes and not other times? Recognise how you respond to pressure. Is stress a threat or a challenge?

- **The workplace, the organisation of work and specific job tasks** should be assessed and adjusted so as to avoid sustained stress. Look at how patients gain access to practice services and consultations. How is the telephone system used? Could it be upgraded? Who gives out test results? Consider the appointment system in use. Is it really in the patients’ interests to have unbooked surgeries? Who is resisting change?

- **Provide staff training** in practice procedures for dealing with emergencies, including immediate management of a medical emergency. Train staff to handle intimidating situations. All appropriate staff should know the practice security precautions and arrangements.

- **Good time management** can be an invaluable tool. Could doing something a different way save time?

- **Communication and consultation** among staff should be facilitated and encouraged at appropriate times on a daily basis and also during structured practice meetings. This gives GPs and staff the opportunity to discuss problems and make suggestions they would otherwise have found difficult to bring up. If staff have been treated discourteously by a member of the public then it should be brought to the attention of the GP. **Listen** to what practice staff have to say, listen to each other.

- **Utilise fax and email communications for convenience** where possible. Information or queries can be transmitted instantly, avoiding spending precious time on telephone. Information can also be received promptly, when it is convenient for the recipient. Lengthy telephone interruptions are avoided. Clinical and reference information is readily accessible also on the internet.

- **Physical surroundings** (the working environment) could be taken into account when identifying stress hazards, i.e. room layout, décor, temperature, ventilation, lighting, and general cleanliness. ‘Nice’ places can help people feel more comfortable.

- **Reduce the potential for litigation.** Record all patient contacts (train staff to automatically give you notes of patients who telephone you), have a chaperone present in the room (but on the other side of the screen) during intimate examinations. Behave professionally, don’t give opportunity to being misinterpreted.

- **Involve staff** in safety audit, accident reporting and recording. Accidents cause stress.

- **Monitor staff health and rates of absenteeism** (eg. Monday morning absenteeism, or frequent short absences) in order to identify problems at an early stage.

- Consider the needs of particular staff, eg. recently bereaved staff, disabled staff using stairs, staff with ongoing health problems.

- **Produce an employee handbook or manual** and include the safety statement in it.
5.6 Dealing with emergencies in general practice

Categories of emergencies

➤ Emergency evacuation, eg. how often do you perform a fire drill? Do you check the safety and clearance of entrance(s) and exit(s).

➤ Incidents that may occur close to the practice including a road traffic accident; fire; agricultural accident; chemical leak; explosion; poisoning; act of violence; drowning; public disorder;

➤ Electricity power cut; water supply cut.

5.6.1 Strategies for dealing with emergencies

Your safety statement should describe the procedures in place in the event of emergencies. Time is of the essence. Think...who should do what?

➤ Train all staff in good telephone techniques. What information is required from telephone caller or injured party. Do you have a procedure in place for calling emergency services? Do all staff know how and when to call Gardai, ambulance, fire, priest? Are relevant contact telephone numbers on speed-dial or on display?

➤ Are there adequate supplies of emergency medications, eg. anaphylaxis kit, O2, mobile communications, dressings and blankets? Who is responsible for ensuring stock is in sufficient supply and within its expiry date? Who should ensure there are spare recharged batteries if there is no in-car-kit for mobile telephones.

➤ Is there someone trained in First Aid on the premises?

5.6.2 What are the advantages of addressing possible emergencies?

In general practice, as in the hospital setting, there are incidences of collapse and sudden deaths on surgery premises. Staff without first aid training have said they felt particularly helpless and distressed when events such as these occur in the practice, particularly if it is before the doctor arrives. Irrespective of how rarely these events might occur or how the eventual outcome might be unchanged, addressing possible emergencies with practice policies helps prevent or minimise stress and distress after anyone is faced with sudden crises.

Coping skills for managing stress

● Prioritise, set realistic goals, and learn to say no appropriately.

● Think positively.

● Delegate. If you have nobody to delegate tasks to either recruit someone new or retrain existing staff. Practice staff can do many of the same tasks we do on a daily basis. This frees up GP time for GP tasks and adds to job satisfaction. We cannot be all things to all people.

● Change how you perceive demands on you or change how you respond to demands. Are the demands placed on you impositions or requests?

● Promote staff health and performance with information, education, supervision, regular appraisal and training.

● The role of exercise and relaxation should not be underestimated. Spend time with family and friends.

● Look for help – eg. The ICGP Health in Practice Programme.
5.7 First Aid

An Occupational First-aider is someone who has trained and been examined and holds a first-aid certificate from a person who is registered as a First Aid Instructor. A qualified first-aider is in a position to provide immediate assistance to somebody injured or suddenly taken ill before medical help arrives. They can also provide assistance to medical personnel at the scene of an emergency.

Common sense dictates that the doctors' administrative staff should not be expected to know how to deal with certain medical emergencies in the same way as the GP would. However, a lot of practice staff are left alone at some time during a working day, especially those in single-handed practices. Many practice staff admit they fear they would not be able to deal with an emergency if they were alone in the surgery and feel they would benefit from a course in first-aid. There maybe a conflict of perception between the staff and GPs perceived need for staff training in this area. Practice staff are ideally placed on the front line for the practice to benefit from their knowledge of first aid. Staff also need training on avoidance of biological hazards while carrying out first-aid. The ICGP has provided Practice Staff Training Courses in First-Aid for a number of years.

People with heart attacks, choking, haemorrhage, and severe injuries could present to doctors' surgeries when the doctor is not on the premises. Seriously injured patients have died in doctors surgeries. First aid may be unlikely to save these patients lives, but relatives of such patients and also practice personnel would feel more reassured about eventual outcomes if optimum first aid procedures are used and if no actions are omitted that might save a patient.

5.7.1 First-aid box

It is easy to make up your own practice first aid kit, and ideally there should also be one kept in the car boot of the GP on-call. It is also possible to purchase ready-made kits from chemists. If you do not have a first-aid kit you may need to improvise with scarves, tea towels and adhesive tape when you least expect to! A member of practice staff should be assigned the task of checking that the stock of the box are sufficient and up to date.

Further information from ICGP which runs an Occupational First Aid course for medical secretaries, receptionists, administrators and nurses.
5.8 Health promotion

The Centre for Health Promotion Studies, UCG carried out a review of workplace health promotion activities and confirmed that the level of health promotion activity in Ireland even among medium to large companies is low. The study recommended that small businesses (ie. those employing less than 50 people, ie. general practice) should be given special consideration with regard to their level of health promotion activities.

General practices would be expected to lead by example and display ‘No Smoking’ signs and to advertise that ‘This practice is a non-smoking practice’.

In some practices staff contracts have a clause stating that no smoking is allowed on the practice property, and that disciplinary action could be taken in the event of a breach of this rule.

Staff lifestyle interventions such as increasing exercise levels, healthy nutrition awareness, giving up smoking and reducing alcohol consumption could be encouraged, irrespective of how small the practice is. Health in Practice, the Occupational Health Service for general practice could be one way of introducing such initiatives.
## 6. Health and safety legislation relevant to your practice

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6.1 Introduction to legislation

Under current Health and Safety legislation, in particularly the Safety, Health and Welfare at Work Act 1989, each workplace is required to ensure as far as is reasonably practicable, the health and safety of all people who work there.

Once GPs commence seeing patients, ie. to conduct business, they are obliged by law to have a written safety statement. This requirement applies whether the GP is single- handed with no other employed persons or in partnership and employing a full complement of staff.

In essence the GP has a duty of care to themselves and to all who work in and use their premises. This duty is comparable to the legal duty to have a driving licence if you drive a car. The current legislation is in fact the minimum standard acceptable for health and safety, and ideally, general practice as a profession should strive for higher standards than the minimum.

Every GP and staff member should be alert to the safety aspects of general practice and consideration of the safety of others while at work should be just as important as the avoidance of personal injury. This requirement should be emphasised in all staff job descriptions. The job description could state that failure to observe safety statement or to adhere to practice guidelines may result in disciplinary action by GP employer(s).

6.2 Which Acts and Regulations particularly apply to general practice?

General practice falls under the umbrella of various acts and regulations. Non-compliance with these laws could form the basis of criminal action. These laws are separate to the laws of medical negligence and ethical codes of conduct. It would be appropriate for the individual(s) in the practice who are responsible for safety to be broadly familiar with the legislation pertaining to general practice.

Full texts of the Acts and Regulations are available in printed form or on CD-ROM from Government Publications Office, Molesworth Street, Dublin 2.

Full texts as above and further information is also accessible from ICGP website, HSA website and some legal websites.

A non-exhaustive list of some of the legislation relevant to general practice is contained in the box overleaf.

6.3 How is the legislation enforced?

The cornerstone of legislation affecting general practice is the Safety, Health and Welfare at Work Act 1989, which is supplemented by various other Acts and Regulations some of which are listed above.

What does ‘so far as is reasonably practicable’ mean?

The phrase ‘So far as is reasonably practicable’ appears in the legislation in order to explain the extent of individuals’ responsibilities. It has been accepted by the courts as the acceptable level to which risks should be reduced.

This statement arises in the SHAHAW Act of 1989, without definition, and has been interpreted in law in the context of individual cases and circumstances over the years. In essence, this clause in the Act balances cost outlay against risk occurrence. Some costly measures might not result in an overall benefit to those at risk, and eliminating one risk completely might simply result in it being replaced with another. The phrase allows an individual practice’ risk management to be interpreted as ‘reasonable’ or ‘unreasonable’.
Managing Health and Safety in General Practice

For the information of all who work in the Practice, the following is a brief summary of the scheme of enforcement of the Safety, Health and Welfare at Work Act, 1989.

➤ General practice premises are subject to random inspections by the Health and Safety Authority. Comments and recommendations arising from these visits are received in the form of a letter sent to the Practice after the visit.

➤ The HSA Inspector has a statutory right to inspect premises, take photographs, recordings, equipment and samples of substances. The inspector may request the assistance of the Gardai if he has problems gaining access to a workplace. The particular hazards that are likely to interest him/her in general practice are electrical, biological and chemical hazards, but all matters which relate to health and safety can be reviewed e.g. storage of medication samples, compliance with VDU screen regulations.

➤ The Law requires every employer and self-employed person to have a Safety Statement, which is appropriate for the work they do and for where they work. You could be prosecuted for not having one. When an inspector from the Health and Safety Authority inspects your workplace s/he will place great emphasis on ensuring that you have prepared and implemented your safety statement. If s/he finds that the statement is inadequate they can ask you to amend or revise it.

➤ There is a system of improvement and prohibition notices that may be served on the Practice by the HSA. These can be used to curtail or to terminate an activity, which is deemed to be dangerous. The notices can come into immediate effect if necessary. Essentially, the practice itself, or an area within the practice, could be closed down.

– The HSA could demand submission of an improvement plan within a specified time period, eg. if welfare facilities are not adequate or if the workplace is particularly untidy; or

Legislation relevant to general practice

- Safety, Health and Welfare at Work Act 1989
  For the sake of brevity, this will be referred to as ‘1989 Act’ in this document.

- Safety, Health and Welfare at Work (General Application) Regulations 1993
  For the sake of brevity, these will be referred to as the ‘1993 Regulations’.
  These include:
  – General Safety and Health Provisions
  – Use of equipment
  – First Aid Regulations
  – Electricity Regulations
  – Visual Display Unit or VDU Regulations
  – Manual Handling of Loads Regulations
  – Personal Protective Equipment Regulations
  – Notification of Accidents and Dangerous Occurrences Regulations.

- Fire Services Act 1981

- Biological Agents Regulations 1993

- Safety and Health Signs at Work 1993
  – warnings/info to non-employees

- Pregnancy at Work Regulations 1994

- Safety Health and Welfare at Work (Chemical Agents) Regulations 1994

- Waste Management Act 1996


- Freedom of Information Act 1997

- Offences against the Persons Act 1998

- Tobacco (Health Promotion and Protection) Act 1998

- Chemical Storage Packaging and Labelling Regulations 1998

- Construction Design and Management Regulations
Managing Health and Safety in General Practice

6.4 To what extent are GPs and GP employees responsible for safety and health?

Legislation dictates that the prevention of accidents and illness in general practice is the duty of every individual in the practice. This applies to the reception area, office area, library area, clinical areas, storeroom, waiting room, kitchen and other areas of work including branch surgeries. Safety outside the premises is equally important e.g. on the front doorstep, delivering specimens to the hospital or performing house calls.

6.5 Legal responsibilities of the GP as a self-employed individual

As a user of a practice premises, the GP will have sole or joint responsibility for the physical premises depending on the various categories of premises ownership, i.e. health board owned, privately rented, owner-occupied or any combination of the above. GPs will need to consider the safety issues of all employees, i.e. own staff, shared staff, other persons on premises who are tenants and other non-employees. General duties of employers and self-employed to persons other than their employees and general duties of persons concerned with places of work to persons other than their employees are further explained in the text of the 1989 Act.

➤ There is a possibility that an Inspector from the Health and Safety Authority can bring criminal proceedings against the Practice, or any individual, for a breach of any duty under the Safety, Health and Welfare at Work Act, 1989 or the other legislation applicable to the General Practice workplace.

– The HSA may serve an improvement notice, e.g. passageways not kept clean or failure to submit or implement an improvement plan.

– In some situations of serious risk to individuals, the HSA can apply to the High Court for a prohibition notice to immediately restrict or prohibit the use of a place of work (or part of the place of work) so, in effect, the practice could be closed down until the problem is remedied.
6.6 Legal responsibilities of the GP as an employer

Irrespective of the nature of business, all employers have specific responsibilities as defined by law. The 1989 Act Section 6 states: “It shall be the duty of every employer to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all his employees.”

<table>
<thead>
<tr>
<th>The employer must ensure...</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Safety, Health and Welfare at Work Act 1989 states that as an employer the GP must ensure, so far as is reasonably practicable:</td>
</tr>
<tr>
<td>● A safe place of work</td>
</tr>
<tr>
<td>● Safe means of access and egress</td>
</tr>
<tr>
<td>● Safe plant, equipment and machinery</td>
</tr>
<tr>
<td>● Safe systems of work - e.g. procedures</td>
</tr>
<tr>
<td>● Provision of appropriate information, instruction, training and supervision to employees</td>
</tr>
<tr>
<td>● That staff are aware of the safety statement, its contents and where it is stored.</td>
</tr>
<tr>
<td>● That staff are consulted on matters of safety.</td>
</tr>
<tr>
<td>● Provision of suitable protective clothing and equipment where hazards cannot be eliminated</td>
</tr>
<tr>
<td>● Preparation and revision of emergency plans</td>
</tr>
<tr>
<td>● Designation of staff having safety related and emergency duties</td>
</tr>
<tr>
<td>● Provision and maintenance of welfare facilities, eg. hygienic eating facility, clean toilet facility</td>
</tr>
<tr>
<td>● provision, where necessary, of a competent person to advise and assist in securing the safety, health and welfare of employees. (A competent person is someone with appropriate training and practical experience in the specific task required.) This might be where staff might need to be vaccinated against Hepatitis b or need follow-up for a needlestick injury.</td>
</tr>
</tbody>
</table>

6.7 Legal responsibilities of a practice employee

Ask yourself who and what categories of employee are in the practice.

Consider all possible categories, eg. new employees, young employees, permanent, temporary, full time, part time, receptionist, secretary, nurse, phlebotomist, cleaner, maintenance worker, contracted worker, spouse, relative, locum.

All employees are entitled to have access to appropriate information, instruction, training and supervision in relation to their work. This is not only common sense, good practice management and practice organisation but it is enshrined in law.

All new employees should be given a copy of the practice safety statement to read before commencing their first day. This should be part of the induction training the staff member receives. It is an ideal opportunity to inform the new employee of their duties in the practice under health and safety legislation, and should not be missed.

The 1989 Act has a separate section on the General duties of employees.

employee representative

employee cooperation

See safety statement below sample forms chapter 7.
6.8 Recording and investigating accidents

6.8.1 The practice ‘accident and incident book’.
All staff must ensure that all fires, breakages, accidents and dangerous occurrences within the practice are reported to the Practice Safety Administrator or GP. All injuries or accidents or illnesses that occur in connection with an individual’s work or workplace must be recorded (see SHAWAWA and regulations). All practice staff should know where the accident book is kept.

Details which should be recorded after each incident include date and time of incident, name of person(s) involved, circumstances of incident, and outcome, eg. full recovery, laceration, bruising, referral to casualty etc. (see Sample Forms section). Someone should be assigned responsibility for checking the book periodically as part of audit cycle. Audit of accidents is a very valuable tool in safety training of all practice staff and thereby creating a more comfortable ‘safety culture’ at work.

6.8.2 Investigation of accidents, incidents and dangerous occurrences
The incident/accident book will assist in auditing dangerous occurrences in the practice and check on implementation of safety measures, protective equipment, safe disposal of contaminated items etc. Audit of safety policies should occur after any significant incident in case precautions or procedures need to be altered.

6.9 Legal notification of accidents to the HSA

The law requires that accidents at work must be notified to the Health and Safety Authority on the approved forms. These forms are available from the HSA Publications Department and may be photocopied and used where appropriate. Accidents may also be reported using the form on the Authorities web site see sources of further information.

The Authority must be notified using Form IR1 about:
➤ a work accident causing the death of any employed or self-employed person
➤ a work accident that prevents an employed or self-employed person from working for more than three days
➤ an accident caused by a work activity which causes the death of, or requires medical treatment to, a person not at work, eg. a passer-by.

6.9.1 Notification of dangerous occurrences to HSA
The Authority must be informed using Form IR3 about:
➤ any dangerous occurrence involving lifting machinery, pressure vessels or electrical short-circuit
➤ explosion or fire
➤ escape of substances
➤ collapse of scaffolding, building or structure or any incident involving overhead lines carrying 200 volts or more.

Further details from HSA. Any of the above examples could occur in general practice under normal circumstances or during renovations.

6.9.2 Who is responsible for notifying the HSA?
➤ In the case of the death or injury of a person receiving training for employment, the persons providing the training
In the case of the death or injury of persons not at work which is caused by a work activity, the person in control of the place of work.

In the case of the death of a self-employed person, the person in control of the place of work where the death occurred.

In the case of the death of a self-employed person at a place of work under their own control, their next of kin.

Self-employed persons in relation to accidents to themselves.

Records containing full details of all accidents or dangerous occurrences notified to the Health and Safety Authority must be kept for 10 years.

6.10 Liability insurance

The Safety, Health and Welfare at Work Act, 1989 does not in any way, alter the general position regarding civil liability.

Employers Liability Insurance covers the practice for any successful action in civil law arising out of the negligence by its employees at work. This policy protects individual practice employees against any successful action in civil law arising from a neglectful act whilst carrying out their normal duties as employees.

Public Liability Insurance covers the practice for any successful action in civil law brought by a member of the public against the practice for negligence.

6.11 Occupational Injury Benefit

Injury benefit is a weekly payment made to an individual if they are unfit for work due to an accident at work or because they have contracted a disease due to the type of work they do. Generally, people who pay PRSI at Classes A, D, J and M qualify for this type of benefit (self-employed persons pay PRSI at Class S). The illness or effects of the accident must last for at least four days (excluding Sundays). Injury benefit is normally paid from the fourth day of incapacity until 26 weeks. If the individual is still unable to work after 26 weeks they may qualify for Disablement Benefit.

Further information from Social Welfare Offices.

6.12 Case law

Information (with links to other information) regarding cases which have already come through the courts will be given on the ICGP website: www.icgp.ie when they involve health and safety issues of relevance to general practice.

An example illustrated in one of the medical indemnity insurance agencies’ publications, involved a GP employee who was scalded by boiling water when a kettle overturned in the surgery. The events which followed were complicated by the fact the employee was also a patient of her GP. The claim that arose only came under the scope of the ‘medical indemnity insurance agency’ because the injured party was a patient of the GP. A settlement was negotiated and the ‘medical indemnity insurance agency’ contributed 50%. The GP did not have insurance cover for his liability as an employer, and so he was personally responsible for the other 50% of the settlement.

A child was poisoned and sustained internal burns after gaining access to the contents of a cupboard in a vacant consulting room in a general practice surgery. The GP was found to have breached Health and Safety Law and was fined.
# 7. Samples of practice health and safety documentation

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<td>7.5</td>
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</tbody>
</table>
### 7.1 Sample hazard identification form

**Chemical hazards in general practice:**

<table>
<thead>
<tr>
<th>Hazard 1</th>
<th>Risk (medium)</th>
<th>List of all persons who are at risk from the hazards identified</th>
<th>Present control</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>medications, samples</td>
<td>theft, ingestion</td>
<td>all staff, all visitors, all patients</td>
<td>store securely</td>
<td>accept and store in minimal quantities, ensure proper packaging and labelling, keep records</td>
</tr>
</tbody>
</table>

**Biological hazards in general practice:**

<table>
<thead>
<tr>
<th>Hazard 2</th>
<th>Risk (high)</th>
<th>List of all persons who are at risk from the hazards identified</th>
<th>Present control</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>needlestick sharps injury</td>
<td>hepatitis B, hepatitis C, HIV, stress</td>
<td>all staff, patients, visitors</td>
<td>immunisation training in storage filling, lifting and transport of sharps bins training in phlebotomy, safe handling, packaging, collection and storage of specimens</td>
<td>no overfilling of sharps bins, obtain evidence of immunisation, status of doctors, relevant staff</td>
</tr>
</tbody>
</table>

### 7.2 Sample risk assessment form

**Physical hazards and electrical equipment:**

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Risk</th>
<th>Action</th>
<th>Comment</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td>heater, kettle, steriliser, cauteriser, computer, portable lights, typewriter, TV</td>
<td>electrocution, burns, scalds, fire, explosion; manual handling risk if portable</td>
<td>Appropriate disposal of old /faulty/redundant equipment. Maintain, repair, and service equipment, as per manufacturers manual</td>
<td>log book of equipment instructions and services is required</td>
<td>Practice nurse swift</td>
</tr>
</tbody>
</table>
7.3 Sample accident and incident book entry

Date and time: 4/8/10, 8.30 am.

Place: Downstairs staff toilet

Persons involved: Mary Murphy, Receptionist

Person’s account: Mary slipped on wet floor in toilet. Floor had just been washed with different cleaning fluid than usual, by new (temporary) cleaning lady. Lino on floor became extremely slippery and no sign on floor warning that floor was wet. Mary is seven months pregnant and fell backwards, hitting hip off toilet bowl. No direct abdominal injury but patient shaken by fall.

Outcome: Dr Byrne examined Mary. Baby movements felt and baby heart heard. Mary’s hip bruised. Limping. Arranged for own GP to review Mary in afternoon.

7.4 Sample incident investigation

GPs and staff discussed the above incident. It was felt that the cleaner came at an awkward time in mornings when staff are busy preparing notes for morning surgery. Cleaner’s working hours were changed to evening hours, after evening surgery. Part-time cleaner was advised to leave details of her routine and cleansers used in writing for temporary cleaners. All above changes occurred with full discussion and co-operation of cleaners. Cleaners contract revised accordingly.
7.5 Sample Safety Statement

**Health & Safety Statement**

for the practice of

Dr Gall Stone and Dr Biliary Colic

**Part 1. Declaration of Practice Policy on Health and Safety Matters**

This practice recognises its duties under the Safety, Health and Welfare at Work Act 1989 and the Safety, Health and welfare at Work (General Applications) Regulations 1993. The practice is committed to provide and maintain healthy and safe working conditions. It is the policy of this Practice to ensure, so far as is reasonably practicable, the health and safety of all employees while at work and of others entering the precincts of the Practice.

In pursuing these objectives, the GP employers and the employees will take all reasonable steps to fulfil their responsibilities in Health and Safety.

**Part 2. Organisational Arrangements**

Terms used in the Safety Statement.

- A hazard is something with the potential to cause harm, and could be a substance, a piece of equipment or situation.
- A risk is the likelihood that the harm will occur and its possible severity.
- Risk assessment is the evaluation of risks. It involves identifying actual hazards and their associated risks, and quantifying the risks into high, medium or low risk.
- Risk Management involves risk assessment, looking at existing controls and discovering what further action might be taken to take to more control the risk. Risks will need to be reassessed when there are accidents or near-accidents, changes in staff members, chemicals in use, procedures or equipment.

**Employers duties are to:**

1. Provide and maintain safe premises, equipment and methods of work
2. Prevent injuries by ensuring that all equipment is used in a safe manner
3. Ensure that safety aspects are fully considered in the planning, design and modification of premises; the purchase and maintenance of safe equipment and of tidy, clean premises including branch surgeries, and liaising as necessary with others who control the premises or the activities in it.
4. Provide adequate information, instruction, training and supervision to develop safe methods of work including work outside normal hours, working alone, use of new equipment, processes and substances
5. Take all measures to prevent fires and explosions including:
   - Provide and maintain adequate fire prevention equipment
   - Provide and maintain safe means of escape from the practice premises
6. Provide First Aid arrangements
7. Provide adequate toilet and refreshment facilities
Managing Health and Safety in General Practice

8. Provide and ensure use of such protective clothing as is necessary for the tasks to be undertaken.
9. Keep up to date records of all accidents whether persons are injured or not. Review this record and take action to reduce unfavourable trends.
10. Review policies in the light of any guidelines set out by responsible and recognised national bodies and ensure any necessary changes are made. This practice has appointed a Safety Officer and a Deputy Safety Officer to act in their absence.

1. advice on how to access further safety information and publications;
2. establishment and maintenance of procedures and plans for dealing with emergencies e.g. fire drill, needle stick injuries;
3. appropriate personal protective clothing and equipment for employees with assurances and checks to ensure that they are used as required e.g. gloves and safety glasses;
4. appropriate arrangements for the safe transport, handling and storage of hazardous materials, specimens and substances and safe disposal of hazardous wastes;
5. indication of potential hazards by the use of notices, signs and labels, eg. wet floor;
6. establishment of procedures for the reporting and investigation of accidents and potentially dangerous occurrences and notification of the enforcing authorities in appropriate cases, eg. see section on accident & incident book and safety audit;
7. adequate arrangements for first aid;
8. appropriate arrangements with regard to the safety of the activities of maintenance staff and contractors working on Practice premises;

The above list is not exhaustive and from time to time further advice may be issued describing the Practice’s arrangements and procedures for dealing with particular matters

Employees duties are to:

1. Take reasonable care of their own safety, health and welfare at work, and that of any other person who might be affected by their acts or omissions while at work.
2. Co-operate with the practice rules on Health and Safety and follow Practice guidelines, so as to enable the employer to comply with relevant statutory legislation.
3. Use all equipment properly and in such a way as not to endanger themselves or others.
4. Report to the Safety Officer or Deputy Safety officer immediately they detect anything that could compromise Health and Safety.
5. Report without unreasonable delay, all accidents and near-accidents to the Safety Officer or Deputy Safety Officer, whether persons are injured or not. All accidents and incidents are recorded in the Accident Book.
6. Wear appropriate protective clothing and safety equipment when required.

Consultation

All employees have a right under the Safety, Health and Welfare at Work Act 1989, to consult their employer on matters of safety, health and welfare at work. Where there are more than two employees, they may elect a safety representative to perform this function on their behalf.
### Responsibilities assigned to staff members

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Gall Stone</td>
<td>has overall responsibility for Health and Safety.</td>
</tr>
<tr>
<td>Dr Gall Stone</td>
<td>is responsible for day-to-day administration including the updating of the Health and Safety Statement when appropriate.</td>
</tr>
<tr>
<td>Dr Gallstone</td>
<td>is responsible for investigation of all entries in the Accident Book. Some accidents may need to be reported to the Health and Safety Authority.</td>
</tr>
<tr>
<td>Dr Biliary Colic</td>
<td>is responsible for Health and Safety training of staff</td>
</tr>
<tr>
<td>Dr Biliary Colic</td>
<td>is responsible for systems of the safe disposal of waste.</td>
</tr>
<tr>
<td>Mrs Smiles (Secretary)</td>
<td>is responsible for the maintenance arrangements for practice equipment.</td>
</tr>
<tr>
<td>Nurse Quinsy</td>
<td>is responsible for updating information and any changes in chemicals being used on the premises.</td>
</tr>
</tbody>
</table>

**Safety Officer:** Dr Gall Stone  
**Position:** GP  
**Date:** 5th July 2001

**Deputy Safety Officer:** Nurse Swift  
**Position:** Practice Nurse  
**Date:** 5th July 2001

Date set for annual review of the Accident Book: 5th July 2002  
Date set for annual review of this Safety Statement: 5th July 2002  
Staff will be notified of all changes.

### Health and Safety Training

Training is provided for employees of the practice on matters of Health and Safety. All new members of staff will receive a copy of this Safety Statement as part of their induction training.

In-house training includes training in the safe use of equipment, use of personal protective equipment, and fire drill. Arrangements will be made for staff to obtain training in Occupational First Aid or manual handling skills where appropriate. Staff may be required to demonstrate their immunity to Hepatitis B virus where appropriate. All staff will be instructed in the immediate management of needlestick/sharps injury.

### Interference with the goal of safe working environment

No person shall intentionally or recklessly interfere with or misuse any appliance, protective clothing, convenience, equipment or other items provided in pursuance of any of the relevant statutory provisions or otherwise, for securing the safety health or welfare of persons in connection with the activities of the practice.

### Breaches of employment contract

The successful implementation of this policy requires the full support and active co-operation of all employees of the Practice. It may be a disciplinary matter (as per employee contract) for an employee not to conform to their duties as described in this Safety Statement.
Access to Safety Statement
This Statement will be kept available for the use of practice staff and contractors. It may be required for inspection by an Inspector of the Health and Safety Authority.

Accident reporting:
The following accidents need to be reported to the Health and Safety Authority on Form IR1:
➤ When the accident causes loss of life
➤ When the accident causes an employee to be absent from work for three consecutive days (excluding the day of accident)
➤ When the accident occurs in connection with work activity but not on the premises and requires medical attention or results in loss of life.

In pursuance of the above general statement of safety policy the practice endeavours to provide for the maintenance of a safe entrance and exit.

This should be followed by the practices inventory of hazards under the four main categories, with risk assessments in spreadsheet format.
<table>
<thead>
<tr>
<th><strong>Glossary</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Act</strong></td>
</tr>
<tr>
<td>Legislation passed by the Oireachtas, eg. Safety Health and Welfare at Work Act 1989</td>
</tr>
<tr>
<td><strong>Civil Law</strong></td>
</tr>
<tr>
<td>A means for private individuals to seek redress for personal injuries. If negligence or ‘wrong doing’ is deemed to have occurred, then compensation can be sought.</td>
</tr>
<tr>
<td><strong>Criminal Law</strong></td>
</tr>
<tr>
<td>Where the prosecution have to prove a breach of legislation ‘beyond reasonable doubt’ and the jury decides the verdict. Penalties include a fine or imprisonment, eg. a prosecution under Health and Safety legislation (criminal law) paves the way for a breach of civil law case to be taken by the injured party against the offender.</td>
</tr>
<tr>
<td><strong>EU Directive</strong></td>
</tr>
<tr>
<td>Minimum requirements adopted by the European Council for gradual implementation in EU member states within a recommended time frame.</td>
</tr>
<tr>
<td><strong>GP</strong></td>
</tr>
<tr>
<td>General Practitioner.</td>
</tr>
<tr>
<td><strong>GP staff or GP personnel</strong></td>
</tr>
<tr>
<td>Any person employed by the GP, eg. receptionist, cleaner, maintenance person and temporary or locum staff.</td>
</tr>
<tr>
<td><strong>Guidelines/code of practice</strong></td>
</tr>
<tr>
<td>Information formulated by reputable bodies such as the Health and Safety Authority of Ireland, the Irish College of General Practitioners, the Department of Health, or NISO.</td>
</tr>
<tr>
<td><strong>Hazard</strong></td>
</tr>
<tr>
<td>A hazard is something, which has potential to cause harm to health. If you can eliminate a hazard, do, if not then you need to do a risk assessment for it.</td>
</tr>
<tr>
<td><strong>HSA</strong></td>
</tr>
<tr>
<td>Health and Safety Authority, 10 Hogan Place, Dublin 2. It has statutory functions including inspection and enforcement of the safety legislation in places of work.</td>
</tr>
<tr>
<td><strong>MRSA</strong></td>
</tr>
<tr>
<td>Methicillin Resistant Staphylococcus Aureus.</td>
</tr>
<tr>
<td><strong>Regulation</strong></td>
</tr>
<tr>
<td>A regulation is subsidiary legislation passed by the Oireachtas, eg. Safety Health and Welfare at Work Regulations 1993</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
</tr>
<tr>
<td>A risk is the likelihood of the hazard to cause the harm, ie. it defines whether the hazard is acceptable or unacceptable, (high, medium, low risk).</td>
</tr>
<tr>
<td><strong>Safety statement</strong></td>
</tr>
<tr>
<td>A safety statement is a written/printed systematic arrangement of hazards and risks with the details of the procedures in place to control them.</td>
</tr>
<tr>
<td><strong>Tort</strong></td>
</tr>
<tr>
<td>A branch of civil law. It is the law of ‘wrong doing’.</td>
</tr>
<tr>
<td><strong>VDU</strong></td>
</tr>
<tr>
<td>(visual display unit or computer screen)</td>
</tr>
<tr>
<td><strong>Welfare facilities</strong></td>
</tr>
<tr>
<td>Eg. washing and sanitary facilities, light, ventilation and space.</td>
</tr>
<tr>
<td><strong>Workplace</strong></td>
</tr>
<tr>
<td>A place involved in the working of the practice business. In practice this could include surgery, branch surgery, grounds outside the building, attic if used for storage, doctors home if they see patients there. Basically it covers any place to which a worker has access in the course of his/her employment.</td>
</tr>
<tr>
<td>References</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>6. Building for General Practice: An introductory guide to designing your practice premises. ICGP 1994</td>
</tr>
<tr>
<td>10. Eastern Regional Health Authority, Dr Steevens Hospital Dublin 1.</td>
</tr>
<tr>
<td>11. Eastern Regional Health Authority-Prevention of transmission of blood borne viruses</td>
</tr>
<tr>
<td>13. Form of Notice of Accident. HSA.</td>
</tr>
<tr>
<td>18. Guidelines on preparing your safety statement and carrying out risk assessments. HSA.</td>
</tr>
<tr>
<td>19. Guidelines on safety consultation and safety representatives. HSA.</td>
</tr>
<tr>
<td>20. Health and Safety for GPs and Staff. Handout from ICGP Computer Training Programme 2000 Drs Brian Meade and Donal Buckley</td>
</tr>
<tr>
<td>31. Prevention and Control of Hepatitis B in the Community. WHO regional office for Europe (Denmark) and Viral Hepatitis prevention Board (Belgium). 1996.</td>
</tr>
</tbody>
</table>
33. Report of the Advisory Committee on Health Services Sector to the Health and Safety Authority. HSA. 1992
38. Tuberculosis in Health Care Staff. Faculty of Occupational Medicine, Royal College of Physicians of Ireland. Nov 1998.
40. Virus Reference Laboratory, Dublin.

Further Reading

- A short guide to Health and Safety law. HSA.
- ABC of Work Related Disorders. BMJ 1996.
- Counselling in Practice-A guide for general practitioners. ICGP 1996. Dr Austin O’Carroll, Dr Margaret O’Riordan.
- European Agency for Occupational Health www.osha.eu.int/
- European Foundation for Living and Working Conditions www.eurofound.ie
- Health and Safety Authority of Ireland www.hsa.ie/
- Health and Safety. Practice Manager June/July 2000
- Institute of Occupational Safety and Health www.iosh.co.uk/
- Irish College of General Practitioners. www.icgp.ie
- Occupational Asthma. An employers guide. HSA.
- Officewise. Health and Safety Executive. UK.
- Pregnant at work. HSA.
- The misuse of alcohol and other drugs by doctors. BMA 1998.
- VDU Regulations. An easy guide for employees. HSA.
- Who cares for the carers? HSA information leaflet.
a) Safety, Health and Welfare at Work Act 1989

b) General duties of employers to their employees.
The following is a transcript from Section 6 of the 1989 Act:
(1) It shall be the duty of every employer to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all his employees.
(2) Without prejudice to the generality of an employer’s duty under subsection (1), the matters to which that duty extends include in particular—
(a) as regards any place of work under the employer’s control, the design, the provision and the maintenance of it in a condition that is, so far as is reasonably practicable, safe and without risk to health;
(b) so far as is reasonably practicable, as regards any place of work under the employer’s control, the design, the provision and the maintenance of safe means of access to and egress from it;
(c) the design, the provision and the maintenance of plant and machinery that are, so far as is reasonably practicable, safe and without risk to health;
(d) the provision of systems of work that are planned, organised, performed and maintained so as to be, so far as is reasonably practicable, safe and without risk to health;
(e) the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the safety and health at work of his employees;
(f) in circumstances in which it is not reasonably practicable for an employer to control or eliminate hazards in a place of work under his control, or in such circumstances as may be prescribed, the provision and maintenance of such suitable protective clothing or equipment, as appropriate, that are necessary to ensure the safety and health at work of his employees;
(g) the preparation and revision as necessary of adequate plans to be followed in emergencies;
(h) to ensure, so far as is reasonably practicable, safety and the prevention of risk to health at work in connection with the use of any article or substance;
(i) the provision and the maintenance of facilities and arrangements for the welfare of his employees at work; and
(j) the obtaining, where necessary, of the services of a competent person (whether under a contract of employment or otherwise) for the purpose of ensuring, so far as is reasonably practicable, the safety and health at work of his employees.
(3) For the purposes of this section, a person who is undergoing training for employment or receiving work experience, other than when pursuing a course of study in a university, school or practice, shall be deemed to be an employee of the person whose undertaking (whether carried on by him for profit or not) is for the time being the immediate provider to that person of training or work experience, and employee, employer and cognate words and expressions shall be construed accordingly.

c) General duties of employers and self-employed to persons other than their employees
7.—(1) It shall be the duty of every employer to conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in his employment who may be affected thereby are not exposed to risks to their safety or health.
(2) It shall be the duty of every self-employed person to conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that he and other persons (not being his employees) who may be affected thereby are not exposed to risks to their safety or health.
(3) In such cases as may be prescribed, it shall be the duty of every employer and self-employed person, in the prescribed circumstances, and in the

Appendix 1

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prescribed manner to give to persons (not being his employees) who may be affected by the way in which he conducts his undertaking the prescribed information about such aspects of the way he conducts his undertaking as might affect their safety or health.

General duties of persons concerned with places of work to persons other than their employees
8.—(1) This section has effect for imposing on persons duties in relation to those who are not their employees but who are either the employees of another person or are self-employed and who for the purposes of carrying out work use a non-domestic place of work made available to them or in which they may for the purposes of carrying out work use any article or substance provided for their use there, and it applies to places of work so made available and other non-domestic places of work used in connection with them.

(2) It shall be the duty of each person who has control, to any extent, of any place of work or any part of any place of work to which this section applies or of the means of access thereto or egress therefrom or of any article or substance in such place of work to take such measures as is reasonable for a person in his position to take to ensure, so far as is reasonably practicable, that the place of work, all means of access thereto, or egress there from available for use by persons using the place of work, and any article or substance in the place of work or, as the case may be, provided for use therein, is or are safe and without risks to health.

(3) Where a person has, by virtue of any contract or tenancy, an obligation of any extent as to—
(a) the maintenance or repair of any place of work to which this section applies or any means of access thereto or egress there from; or
(b) the safety of or the absence of risk to health arising from any article or substance in any such place of work; that person shall be treated, for the purposes of subsection (2), as being a person who has control of the matters to which his obligation extends.

(4) Any reference in this section to a person having control of any place of work or matter is a reference to a person having control of the place of work or matter in connection with the carrying on by him of a trade, business or other undertaking (whether for profit or not).

d) General duties of employees
9.—(1) It shall be the duty of every employee while at work—
(a) to take reasonable care for his own safety, health and welfare and that of any other person who may be affected by his acts or omissions while at work;
(b) to co-operate with his employer and any other person to such extent as will enable his employer or the other person to comply with any of the relevant statutory provisions;
(c) to use in such manner so as to provide the protection intended, any suitable appliance, protective clothing, convenience, equipment or other means or thing provided (whether for his use alone or for use by him in common with others) for securing his safety, health or welfare while at work; and
(d) to report to his employer or his immediate supervisor, without unreasonable delay, any defects in plant, equipment, place of work or system of work, which might endanger safety, health or welfare, of which he becomes aware.

(2) No person shall intentionally or recklessly interfere with or misuse any appliance, protective clothing, convenience, equipment or other means or thing provided in pursuance of any of the relevant statutory provisions or otherwise, for securing the safety health or welfare of persons rising out of work activities.

e) Summary of 1993 Regulations
Text of 1993 Regulations is available from Government Publications Office, Molesworth Street, Dublin 2. It is also available on the internet at www.hsa.ie at www.bailii.org and at www.icgp.ie

Sections of the 1993 Regulations include:
General Safety and Health provisions
Workplace
Use of work equipment
Provision of personal protective equipment
Manual handling of loads
Work with display screen equipment
Electricity
First Aid
Notification of Accidents and Dangerous occurrences
f) List of other relevant Regulations

Fire Services Act 1981
Biological Agents Regulations 1993
Safety and Health Signs at Work 1993
Safety Health and Welfare at Work (Chemical Agents) Regulations 1994
Pregnancy at Work Regulations 1994
Waste Management Act 1996
Freedom of Information Act 1997
Offences against the Persons Act 1998
Tobacco (Health Promotion and Protection) Act 1998
Chemical Storage Packaging Labelling Regulations 1998
Construction Design and Management Regulations

Appendix 2

Occupational Health Service for GPs, the GP Family and Practice Staff

The ICGP ‘Health in Practice’ Programme, the Occupational Health Service for General Practice, addresses both the safety and the health-related aspects of working in General Practice. GPs and practice staff need healthcare when they are ill and become ‘patients’. The process of seeking advice, consulting another general practitioner, becoming a patient, treating a GP or GP’s employee and arranging proper follow-up can be a very complex area for both parties. Medically qualified patients and allied staff may have many pre-conceived ideas about their symptoms when they become aware of them, and they may rightly or wrongly fear a particular diagnosis on the basis of their past experiences, or may fear being treated in a dismissive or patronising manner.

Who do GPs or practice staff talk to about their work-related stress and other problems? Many fear their reputation, image and competence would be called into question if they admit to feeling under pressure. Indeed many fear being regarded as fussing excessively or being a hypochondriac if complaining of any physical symptom.

Another of the remits of this ICGP facilitated service for general practice is information, advice and guidance on matters of practice safety, health and facilities.

These problems are best addressed within a nationally organised framework as in the ICGP ‘Health in Practice’ Programme. We endeavour to have this service in operation by late 2001.
Managing Health and Safety in General Practice

Dr Andrée Rochfort