**National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Directorate**

|  |  |  |
| --- | --- | --- |
|  | **Audit Form** |  |
| **Ref:AUD:001:18** | **RE: Level 1 Audit Tool – For Ward/Department Level** |
| **Issue date:** | July 2015 | **Revised:** | September 2021 |
| **Author(s):** | National Health and Safety Function (Audit and Inspection Team) |
| **Note:** | *The HSE considers the management of occupational safety, health and wellbeing as being of fundamental importance in continually improving the quality of its services, as quality of service is intrinsically linked to the provision of a safe working environment and safe systems of work. The HSE is committed to ensuring the implementation of a safety management system that is compliant with the Safety, Health and Welfare at Work Act, 2005, associated legislation and best practice (HSE Corporate Safety Statement).**Auditing is an essential element of the HSE’s Occupational Safety and Health (OSH) management system. Formal auditing provides a comprehensive and formal assessment of compliance. In particular the audit will look at compliance with the criteria of this audit tool.* *This audit applies to all HSE Managers (staff who hold a management role at any level within the organisation) with responsibility for carrying out health and safety risk assessments. Detailed Roles and responsibilities are outlined in local Site / Service Safety Statements. This Audit is required to be completed by Line Managers as specified in 3.2.3 Site or Service Safety Statement and in Section 11 of Safety Statement and who are responsible for its completion. (Ref: GD:001:02 Guideline Document: Writing your Site or Service Safety Statement, July 2020) .* *The audit report assesses overall performance, identifies inadequacies, and makes recommendations on improvement actions. The result of the audit is fed-back to the relevant parties (HSE manager(s)) as soon as possible to allow corrective action to be taken. Managers are required to consider audit findings and recommendations and take appropriate and timely action. Follow-up monitoring must be established by the responsible person in the hospital/service.**Audits will be prearranged and carried out in accordance with Covid-19 guidelines.* ***See Also: Appendix 2 – Notes on Usage.***          |

|  |  |
| --- | --- |
| **Location:** |  |
| **Hospital Group/CHO/Service** |  |
| **Line Manager:** |  |

|  |  |  |
| --- | --- | --- |
| **Auditor name***(Print):* | 1. | 2. |
| **Signature:** | 1. | 2. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit Score:** |  | **Date:** |  |
| **Last Audit Score:** |  | **Last Audit Date:** |  |
| **Trace No:** |  |  |  |

#  General Information (Ward/Department/Service)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group of employees who report to the line manager:** |  |  |  |  |
| **Number of staff:** |  |  |  |  |
| **Type of service:** |  |  |  |  |
| **Capacity:** |  |  |  |  |
| **Number of patients:** |  |  |  |  |
| **Floor level:** |  |  |  |  |
| **Agency Staff:** | **Yes** |  | **No** |  |
| **Interviewees:** |  |

The audit tool is divided into four sections:

# Section A: Health and Safety Management System – 10 QUESTIONS

* Health and Safety Management
* Training
* Accident reporting and investigation

# Section B: Hazard Identification and Risk Assessment – 50 QUESTIONS

* Physical hazards
* Psychosocial Hazards
* Chemical Hazards
* Biological Hazards

# Section C: Health and Wellbeing – 3 QUESTIONS

* Information on Staff Services
* Pregnant Employees
* Welfare Facilities

# Section D: Consultation – 2 QUESTIONS

* Methods for Consultation
* Safety Reps

# Appendix 1 – Quality Improvement Plan Appendix 2 – Notes on Usage

**Appendix 3 - Document Changes**

|  |
| --- |
| **SECTION A: HEALTH AND SAFETY MANAGEMENT: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 3 Section 20**  |
|  |  |  |  |  |  | **N/A** | **Score**  | **Comments**  |
| A | **I** |  | 1. Is there access to the corporate safety statement? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| A | **I** |  | 2. Is there access to the site and / or service safety statement? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| A | **I** |  | 3. Does the ward/department/service safety statement detail the disciplines of staff working within the area and name and job title of the Line Manager, including their signature?  | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| A | **I** |  | 4. Has the site and/or service safety statement been signed off by all current/floating/bank staff from this ward/department/service within the last 12 months?  | **0%** | **25%** | **50%** | **75%** | **100%** |  |  |  |
| **O** |  |  |  |  |  |  |
| **D** | √ |
| A | **I** | √ | 5. Can the manager demonstrate how to access all relevant national health and safety policies? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks**  | **100 marks**  |
| **D** |  |  |  |
|  | **TRAINING: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 10**  |
| A | **I** |  | 6. Have training needs been identified based on legislation and risk assessment within the last year? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks**  | **100 marks**  |
| **D** | √ |  |  |
| A | **I** |  | 7. Is there a system to show training that has been completed and training due based on policy? | **NO**  | **YES** |  |  |  |
| **O** |  | **0 marks**  | **100 marks**  |
| **D** | √ |  |  |
| A | **I** |  | 8. Have those with managerial responsibility completed the HSELanD module “Managing Health and Safety in the Healthcare setting”? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks**  | **100 marks**  |
| **D** | √ |  |  |

|  |  |
| --- | --- |
|  | **INCIDENT REPORTING AND INVESTIGATION: Safety Health & Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016).** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | **I** | **√** | 9. Can managers explain the process for recording and investigating accidents, incidents and near misses? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** |  |  |  |
| A | **I** | **√** | 10. Is the National Incident Management System (NIMS) being used to record staff related accidents/incidents*?* | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A | **How many employee accidents/incidents have been recorded in the previous 12 months?** |  |  |  |  |
| A | **How are accidents /incidents reported to the HSA?** |  |  |  |  |
|  | **TOTAL SECTION A:** |  |  |  |

|  |
| --- |
| **SECTION B: HAZARD IDENTIFICATION AND RISK ASSESSMENT: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 2 Section 19. To download a copy of the general risk assessment please click** [**here**](https://healthservice.hse.ie/filelibrary/staff/general-risk-assessment-form.docx)**Note: A Risk Assessment is deemed invalid & there will be no progression to the Control Measures criterion, if one or all of the following is absent -: Department/ Service site, Date of assessment, Hazard Identified, Risk Description or Risk Rating. Please note if the Service is filled in on the Risk Assessment form  (under Department / Service Site) and the site is not indicated, yet all of the other particulars above are completed and the controls measures documented  can be localised to the site, the risk assessment marks lost is as allocated i.e. 15 marks this element.****All Control Measures listed for each hazard below must be detailed so that they are specific to the site or service. Marks will not be given unless this is evident.**  |

|  |  |
| --- | --- |
|  | ***PHYSICAL HAZARDS*** |
|  | **EQUIPMENT: Safety Health and Welfare at Work (General Application) Regulations 2007 Part 2 Chapter 2 Work Equipment** |
| B | **I** |  | 1. Is there a list of equipment available on the unit/ward/department compiled within the last 12 months?(Electrical and non-electrical) | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| B | **I** |  | 2. Has a risk assessment been completed on the use of workplace equipment within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 Marks** |  |  |  |  |
| **O** |  | **Date of Assessment (within last 12 months)** | **15 Marks** |  |
| **D** | √ | **Name of Risk Owner** | **15 Marks** |  |
| **Hazard Identified** | **20 Marks** |  |
| **Risk Description** | **20 Marks** |  |
|  |  |  |  | **Risk Rating** | **15 Marks** |  |  |  |  |
| **None** | **0 Marks** |  |
| B | **I** |  | 3. Do control measures include: | **Servicing/Maintenance** | **10 marks** |  |  |  |  |
| **Training** | **10 marks** |  |
| **Visual Inspection** | **10 marks** |  |
| **Instructions for use/SOP** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **O** |  | **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
| **D** | √ |

|  |  |
| --- | --- |
|  | **MANUAL HANDLING: Safety Health and &Welfare at Work (General Application ) Regulations 2007 Part 2 Chapter 4 Manual Handling of Loads** |
| B | **I** |  | 4. Has an overall unit/department risk assessment of the work environment and activities been completed for manual handling? This should be dated within the last 12 months using the national template and indicate the following: | **Department/Service Site** | **15 Marks** |  |  |  |  |
| **O** |  | **Date of Assessment (within last 12 months)** | **15 Marks** |  |
| **D** | √ | **Name of Risk Owner** | **15 Marks** |  |
| **Hazard Identified** | **20 Marks** |  |
| **Risk Description** | **20 Marks** |  |
| **Risk Rating** | **15 Marks** |  |
| **None** | **0 Marks** |  |
| B | **I** |  | 5. Where inanimate tasks identified pose a potential risk of injury, has each task been individually risk assessed using TILE? | **Task** | **25 marks** |  |  |  | Take one sample |
| **O** |  | **Individual** | **25 marks** |  |
| **D** | √ | **Load** | **25 marks** |  |
| **Environment** | **25 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 6. Is there a review system in place for assessing people handling activities? | **NO** | **Yes** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| B | **I** |  | 7. Does the system indicate the following? | **Task** | **25 Marks** |  |  |  | Take one sample |
| **O** |  | **Individual** | **25 Marks** |  |
| **D** | √ | **Load** | **25 Marks** |  |
| **Environment** | **25 Marks** |  |
| **None** | **0 Marks** |  |
|  | **DISPLAY SCREEN EQUIPMENT: Safety Health and Welfare at Work (General Application) Regulations 2007 Part 2 Chapter 5 Display Screen Equipment. To download a copy of the Display Screen Equipment risk assessment please click** [**here**](https://healthservice.hse.ie/filelibrary/staff/display-screen-equipment-risk-assessment.docx) |
| B | **I** |  | 8. Have the employees identified as DSE users completed the DSE User Awareness E-Learning Module on HSE LanD within the last 3 years? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B | **I** |  | 9. Does the department have a Display Screen Equipment Assessor who has completed the Display Screen Equipment Assessor Module on HSE LanD within the last 3 years? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| B | **I** |  | 10. Have DSE workstation risk assessment forms (national template) been completed by a Display Screen Equipment Assessor for employees identified as DSE users within the last 12 months? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
|  | **ELECTRICITY: Safety Health and Welfare at Work (General Application) Regulations 2007 Part 3 Electricity** |
| B | **I** |  | 11. Has a risk assessment been completed on electricity within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 Marks** |  |  |  |  |
| **O** |  | **Date of Assessment (within last 12 months)** | **15 Marks** |  |
| **D** | √ | **Name of Risk Owner** | **15 Marks** |  |
| **Hazard Identified** | **20 Marks** |  |
| **Risk Description** | **20 Marks** |  |
| **Risk Rating** | **15 Marks** |  |
| **None** | **0 Marks** |  |
| B | **I** |  | 12. Do control measures include: | **Visual inspection of electrical outlets** | **10 marks** |  |  |  |  |
| **Visual inspection of electrical equipment prior** | **10 marks** |  |
|  | **O** |  |  | **to use** |  |  |  |  |  |
| **Access to Technical Services** | **10 marks** |  |
| **System for reporting defects** | **10 marks** |  |
|  | **D** | √ |  | **Other** | **15 marks** |  |  |  |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
|  |  | **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
|  |  |

|  |  |
| --- | --- |
|  | **RADIATION: Radiological Protection Act, 1991 (Ionising Radiation) Regulations 2019 (S.I. No. 30 of 2019)**  |
| B | **I** |  | 13. Has a risk assessment been carried out on the potential exposure to radiation within last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 Marks** |  |  |  |  |
| **O** |  | **Date of Assessment (within last 12 months)** | **15 Marks** |  |
| **D** | √ | **Name of Risk Owner** | **15 Marks** |  |
| **Hazard Identified** | **20 Marks** |  |
| **Risk Description** | **20 Marks** |  |
| **Risk Rating** | **15 Marks** |  |
| **None** | **0 Marks** |  |
| B | **I** |  | 14. Do control measures include? | **Procedure for each exposure identified** | **10 marks** |  |  |  |  |
| **Identification of potential exposure** | **10 marks** |  |
| **Consideration of pregnant employees** | **10 marks** |  |
| **Access to relevant expertise** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **O** |  | **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
| **D** | √ |
|   | **NOISE: Safety Health & Welfare at Work (General Application) Regulations 2007 Part 5 Chapter 1 Control of Noise** |
| B | **I** | √ | 15. Has a noise survey been carried out where there is a potential exposure to noise within the last 3 years? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B | **I** |  | 16. Is a copy of the noise survey report available for review? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
|  | **SLIPS, TRIPS AND FALLS: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 8 and Part 3 Section 19** |
| B | **I** |  | 17. Has a risk assessment been completed on risk of slips trips and falls internal to the building within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 18. Do control measures include: | **Suitable Footwear-for environment / work activity**  | **10 marks** |  |  |  |  |
| **Signage** | **10 marks** |  |
| **Reporting Defects** | **10 marks** |  |
| **Housekeeping** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **O** |  | **Other** | **15 marks** |  |
| **D** | √ | **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 19. Has a risk assessment been completed on risk of slips, trips and falls external to the building within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
|  |  |  | **Risk description** | **20 marks** |  |  |  |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 20. Do control measures include: | **Pedestrian Walkways** | **10 marks** |  |  |  |  |
| **O** |  | **External lighting** | **10 marks** |  |
| **Signage** | **10 marks** |  |
| **Maintenance including control of inclement weather** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **D** | **√** | **None** | **0 marks** |  |
|  | **WORKING AT HEIGHTS: Safety Health & Welfare (General Applications) Regulations 2007 Part 4 Working at Heights** |
| B | **I** |  | 21. Has a risk assessment been completed on the risk of working at heights within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 22. Do control measures include?*(Work at height is defined as working in a place (except a staircase in a permanent workplace) where a person could be injured by falling from it, even if it is at or below ground level)* | **Identification of work activities that involve working at heights** | **10 marks** |  |  |  |  |
| **O** |  | **Identification of equipment used for these activities** | **10 marks** |  |
| **Assessment of environment to ensure task can be carried out safely** | **10 marks** |  |
|  | **D** | √ |  | **Identification of footwear suitable for the tasks undertaken** | **10 marks** |  |  |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
|  | **DRIVING FOR WORK: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 8 and Part 3 Section 19 and 20** |
| B | **I** |  | 23. Has a risk assessment been carried out on Driving for Work within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 24. Do control measures include: | **Visual inspection prior to each journey** | **10 marks** |  |  |  |  |
| **Driving License** | **10 marks** |  |
| **Breakdown procedure** | **10 marks** |  |
| **Incident Reporting** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **O** |  | **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
| **D** | √ |
|  | **SECURITY: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 8 and Part 3 Section 19 and 20** |
| B | **I** |  | 25. Has a risk assessment been completed on management of unit/ward/building security within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks**  |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B | **I** |  | 26. Do control measures include:   | **Controlled access** | **10 marks** |  |  |  |  |
| **Security Checks e.g. windows/doors** | **10 marks** |  |
| **Safety of valuables/ personnel belongings** | **10 marks** |  |
|  | **O** |  | **Documented procedure for security breaches** | **10 marks** |  |  |  |  |
| **Other**  | **15 marks** |  |
| **Other**  | **15 marks** |  |
| D | √ | **Other**  | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None**  | **15 marks** |  |
|  | **LONE WORKING: Safety Health and Welfare at Work (General Applications) Regulations 2007 Part 2 Chapter 3 Lone Working** |
| B | **I** |  | 27. Has a risk assessment been completed on the risk posed by lone working within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 28. Do control measures include: | **Identification of lone workers including on call staff where applicable** | **10 marks** |  |  |  |  |
| **O** |  | **Manager has access to register of information on workers identified above****i.e. car details, mobile no. and next of kin** | **10 marks** |  |
| **Procedure for lone working** | **10 marks** |  |
|  |  |  |  | **Communication Measures for Lone Workers** | **10 marks** |  |  |  |  |
|  | **D** | √ |  | **Other** | **15 marks** |  |  |  |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 29. Is there evidence to indicate that all staff have signed the Lone Worker Procedure? | **No** | **Yes** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
|  |  |
| **D** | √ |
|  | **MANAGEMENT OF MONEY: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 8 and Part 3 Section 19 and 20** |  |
| B | **I** |  | 30**.** Has a risk assessment been completed on the management of money within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | **√** | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 31. Do control measures include: | **Money is counted out of sight of public areas.** | **10 marks** |  |  |  |  |  |
| **Money stored onsite is kept in a safe that cannot easily be moved.** | **10 marks** |  |  |  |  |
| **Safe access is for authorised personnel only and safe keys are stored securely.** | **10 marks** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Monies are banked regularly but at random times and using a variety of routes to avoid creating a predictable pattern.** | **10 marks** |  |  |  |  |
| **Other** | **15 marks** |  |  |  |
|  | **O** |  |  | **Other** | **15 marks** |  |  |  |  |
|  |  | **Other** | **15 marks** |  |
| **D** | **√** | **None** | **0 marks** |  |
|  |  |
|  | **NIGHT WORKERS: Safety Health and Welfare at Work (General Applications) Regulations 2007 Part 6 Chapter 3 Night Work and Shift Work** |
| B | **I** |  | 32. Has a risk assessment been completed on Night Workers within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 33. Do control measures include: | **Identification of staff deemed as night workers** | **10 marks** |  |  |  |  |
| **O** |  | **Health Surveillance** | **10 marks** |  |
| **Security measures** | **10 marks** |  |
| **D** | √ | **Adequate breaks** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None** | **0 marks** |  |

|  |  |
| --- | --- |
|  | **SENSITIVE RISK GROUPS: Safety Health & Welfare (General Applications) Regulations 2007 Chapter 1 Part 6 , Chapter 2 Part 6 & Chapter 3 Part 6** |
| B | **I** |  | 34. Has a risk assessment been completed on sensitive risk groups. E.g. Placement Students, Volunteers, Young Person 16 -18 years within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 35. Do control measures include: | **Identification of sensitive** | **10 marks** |  |  |  |  |
|  | **O** |  |  | **risk groups** |  |  |  |  |  |
| **Induction** | **10 marks** |  |
| **Supervision** | **10 marks** |  |
| **Defined duties** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **D** | √ | **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
|  |  |
| ***PSYCHOSOCIAL HAZARDS*** |
|  | **VIOLENCE AND AGGRESSION: Safety Health & Welfare at Work Act 2005 Part 2 & 3, Safety Health & Welfare at Work (General Applications) Regulations 2007 Part 2 Chapters 1.** |
| B | **I** |  | 36. Has a risk assessment been completed on the potential for violence and aggression in the workplace within the last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B | **I** |  | 37. Do control measures include: | **Training** | **10 marks** |  |  |  |  |
| **0** |  | **Documented response protocol** | **10 marks** |  |
| **D** | √ | **Testing of response protocol** | **10 marks** |  |
| **Patient/service user assessment of potential for risk factors** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
|  |  |
|  | **STRESS: Safety Health & Welfare at Work Act 2005, Part 3 Chapter 2 Section 19. To Download a copy of the Stress Risk assessment please click** [**here**](https://healthservice.hse.ie/filelibrary/staff/workplace-stress-risk-assessment.docx)**. To download a copy of the sample stress risk assessment please click** [**here**](https://healthservice.hse.ie/filelibrary/staff/sample-risk-assessment-form-for-workplace-related-stress.pdf) **.** |
| B | **I** |  | 38. Has a risk assessment been completed on work related stress using the national template within the last 12 months and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 39. Do control measures include: | **Occupational Health** | **10 marks** |  |  |  |  |
| **O** |  | **National Policy** | **10 marks** |  |
| **D** | √ | **EAP Supports** | **10 marks** |  |
| **Incident reporting** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
|  | **CHEMICAL AGENTS:** [**Safety, Health and Welfare at Work (Chemical Agents) (Amendment) Regulations (2001 -2015)**](http://www.irishstatutebook.ie/eli/2015/si/623/made/en/print?q=chemical+agents) **Chemicals Act 2008 & 2010. Safety Health & Welfare at Work (General Applications) Regulations 2007 Part 6 Chapter 2 Protection of Pregnant Post Natal and Breast Feeding Employees. Safety, Health and Welfare at Work (General Application) (Amendment) (No. 2) Regulations, S.I. No.70 of 2016.** **To download a copy of the chemical risk assessment form please click** [**here**](https://healthservice.hse.ie/filelibrary/staff/chemical-agents-risk-assessment-form.doc) |
| B | **I** |  | 40. Is there a list of chemicals for the department/service? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| B | **I** |  | 41. Are appropriate safety data sheets available and accessible and all dated within the previous 5 years? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| B | **I** |  | 42. Where a chemical is deemed to be potentially hazardous has a detailed risk assessment been completed within the last 12 months using the national chemical risk assessment template? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
|  | **MEDICAL GASES: Safety Health & Welfare at Work (General Applications) Regulations 2001 Chemical Agents.** |
| B | **I** |  | 43. Has a risk assessment been completed on the use of medical gases within the last 12 months using the national chemical risk assessment template? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
|  | **NATURAL /BOTTLED GAS: Safety Health & Welfare at Work (General Applications) Regulations 2001 Chemical Agents. Safety Health & Welfare at Work (General Applications) Regulations 2007** |
| B | **I** |  | 44. Has a risk assessment been completed on the use of natural/bottled gas within the last 12 months using the national chemical risk assessment template? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
|  | ***BIOLOGICAL HAZARDS*** |
|  | **Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020. (S.I. No. 572 of 2013 as amended by. S.I. No. 539 of 2020). HSE/RCPI, (2015) Core Infection Prevention and Control Knowledge and Skills: A Framework Document** **Note: A separate Biological Agent Risk Assessment is required for staff whose work activities involves the risk of occupational exposure to COVID 19** **To download a copy of the Biological Risk Assessment please click** [**here**](https://healthservice.hse.ie/filelibrary/staff/biological-agents-risk-assessment-form.docx) |
| B | **I** |  | 45. Has a risk assessment been completed on the potential exposure to biological agents using the national template within the last 12 months and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified – Activity/Route of Transmission/Biological Agent and Category** | **20 marks** |  |
| **Risk description – Number of Staff & Category / Associated risk** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 46. Do control measures include: | **Occupational Health/Health Surveillance** | **10 marks** |  |  |  |  |
| **O** |  | **Training** | **10 marks** |  |
| **D** | √ | **Incident and Accident Reporting** | **10 marks** |  |
| **PPE** | **10 marks** |  |
|  |  |  |  | **Other** | **15 marks** |  |  |  |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
|  | **SHARPS: European Union (Prevention of Sharps Injuries in the Health Care Sector) Regulations 2014** |
| B | **I** |  | 47. Has a risk assessment been completed on the use of sharps within last 12 months using the national template and indicating the following? | **Department/Service Site** | **15 marks** |  |  |  |  |
| **O** |  | **Date of assessment (within last 12 months)** | **15 marks** |  |
| **D** | √ | **Name of risk owner** | **15 marks** |  |
| **Hazard identified** | **20 marks** |  |
| **Risk description** | **20 marks** |  |
| **Risk rating** | **15 marks** |  |
| **None** | **0 marks** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B | **I** |  | 48. Do control measures include: | **Training** | **10 marks** |  |  |  |  |
| **O** |  | **Sharps policy** | **10 marks** |  |
| **Needle Safe System** | **10 marks** |  |
| **D** | √ | **PPE (must specify type)** | **10 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **Other** | **15 marks** |  |
| **None** | **0 marks** |  |
| B | **I** |  | 49. Has a sharps audit been completed within the last year? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
| B | **I** |  | 50. Is a copy of the sharps audit available for review? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** | √ |  |  |
|  |  |  |  | **TOTAL SECTION B:** |  |  |  |
| **SECTION C: HEALTH AND WELFARE: Safety Health & Welfare at Work Act 2005 Part 3, Chapter 2 Section 19 & 22. Safety Health & Welfare at Work (General Applications) Regulations 2007 Part 6 Chapter 2 Protection of Pregnant Post Natal and Breast Feeding Employees. Safety, Health and Welfare at Work (General Application) (Amendment) (No. 2) Regulations, S.I. No.70 of 2016.****To Download a copy of the Pregnancy Risk Assessment please click** [**here**](https://healthservice.hse.ie/filelibrary/staff/pregnant-employee-risk-assessment-form.docx) |
| C | **I** |  | 1. Is up to date information related to staff services readily available? | **NONE** | **EAP** | **Occ. Health** |  |  |  |
| **O** |  | **0 marks** | **50 marks** | **50 marks** |
| **D** | √ |  |  |  |
| C | **I** |  | 2. Are pregnancy risk assessments completed and reviewed as appropriate for all relevant employees? | **No** | **Completed** | **Reviewed** |  |  |  |
| **O** |  | **0 marks** | **50 marks** | **50 marks** |
| **D** | √ |  |  |  |
|  | **WELFARE: Safety Health & Welfare at Work (General Applications) Regulations 2007 Part 2 Chapters 1 Workplace Layout and Welfare.** |
| C | **I** | √ | 3. Do staff have access to the following: | **Potable water** | **25 marks** |  |  |  |  |
| **O** |  | **Rest areas for meals** | **25 marks** |  |
| **Separate toilets for staff** | **25 marks** |  |
| **D** |  | **Hot and cold running water in staff facilities** | **25 marks** |  |
| **None** | **0 marks** |  |
|  |  |  |  | **TOTAL SECTION C:** |  |  |  |
| **SECTION D: CONSULTATION: Safety Health & Welfare At Work Act 2005 Part 4 Section 25 & 26** |
| D | **I** |  | 1. Describe methods used for exchange of information and consultation with staff. | **Staff meetings – health and safety on agenda** | **50 marks** |  |  |  |  |
| **O** |  | **Staff Notice board** | **50 marks** |  |
| **D** | √ | **Specify any other methods of communication :** |
| D | **I** | √ | 2. Is interviewee aware of the identity of the safety representative in their area? | **NO** | **YES** |  |  |  |
| **O** |  | **0 marks** | **100 marks** |
| **D** |  |  |  |
|  |  |  |  | **TOTAL SECTION D:** |  |  |  |

# Scoring

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **Number of Not Applicable Questions** | **Score for section** |  |
| **A** |  |  | **Total number of questions : 65 - AAS/MAS x 100/1** |
| **B** |  |  |
| **C** |  |  |
| **D** |  |  |
| **Total** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Auditor name *(Print):*** | 1. | 2. |
| **Signature:** | 1. | 2. |
| **Date:** |  |  |

**Example**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **Number of Not Applicable Questions** | **Score for section** |  |
| A | **0** | 630 | **Total number of questions : 65****Subtract number of n/a questions = 9 / 65-9 = 56 Maximum Audit Score = 5600 (56 x 100)****Actual Audit Score = 4130****Score in % = AAS/MAS x 100/1 i.e. 4130/5600 x 100/1 = 74%** |
| B | **8** | 3200 |
| C | **0** | 200 |
| D | **1** | 100 |
| **Total** | **9** | **4,130** |  |

|  |
| --- |
| **APPENDIX 1 – QUALITY IMPROVEMENT PLAN** |
| **Section No** | **Question No** | **Area of Non Compliance** | **Corrective Action to be taken** | **Responsible Person** | **Timeframe** | **Review of implementation of Action** |
| **SECTION A: HEALTH AND SAFETY MANAGEMENT : Safety Health and Welfare at Work Act 2005 Part 3 Chapter 3 Section 20** |
| **A** |  |  |  |  |  |  |
| **A** |  |  |  |  |  |  |
| **A** |  |  |  |  |  |  |
| **A** |  |  |  |  |  |  |
| **A** |  |  |  |  |  |  |
| **TRAINING: Safety Health &Welfare at Work Act 2005 Part 2 Chapter 1 Section 10** |
| **A** |  |  |  |  |  |  |
| **A** |  |  |  |  |  |  |
| **A** |  |  |  |  |  |  |
| **INCIDENT REPORTING AND INVESTIGATION: Safety Health & Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016).** |
| **A** |  |  |  |  |  |  |
| **A** |  |  |  |  |  |  |
| **SECTION B: HAZARD IDENTIFICATION AND RISK ASSESSMENT: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 2 Section 19** |
| ***PHYSICAL HAZARDS*** |
| **EQUIPMENT: Safety Health and Welfare at Work (General Application) Regulations 2007 Part 2 Chapter 2 Work Equipment** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **MANUAL HANDLING : Safety Health & Welfare at Work(General Application)Regulations 2007 Part 2 Chapter 4 Manual Handling of Loads** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |

|  |
| --- |
|  **DISPLAY SCREEN EQUIPMENT: Safety Health & Welfare at Work (General Application) Regulations 2007 Part 2 Chapter 5 Display Screen Equipment** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **ELECTRICITY: Safety Health & Welfare at Work(General Application) Regulations 2007 Part 3 Electricity** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **RADIATION: Radiological Protection Act, 1991 (Ionising Radiation) Regulations 2019 (S.I. No. 30 of 2019)**  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **NOISE: Safety Health & Welfare at Work (General Application) Regulations 2007 Part 5 Chapter 1 Control of Noise** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **SLIPS, TRIPS AND FALLS: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 8 and Part 3 Section 19** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **WORKING AT HEIGHTS: Safety Health & Welfare (General Applications) Regulations 2007 Part 4 Working at Heights** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **DRIVING AT WORK: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 2 Section 19 and 20** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **SECURITY: Safety Health and Welfare at Work Act 2005 Part 3 Chapter 2 Section 19 and 20** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **LONE WORKING: Safety Health and Welfare at Work (General Applications) Regulations 2007 Part 2 Chapter 3 Lone Working** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |

|  |
| --- |
| **MANAGEMENT OF MONEY: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 8 and Part 3 Section 19 and 20** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **NIGHT WORKERS: Safety Health and Welfare at Work (General Applications) Regulations 2007 Part 6 Chapter 3 Night Work and Shift Work** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **SENSITIVE RISK GROUPS: Safety Health and Welfare (General Application) Regulations 2007 Chapter 1 Part 6, Chapter 2 Part 6 & Chapter 3 Part 6** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| ***PSYCHOSOCIAL HAZARDS*** |
| **VIOLENCE AND AGGRESSION : Safety Health & Welfare at Work Act 2005 part 2 and 3, Safety Health & Welfare at Work ( General Applications) Regulations 2007 Part 2 Chapter 1, and Part 6** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **STRESS**: **Safety Health and Welfare at Work Act 2005 Part 3 Chapter 2 Sections 19** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| ***CHEMICAL HAZARDS*** |
| **CHEMICAL AGENTS:** [**Safety, Health and Welfare at Work (Chemical Agents) (Amendment) Regulations (2001 -2015)**](http://www.irishstatutebook.ie/eli/2015/si/623/made/en/print?q=chemical+agents) **Chemicals Acts 2008 and 2010. Safety Health & Welfare at Work (General Applications) Regulations 2007 Part 6 Chapter 2 Protection of Pregnant Post Natal and Breast Feeding Employees. Safety, Health and Welfare at Work (General Application) (Amendment) (No. 2) Regulations, S.I. No.70 of 2016.** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **MEDICAL GASES: Safety Health & Welfare at Work (General Applications) Regulations 2001 Chemical Agents.** |
| **B** |  |  |  |  |  |  |
| **NATURAL GAS: Safety Health & Welfare at Work Act 2005 Part 2 Chapter 1 Section 8. Safety Health & Welfare at Work Act (General Applications) Regulations 2001 Chemical Agents. Safety Health & Welfare at Work (General Applications) Regulations 2007 Part 6 Chapter 2 Protection of Pregnant Post Natal and Breast Feeding Employees** |
| **B** |  |  |  |  |  |  |
| ***BIOLOGICAL HAZARDS*** |
| **BIOLOGICAL AGENTS: Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 and 2020. (S.I. No. 572 of 2013 as amended by. S.I. No. 539 of 2020).** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **SHARPS: European Union (Prevention of Sharps Injuries in the Health Care Sector) Regulations 2014** |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **SECTION C: HEALTH AND WELFARE: Safety Health & Welfare at Work Act 2005 Part 3 Chapter 2 Section 19 and Section 22. Safety Health & Welfare at Work (General Applications) Regulations 2007 Part 6 Chapter 2 Protection of Pregnant Post Natal and Breast Feeding Employees. Safety, Health and Welfare at Work (General Application) (Amendment) (No. 2) Regulations, S.I. No.70 of 2016.** |
| **C** |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |
| **Welfare** : **Safety Health & Welfare at Work (General Applications) Regulations 2007 Part 2 Chapter 1 Work Place Layout and Welfare** |
| **C** |  |  |  |  |  |  |
| **SECTION D: CONSULTATION: Safety Health & Welfare at Work Act 2005 Part 4 Chapters 3 Sections 25 & 26.** |
| **C** |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |

# Appendix 2 – Notes on Usage

## Complete all sections.

* Questions are marked out of 100. Some with single yes/no responses, and some divided into individual marks per response.
* Important Note for RISK ASSESSMENTS:

A risk assessment is deemed void/invalid (and there is no progression to control measure section) if one or all of the below is absent:

* Department/Service site
* Date of Assessment
* Hazard Identified
* Risk Description
* Risk Rating

Please note if the Service is filled in on the Risk Assessment form  (under Department / Service Site) and the site is not indicated, yet all of the other particulars above are completed and the controls measures documented  can be localised to the site, the risk assessment marks lost is as allocated i.e. 15 marks this element.

* Some questions are included for information purposes and do not carry any marks.
* Where a question asks for % completed, marks are awarded for the % of the total number completed e.g. 50 % approximately of staff who have signed the safety statement – 50 marks awarded.
* Verification is obtained by also ticking one of the boxes marked “IOD” i.e. Interview, Observation, Documentation.
* The auditor should calculate the audit score as a percentage. This is explained by a worked example as follows:

Number of questions in audit: 65 Maximum Audit Score (**MAS)**

Total Number of Questions (65) x Maximum Score (100) = 6500 (65 x 100) Actual Audit Score **(AAS)** (Sum of the total scores for each question) Audit Score as a percentage = **AAS/MAS x 100/1**

**Note**: Where a question in a section is not applicable, it will not be given a score.

**Example:**

In the above case; if there were only 60 questions applicable (instead of 65) then the maximum audit score (MAS) would be 6000 (60x100)

Audit score as a percentage would then = actual audit score /maximum audit score) x 100/1

* The scoring for the audit provides a benchmark against which further audits can be compared.
* To demonstrate an acceptable level of compliance a benchmark score of 85% - 100 % should be achieved.
* A template quality improvement plan is provided in Appendix 1.
* Scores achieved on each audit are colour coded to assist managers and hospital management to implement a plan for improvement. See Table below:

|  |
| --- |
| Traffic light system for audits. |
| 85-100% | Compliant – Repeat self audit/ peer audit on annual basis as determined by hospital/service |
| 51- 84% | Follow up by hospital/service. Repeat self audit/peer audit 6/12. |
| 26-50 % | Immediate action by hospital –repeat self audit at 3 months - repeat audit by Audit and Inspection team at 6/12 |
| 0-25% | Critical – Immediate action by hospital/service - Repeat audit by Audit and Inspection Team at 3/12 |

# Appendix 3

**Document Changes**

|  |  |
| --- | --- |
| **Superseded Document** | **Level 1 Audit Tool – For Ward/Department (February 2019) Ref: A:001:16** |
| **Changes to Ref: A:001:16** | * Section A: Health& Safety Management Question 1 – 2017 removed.
* Section A: Health & Safety Management Question 3 rephrased
* Section A: Health & Safety Management Training: Question 6 -Three years changed to yearly
* Initial Risk Rating in risk assessment questions - the word **initial** removed from all questions
* Appendix 3 - Document Changes added
* Behavioural Hazards changed to Psychosocial Hazards
 |
| **Changes to Ref: AUD:001:17** | * Changes to Note section – *Audits will be prearranged and carried out in accordance with Covid-19 guidelines.*
* Page 3 Deleted *Location, Hospital Group / CHO/ Service and Line Manager*
* Section A Q2 word change to site and / or service
* Section A Q3 changed to *Does the ward/department/service* *department safety statement detail the disciplines of staff working within the area and name and job title of the Line Manager, including their signature?*
* Section A Q4 Changed to *Has the site and/or service safety statement been signed off by all current/floating/bank staff from this ward/department/service within the last 12 months?* Removed - *The sheet must clearly indicate that it refers to risk assessments.*
* Section B – Note added - Note: A Risk Assessment is deemed invalid & there will be no progression to the Control Measures criterion, if one or all of the following is absent -: Department/ Service site, Date of assessment, Hazard Identified, Risk Description or Risk Rating. Please note if the Service is filled in on the Risk Assessment form  (under Department / Service Site) and the site is not indicated, yet all of the other particulars above are completed and the controls measures documented  can be localised to the site, the risk assessment marks lost is as allocated i.e. 15 marks this element. All Control Measures listed for each hazard below must be detailed so that they are specific to the site or service. Marks will not be given unless this evident.
* Updated legislation on Section B, Q13, Q40, Q45
* Q45 – Updated Hazard Identified and Risk Description
* Appendix 2 – Inserted *important note for risk assessments*
* *Page 22 – changed 66 to 65*
* *Appendix 2 – Changed example 66 to 65*
* Updated legislation on Section B Q13, Q14
 |