Control measures are any process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities. To be effective, these measures must act to improve the risk profile by reducing the risk posed by any hazard to be as close to a risk-free level as possible.

When examining the existing control measures, consideration should be given to their adequacy, method of implementation and level of effectiveness in minimising risk to the lowest reasonably practicable level.

Some controls are better at minimising risk than others and so it is essential for managers in identifying the most suitable controls to consider the hierarchy of control measures. The higher up the hierarchy the controls are in the potential for them to reduce the risk is greater. Thus, the higher up the hierarchy the controls are selected from, the more reliable they are and should therefore be considered as a priority. Controls which rely on people following correct procedures i.e. administrative or personal protective equipment (PPE) controls are not as reliable and so if the control of a risk is reliant on these then it is necessary to positively consider methods to improve procedures and opportunities for errors. This reduces the likelihood of error and in turn reduces the likelihood of an incident occurring.

The hierarchy of control measures are as follows:

A. Elimination
The job is redesigned so as to remove the hazard (risk factor). However, the alternative method should not lead to a less acceptable product or less effective process if hazard elimination is not practical or feasible. For the control measures to be effective this should be as follows:

1. Substitution
Replacing the material or process with a less hazardous one. If no suitable practical replacement is available, the next control measure is:

2. Engineering
Installing or using additional equipment. If this method is not effective, the next control measure is:

3. Administrative procedures or safe work practices e.g. policies, procedures, guidelines. Only after all the above measures have been tried and found to be ineffective is the next control measure Personal Protective Equipment (PPE):

D. Personal Protective Equipment (PPE)
This is the last control measure to be considered. If PPE is necessary and feasible, it should be used. If it is impractical or not feasible to have PPE there may be a temporary control measure. PPE may be a temporary control measure until other alternative measures are introduced. In most cases, a combination of engineering controls, administrative procedures and PPE is necessary to control risk. Where PPE is the main control measure it should be selected and fitted to the person who will use it. Employees must be trained in the function and limitation of each item of PPE. PPE may be used as a temporary control measure until other alternatives are introduced. Where PPE is the main control method, it should be used in conjunction with another method of PPE, safe work practices and administrative procedures.

It is important to realise that the higher up the control hierarchy the controls are, the more reliable they tend to be and so should therefore be considered as a priority. Controls which rely on people following correct procedures i.e. administrative or PPE controls are not as reliable and therefore if the control of a risk is reliant on these then it is necessary to positively consider methods to improve procedures and opportunities for errors. This reduces the likelihood of error and in turn reduces the likelihood of an incident occurring.

APPENDIX 1 Control Measures

This booklet has been compiled by Des Pearson Staff Health and Safety Manager, HSE HR Services Dublin Mid-Leinster / Dublin North East, Cornelia Stuart Area Quality & Risk Manager, Dublin North East, Miriam Gunning National Tobacco Free Hospitals Initiative Coordinator, HSE Health Promoting Hospital Network, & Catherine Brogan National Planning Specialist, Office of CEO.

Special thanks are due to all who contributed and supported the development of this document.

RISK ASSESSMENT GUIDANCE TOOL FOR ENVIRONMENTAL TOBACCO SMOKE (ETS) March 2009
5.1 Identify the Hazard

The hazard in this case is ‘exposure to tobacco smoke’.

5.2 Decide who is affected by the Hazard

Identify all persons who might be affected by the hazard associated with tobacco smoke in the workplace. These include employees, service users, visitors and others who may have to go into areas where smoking is permitted. In this category you must also consider those persons contracted to work within the area e.g. cleaning staff, maintenance staff and others who may be affected by ETS arising from service users who are permitted to smoke. Particular attention must be paid to service users who may have a pre-existing health condition which may be exacerbated by ETS e.g. asthma and bronchitis or who by virtue of their physical condition may be more vulnerable such as pregnant service users.

5.3 Identify the risks associated with the Hazard

The hazard described above identifies the risks associated with and persons affected by each of the hazards identified.

Risk issues to be considered include but are not limited to the following:

- Harm to health of employees, service users and others who may be affected from the effects of ETS
- Harm to property due to the effects of ETS
- Harm to the facility by the failure to dispose of dangerous residues in the presence of smoking areas
- Other environmental factors e.g. fire risk, noise levels, ventilation

It is important that each risk is described accurately so as to comprehensively capture the risk.

5.4 Rate the Risk

The HSE has adopted the ICAP approach to risk description which encompasses inclusion of the impact of the Casual Factors and Context in which the risk occurs.

- Impact - what is the potential area of impact if the risk were to materialise?
- Context - what are the other factors which could influence the risk?

This step begins with describing the risks associated with each of the hazards identified.

5.5 Identify any existing control measures

Control measures include all measures put in place to eliminate or reduce the risk and include policies, procedures, a smoking cessation programme, guidelines (clinical and non-clinical), engineering controls, training, emergency arrangements, provisions for maintenance control, protocols, etc.

When examining the existing control measures, consider their adequacy, method of implementation and level of effectiveness in controlling or preventing effects or in controlling or preventing the lowest degree of control at which it becomes clear that the control measures have been taken not to be fully effective. All assessments should be subject to review on an annual basis.

5.6 Action Plan

This step is designed to support all HSE Service areas.

The results of the risk assessment must be documented in accordance with legislative requirements.

4.0 INTRODUCTION

This risk assessment guidance has been developed to support the implementation of the Health Service Executive’s (HSE) Best Practice Guidelines for Tobacco Management in Mental Health Settings – February 2008 and is designed to be used in conjunction with that publication.

5.0 THE RISK ASSESSMENT PROCESS

This guidance tool is aligned to the HSE’s Risk Assessment Process and Tool and meets the risk assessment requirements of the Safety Health & Welfare at Work Act 2005. This document is designed to support all HSE Service areas.

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1.3 Identify the risks associated with the Hazard

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This guidance tool is designed to support all HSE Service areas.

The results of the risk assessment must be documented in accordance with legislative requirements.
1. INTRODUCTION

This risk assessment guidance tool has been developed to support the implementation of the Health Service Executive’s (HSE) Best Practice Guidelines for Tobacco Management in Mental Health Settings – February 2008 and should be read in conjunction with that publication.

2. LEGISLATION

The employer’s duty extends to ‘Ensuring, so far as is reasonably practicable, the safety and the prevention of ill-health at work, so far as is reasonably practicable, to persons who are or may be affected by the arrangements made by them to provide facilities for the employment of persons and persons affected by each of the hazards identified.’

This therefore places the onus on managers to provide systems of work that are planned, organised and maintained so as to be, as far as is reasonably practicable, safe and without risk to health.

This document is designed to support all HSE Service areas.

The HSE has adopted the ‘ICC approach’ to risk description which encompasses inclusion of the Impact of the risk, Causal Factors that could result in the risk materialising, and measures that would reduce the risk. This step starts with describing the risks associated with each of the hazards identified.

5.3 Identify the risks associated with the Hazard

Risk descriptions should include the risks associated with and persons affected by each of the hazards identified.

Although you may be able to introduce control measures that may substantially reduce exposure to environmental tobacco smoke, you should keep the situation under continuous review and be prepared to change your assessment of risk if it becomes clear that the control measures you have taken are not fully effective. All assessments should also be subject to review on an annual basis.

4.6 Identify any existing control measures

Control measures include all measures put in place to eliminate or reduce the risk and include policies, procedures e.g. smoking cessation programmes, guidelines (clinical and non-clinical), and engineering controls, training, emergency arrangements, preventable maintenance controls, protocols etc.

While Ventilation may minimise the exposure to ETS it will not eradicate ETS. In areas where smoking is permitted it is necessary to monitor exposure of those who may be affected.

Risk of increased incidence of violence and aggression

Increased incidence of violence and aggression due to restrictions on smoking for service users within <X named Unit>.

5.7 Recording your Risk Assessment:

Best practice is to remove the hazard, if it cannot be removed, control measures must be put in place to reduce the risk.

The HSE Risk Assessment Tool and Guidance:–

In this category you must also consider those persons contracted to work within the area e.g. cleaning staff, maintenance staff and employees who may have a pre-existing health condition which may be exacerbated by ETS e.g. asthma and bronchitis or who by however they may be affected by ETS arising from service users who are permitted to smoke. Particular attention must be paid to service users who may have a pre-existing health condition which may be exacerbated by ETS e.g. asthma and bronchitis or who by however they may be affected by ETS arising from service users who are permitted to smoke.

When coping with your risk assessment you need to bear in mind how you will protect staff, service users and others who might be affected.

5.6 The Assessment Process

The task in this category is ‘Explain in tobacco smoke’

Information

Where do people want to work and how long should smoking break take during night time.

Supervision

This document is designed to support all HSE Service areas.

If you have a smoking room and the staff are aware that they are smoking. If staff are informed of the dangers of smoking and the impact on health. If the staff have been trained in the dangers of smoking and are aware of the impact on health.

Where do people want to work and how long should smoking break take during night time.

Implementation of ‘smoke free Workplace’ Policy

Substitution

Use of alternative source of nicotine e.g. NRT (in line with best clinical practice).

1. Identity the Hazard

2. 5.3 Identify the risks associated with the Hazard

Risk of increased incidences of violence and aggression due to restrictions on smoking for service users within <X named Unit>.
1.0  INTRODUCTION

This risk assessment guidance tool has been developed to support the implementation of the Health Service Executive’s (HSE) Best Practice Guidelines for Tobacco Management in Mental Health Settings – February 2008 and it should be used in conjunction with that publication.

2.0 LEGISLATION

The employer’s duty extends to: “Bringing, so far as is reasonably practicable, the safety and the prevention of risk to health and/or safety of his employees to the knowledge of any of his employees or subordinates or to those exposed to it, to consider, assessing, observing, or advising on any other person’s duty”. (Safety & Welfare at Work Act 2003).

This document is designed to support HSE Service areas.

3.0 DEFINITION OF A RISK ASSESSMENT

The process of evaluating and rating the risks to health and safety of an environment is called the identification of hazards of the environment. It involves estimating the magnitude of the data and deciding the feasible preventative and protective (control) measures to reduce the risks as low as reasonably possible.

4.0 PRIOR TO UNDERTAKING A RISK ASSESSMENT FOR ETS

It is worth taking time to consider the following;
- How many people smoke and who are they?
- Where do people smoke?
- Why do people smoke?

It is worth taking time to consider the following;
- Where do people smoke?
- How many people smoke and who are they?

It is worth taking time to consider the following;
- When do people tend to want to smoke and for how long?
- Where do people tend to want to smoke and for how long? (should smoking take place during night time, etc.)

5.0 THE RISK ASSESSMENT PROCESS

5.1 Identify the Hazard

The hazard in this case is ‘exposure to tobacco smoke’

5.2 Decide who is affected by the Hazard

Identify all persons who might be affected by the hazard

Employees

Those employees who are permitted to smoke in the workplace since 23rd March 2004 under the Public Health Tobacco Act 2004, however may in the future be affected by the ETS arising from services where they are employed by smokers. Firearms and other security personnel must be paid who may also have some existing health condition which may be exacerbated by ETS e.g. asthma and bronchitis and or by virtue of their physical condition may be more vulnerable such as pregnant employees.

Clients

The disabled, the frail or the elderly of all ages who may not have the capacity to refuse smoking in their presence may include such individuals.

Visitors

This category may also include those who are visiting the workplace for the first time and who may not be familiar with the smoking regulations in place.

4. Identify the risks associated with the Hazard

This step details with identifying the risks associated with persons and effects due to the hazards identified.

Risk steps to be followed include but are not limited to

- 1. Harm to health of employee, service users and others who may be affected from the effects of ETS

2. The primary duty to assess for the possibility/disease of respirator problems or to prevent the risk to health of workers exposed to ETS

3. Complete with legibility

4. The supervision/management responsibility for service users when smoking

5. The property due to the effects of ETS

6. The increased incidence of further health and injury

5.3 Identify the risks associated with the Hazard

Describe the Causal Factors that could result in the risk materialising.

1. Harm to health of employees, service users and visitors who may be affected from the effects of ETS

2. Level of supervision/observation required for service users when smoking

3. Harm to property due to the effects of ETS

4. Increased incidence of health and injury

It is important that each risk is described so accurately as to completely capture the risk.

The HSE has adapted the ‘HSE 1996 guide to risk description which encompasses the impact of the local, Casual Factors and Context of which the risk pertains.

- Described in the potential area of impact or the risk where is maintained.
- Described the Causes that could result in the risk occurring.

Describe that this occurs in a specific location (e.g. smoking areas or designated smoking areas) or that a risk is not defined (e.g. employees, service users, department etc.)

ETS is a risk to people who are situated close to a smoking area. The range of ETS depends on where the smoke is emitted.

- Risk of increased incidence of infection and exposure due to reductions in smoking for service users within <1mared width="0.5"

5.4 Identify any existing control measures

Control measures include all measures put in place to eliminate or reduce the risk and include policies, procedures, e.g. smoking cessation programmes, guidelines (clinical and non-clinical), and training, engineering arrangements, preventive maintenance controls, protocols etc.

When examining the existing control measures, consider their adequacy, method of implementation and inherent effectiveness of controls against the health and safety objectives for each hazard identified. The hierarchy of control measures you should consider are as follows:

- Administrative

- Personal Protective

- Substitution

If the risk is still present then the new risk control measures can be considered in conjunction with the best practice guidelines as published in the HSE's best practice guidelines for tobacco management in mental health settings.

6.0 MONITORING & REVIEW

Although you may be able to introduce control measures that may substantially reduce exposure to environmental tobacco smoke, you should keep the objective of continuous review and commitment to change your assessment of risk if it becomes clear that the control measures you have taken are not fully effective. All assessments should be subject to review on an annual basis.

In areas where smoking is permitted it is necessary to monitor exposures of those who may be affected.

7.0 REFERENCES

This document includes references to the current and/or best practice guidance on the subject of tobacco reduction or smoking cessation in the workplace.

1. Health Service Executive for Environmental Tobacco Smoke Version 0.5

2. Provisional Selection of Personal Protective Equipment (PPE) may be necessary. This should not be considered as a final test.

5. If the risk rating remains at an existing control measure and risk advice in controlling the risk. These dimensions are interrelated, either of which can result in the risk being reduced or eliminated. For example, by prohibiting smoking you may be eliminating the risk.

6. Risk Assessment Guidance Tool and Guidance, including Guidance on application_.pdf

7. Recording the risk assessment: The risk assessment result must be documented in accordance with legislations.

8.0 MONITORING & REVIEW

Although you may be able to introduce control measures that may substantially reduce exposure to environmental tobacco smoke, you should keep the objective of continuous review and commitment to change your assessment of risk if it becomes clear that the control measures you have taken are not fully effective. All assessments should be subject to review on an annual basis.

In areas where smoking is permitted it is necessary to monitor exposures of those who may be affected.

9.0 REFERENCES

For further clarification in respect of control measures see Appendix 1.
Control measures are any process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities. It is essential therefore when seeking to minimise risk posed by any hazard to have in place sufficient controls.

When examining the existing control measures, consideration should be given to their adequacy, method of implementation and level of effectiveness in lowering risk to the lowest reasonably practicable level.

Some controls are better at reducing risk than others and it is essential for managers in identifying the most suitable control reference to act in the hierarchy of control measures. The higher on the hierarchy the control is the greater the potential for it to lower the risk. Consideration should therefore be given to the level of the hierarchy of control the existing control is selected from. The hierarchy of control measures are as follows:

A. Elimination
   - Job the risk is reduced so as to remove the hazard (risk factor). However, the alternative method should not lead to a less acceptable product or less effective process. If hazard elimination is not successful or practical, the next control measure is:
B. Substitution
   - Replacing the material or process with a less hazardous one. If no suitable practical substitution is available, the next control measure is:
C. Engineering
   - Controls involving the use of additional equipment. If this method is not effective, the next control measure is:
D. Administrative procedures or safe work practices e.g. policies, procedures, guidelines.
   - Only after all the previous measures have been tried and found to be ineffective in managing the risk should Personal Protective Equipment be considered.
E. Personal Protective Equipment (PPE)
   - This is the last control measure to be considered. If chosen, PPE should be selected and fitted to the person who uses it. The personal protective equipment (PPE) should be of a type and fit that the person can wear and that do not interfere with other work tasks or result in discomfort长时间

It is important to realise that the higher up the control hierarchy the controls are, the more reliable they tend to be and should therefore be considered as a first priority. Controls which rely on people following correct procedures i.e. administrative or PPE controls, are less reliable and therefore if the control of a risk is reliant on these, it is necessary to actively consider weaknesses in existing procedures to reduce the likelihood of error or introducing focused monitoring procedures.

APPENDIX 1 Control Measures

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Special thanks are due to all who contributed and supported the development of this document.
Control measures are any process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunity. It is essential therefore when seeking to minimise the risk posed by any hazard to have a plan of sufficient controls. When examining the existing control measures, consideration should be given to their adequacy, method of implementation and level of effectiveness in minimising risk to the lowest reasonably practicable level.

Some controls are better at minimising risk than others and to assist managers in identifying the most suitable controls reference should be made to the hierarchy of control measures. The higher on the hierarchy the control is the greater the potential is that it will minimise the risk. Consideration should therefore be given as to which level or the hierarchy of control the existing controls are selected from. The hierarchy of control measures are as follows:

A. Elimination
   The job is redesigned so as to remove the hazard (risk factor). However, the alternative method should not lead to a less acceptable product or less effective process. If hazard elimination is not feasible or practical, the next control measure is:

B. substitution
   the material or process with a less hazardous one. If no suitable practical replacement is available, the next control measure is:

C. Engineering
   installing or using additional equipment. If this method is not effective, the next control measure is:

D. Administrative procedures or safe work practices e.g. policies, procedures, guidelines.
   Only after all the previous measures have been tried and found to be ineffective in controlling the risk should Personal Protective Equipment (PPE) be considered.

E. Personal Protective Equipment (PPE)
   This is the last control measure to be considered. If chosen, PPE should be selected and fitted to the person who uses it. PPE should not be relied upon to eliminate or control a hazard at all times. PPE may provide a temporary control measure until other alternative are available. In most cases a combination of engineering controls, administrative procedures and PPE is necessary to efficiently control the risk. Effective PPE is the result of controls which have been selected to give the person the best possible protection, and this is dependent upon the person using the PPE correctly.

It is important to realise that the higher up the control hierarchy the controls are, the more reliable they tend to be and should therefore be considered as a first priority. Controls which rely on people following correct procedures i.e. administrative or PPE controls are not as reliable and therefore if the control of a risk is reliant on these then it is necessary to identify whether there is scope to improve the likelihood of error or introducing focused monitoring procedures.

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RISK ASSESSMENT GUIDANCE TOOL FOR ENVIRONMENTAL TOBACCO SMOKE (ETS) March 2009

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