

**APPENDIX A
Centre Specific Information**

Name of Centre	Largy College
Address	Analore Rd, Clones, County Monaghan.
Name of Centre Manager	Ms. Sharon Magennis
Name of Senior Management	Ms. Sharon Magennis Mr. Vincent Corey
Number of students	486
Number of buildings	1 and 3 external units
Facilities detailing number of classrooms, labs, workshops, gymnasiums, pools, outside pitches	20 General Classrooms 1 Mechanical Drawing Room 1 CAD Room 3 Science Room 1 Dress Design Room 1 Home Economics Room 2 Woodwork Rooms 1 Metalwork Room 1 Art Room 3 external classrooms (Temporary) 2 Autism classroom (Temporary)
Provision for persons with special needs	Escalator Access ramps to enter and exit buildings All rooms wheelchair accessible
List of regular visitors providing services to centre e.g. external contractors or educational service providers	Responsibility of Apleona
Building used for other purposes outside normal centre hours including adult education and recreational facilities	No Longer Gym Weights room Computer room
Adult Education (if applicable)	Language Classes
Name of Health and Safety Rep(s)	Mr. Shane Moran
Location of Defibrillators / First Aid Kit	Beside Principal Office Beside the Gym Office
Name of Chief Fire Warden (s)	Mr. Shane Moran
External fire assembly points	Located in the basketball courts.

Critical Incident Management Team		
Role	Name	Phone
Team leader:	Ms. Sharon Magennis	047 51132
Garda liaison	Mr. Vincent Corey	047 51132
Staff liaison	Mr. Shane Moran	047 51132
Student liaison	Ms. Claudine Goff	047 51132
Administrator	Ms. Mary Deery	047 51132

First Aid Team / Responders		
Name	Location	Phone
Mr. Shane Moran Mr. Francis Ward MS. Paula Mc Gonnell	HSCCL Office	047 51132
Mr. Vincent Corey	Deputy Principals Office	047 51132
Mr Dessie Mone	PE Office	047 51132

Emergency Contacts		
Agency	Name	Phone
Garda (Clones)	Sgt Stephen Mc Cabe	047 51262
Hospital	Cavan Hospital	049 4376000
Local GP	Dr. Derdre Smith-Moran	047 51919
HSE		1850 24 1850
Employee Assistance Service	Teachers and SNA's	1800 411 057
Employee Assistance Service	All other staff	1800 814243

Health and Safety Committee		
Name	Location	Contact Number
Mr. Shane Moran	HSCL Office	047 51132 Ext No. 210
Mr. Vincent Corey	Deputy Principal Office	047 51132 Ext No. 203

Fire Wardens		
Name	Location	Contact Number
Mr. Shane Moran	Chaplains Office	210
MS. Siobhan Mc Kenna	Office	047 51132

**APPENDIX B
Fire Safety Evacuation Plan**

Emergency Action Notice

If you discover a FIRE:

**Operate the nearest fire alarm manual call point
i.e. red break-glass unit**



**Attack the fire with the first-aid fire-fighting equipment only if it is safe
to do so and if trained in the use of the equipment provided**

**If not attacking the fire, close the door of the room containing the fire,
leave the building and proceed to the designated assembly point**

If you hear the FIRE ALARM SIGNAL

DO

**Evacuate the building in an orderly manner by the nearest escape
route without stopping to collect valuables or belongings**

Proceed to the assembly point at:

- Zone 1: First Years**
- Zone 2: Second Years**
- Zone 3: Third Years**
- Zone 4: Fourth Years**
- Zone 5: Fifth Years**
- Zone 6: Sixth Years & LCA**

DO NOT

Re-enter the building unless instructed to do so by the Chief Fire Warden

APPENDIX C

Personal Emergency Evacuation Questionnaire (Sample)

Why you should fill in the form?

As your employer / education provider, ETB has a responsibility to protect you from fire risks and ensure your health and safety at work. To do this properly we need to know:

- a) if you require information about our emergency egress procedures;
- b) If you need assistance during an emergency.

It shouldn't take you more than a few minutes to complete the form.

What will happen when you have completed the form?

We will be able to provide you with information you need about the emergency egress procedures in the building(s) in which you work.

If you need assistance, we will be able to work out a "Personal Emergency Egress Plan" for you. To do this, we will discuss the best ways of getting you out quickly and comfortably. We will involve you, your manager and the person(s) in charge of the building(s) in which you work.

But don't worry - we do not see you as the problem – you are not a safety risk. The problem belongs to us and the building in which you work.

NAME:

JOB TITLE/Student:

DEPARTMENT /Class/Course (if relevant):

BRIEF DESCRIPTION OF DUTIES:

LOCATION

1. Where are you based for most of the time? Please name: the building, the floor and the room number

Building: Floor: Room:

2. Will your job take you to more than 1 location in the building in which you are based?

YES NO

3. Will your job take you to different buildings?

YES NO

AWARENESS OF EMERGENCY EGRESS PROCEDURES

4. Are you aware of the emergency egress procedures that operate in the building(s) in which you work?

YES NO

5. Do you require written emergency egress procedures?

YES NO

- 5a. Do you require written emergency egress procedures to be supported by ISL interpretation?

YES NO

5b. Do you require emergency egress procedures to be in Braille?

YES

NO

5c. Do you require emergency egress procedures to be on tape?

YES

NO

5d. Do you require emergency egress procedures to be in large print?

YES

NO

6. Are the signs which mark the emergency exits and the routes to the exits clear enough?

Yes

No

EMERGENCY ALARMS

7. Can you hear the fire alarm(s) provided in your place(s) of work?

Yes

No

Don't know

8. Could you raise the alarm if you discovered a fire?

Yes

No

Don't know

ASSISTANCE

9. Do you need assistance to get out of your place of work in an emergency?

Yes No Don't know

If NO, please go to question 13

10. Is anyone designated to assist you to get out in an emergency?

Yes No Don't know

If NO, please go to question 12. IF YES, give name(s) and location(s)

11. Is the arrangement with your assistant(s) formal (that is, is the arrangement written into their job description)

Yes No Don't know

11a. Are you always in easy contact with those designated to help you?

Yes No Don't know

12. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you are located?

Yes No Don't know

GETTING OUT

13. Can you move quickly in the event of a fire?

Yes No Don't know

14. Do you find stairs difficult to use?

Yes No Don't know

15. Are you a wheelchair user?

Yes No Don't know

Thank you for completing this questionnaire. The information you have given us will help us to meet any needs for information or assistance you may have.

Remember, we do not see you as the problem – you are not a safety risk. The problem belongs to us and the building in which you work.

Please return completed form to: Line Manager / Centre Manager

**APPENDIX D
Fire Drill Record (Sample)**

Name:		
Location:		
Date:		
Time:		
Time taken to complete evacuation:		
Nature of Drill:	Planned	Emergency
Call point / detector activated (Location required)		
	Yes	No
Was everyone accounted for (check students, visitors, and contractors)?		
Were there any problems? (if Yes please explain in additional comments box)		
Did the Fire Wardens check all parts of the centre?		
Additional Comments:		

Corrective action	Responsibility	Target Date

APPENDIX E Bomb Threat Call Checklist (Sample)

Date: _____ Call Received: _____ Call Ended: _____ Phone Number: _____

During the Call: Questions to ask the Caller

1. Where is the bomb located? (Building / Floor / Room) _____

2. When will it go off? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will make it explode? _____
6. Did you place the bomb? Yes / No _____
7. Why are you doing this? _____

8. What is your name? _____

After the Call: Information about the Caller

1. Where is the caller located? (Background noise) _____
2. Estimated age: _____ 3. Is the voice familiar? _____
3. If so, who does it sound like? _____
4. Other points: _____

After the Call: Exact words of the threat:

After the Call: Please circle the applicable attributes regarding the bomb threat call:

Caller's Voice:

- Accent Angry Clearing Throat Coughing Cracking Voice Crying
- Deep Deep breathing Disguised Distinct Female Laughter
- Lisp Male Nasal Normal Polite Ragged
- Rapid Raspy Slow Slurred Soft Stutter

Caller's Language:

- Broken English Clear Incoherent Loud Message Read Profane
- Taped Well spoken

Caller's Demeanour:

- Aggressive Calm Cool Drugged Emotional Excited
- Frightened Immature Intoxicated Irrational Manic Obscene
- Rude Sincere

Background Sounds:

- Animal Noises Booth Clear Conversation Factory Machines House Noises
- Kitchen Noises Local Long Distance Motor Music Office
Machines
- PA System Static Street Noises

Critical Words:

- Booby Trap C.E.4 Chemical Fuse Det Cord Detonate Detonator
- Dynamite Explosion Explosives Fuse Initiate Initiation
- Nitro P.E.4 Plastic Plastic Explosive Power Power Source
- Safety Fuse Semtex Shrapnel Switch Timer T.N.T
- Trigger Trip Trip Wire 808

APPENDIX F
Chemical Register Template (Science Storage Rooms)

Name of preparation or process	Chemical contained	CAS Number	What volume is stored?	Where is it stored	What is it used for?	Hazard information	Supplier's Name and address	Current SDS available?
All Chemicals in science have been audited. Details of this available from H&S officer.								

APPENDIX G

Location & Contents of First Aid Box

Location of First aid Box: **Secretary's Office, Chaplains Office, First Aid Room, PE Office, Science Labs, Woodwork Rooms, Metalwork Room, Art Room, Home Economics Room**

Recommended contents of first-aid boxes and kits as outlined in the H.S.A. Guidelines on Chapter 2 of Part 7 of the *Safety Health and Welfare at Work (General Application) Regulations, 2007* – First Aid.

The following table indicates the quantities that are required, depending on the number of persons present:

Materials	First-aid travel kit	First-aid box		
		1 – 10 persons	11 - 25 persons	26 - 50 persons* ₁
Adhesive Plasters	20	20	20	40
Sterile Eye Pads (No. 16) (Bandage attached)	2	2	2	4
Individually Wrapped Triangular Bandages	2	2	6	6
Safety Pins	6	6	6	6
Individually Wrapped Sterile Unmedicated Wound Dressings Medium (No. 8) (10 x 8 cms)	1	2	2	4
Individually Wrapped Sterile Unmedicated Wound Dressing Large (No. 9) (13 x 9 cms)	1	2	6	8
Individually Wrapped Sterile Unmedicated Wound dressing Extra Large (No. 3) (28 x 17.5 cms)	1	2	3	4
Individually Wrapped Disinfectant Wipes	10	10	20	40
Paramedic Shears	1	1	1	1
Pairs of Examination Gloves	3	5	10	10
Sterile water, where there is no clear running water ** ₂	2x20 mls	1x500 mls	2x500 mls	2x500 mls
Pocket Face Mask	1	1	1	1
Water Based Burns Dressing Small (10 x 10cm) *** ₃	1	1	1	1
Water based Burns Dressing Large *** ₃	1	1	1	1
Crepe Bandage (7cm)	1	1	2	3

NOTES:

***Note 1:** Where more than 50 persons are employed, pro rata provisions should be made

****Note 2:** Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 20ml and should be discarded once the seal is broken. Eye bath / eye cups / refillable containers should not be used for eye irrigation due to the risk of cross infection. The container should be CE marked.

*****Note 3:** Where mains tap water is not readily available of cooling burnt area.

APPENDIX H

Setting Up Your Workstation

Make full use of the equipment provided and adjust it to get the best from it and to avoid potential health problems. Here are some practical tips:

Getting comfortable

- Adjust your chair and VDU to find the most comfortable position for your work. As a broad guide, your forearms should be approximately horizontal and your eyes the same height as the top of the VDU.
- Make sure you have enough work space to take whatever documents or other equipment you need.
- Try different arrangements of keyboard, screen, mouse and documents to find the best arrangement for you. A document holder may help you avoid awkward neck and eye movements.
- Arrange your desk and VDU to avoid glare or bright reflections on the screen. This will be easiest if neither you nor the screen is directly facing windows or bright lights. Adjust curtains or blinds to prevent unwanted light.
- Make sure there is space under your desk to move your legs freely. Move any obstacles such as boxes or equipment.
- Avoid excess pressure from the edge of your seat on the backs of your legs and knees. A footrest may be helpful, particularly for smaller users.

Keying in

- Adjust your keyboard to get a good keying position. A space in front of the keyboard is sometimes helpful for resting the hands and wrists when not keying.
- Try to keep your wrists straight when keying. Keep a soft touch on the keys and don't overstretch your fingers. Good keyboard technique is important.



Using a mouse

- Position the mouse within easy reach so it can be used with the wrist straight. Sit upright and close to the desk so you don't have to work with your mouse arm stretched. Move the keyboard out of the way if it is not being used.
- Support your forearm on the desk and don't grip the mouse too tightly.
- Rest your fingers lightly on the buttons and do not press them hard.

Reading the screen

- Adjust the brightness and contrast controls on the screen to suit lighting conditions in the room.
- Make sure the screen surface is clean.
- In setting up software, choose options giving text that is large enough to read easily on your screen when you are sitting in a normal, comfortable working position. Select colours that are easy on the eye (avoid red text on a blue background, or vice-versa).
- Individual characters on the screen should be sharply focused and should not flicker or move. If they do, the VDU may need servicing or adjustment.

Posture and breaks

- Don't sit in the same position for long periods. Make sure you change your posture as often as practicable. Some movement is desirable, but avoid repeated stretching to reach things you need (if this happens a lot, rearrange your workstation)
- Most jobs provide opportunities to take a break from the screen, e.g. to do filing or photocopying. Make use of them. If there are no such natural breaks in your job, your employer should plan for you to have rest breaks. Frequent short breaks are better than fewer long ones.

For further information or for a VDU assessment please contact Health and Safety Officer.

APPENDIX I Permit To Work (Sample)

Issued to (Company Name)		Type of Permit (Tick as appropriate)
Issued to (Operator Name)		Electrical / Steam / Gas Work
Authorised Issuer (Print Name)		Hot Works
Issued - Date & Time		Working at Heights
Valid Until – Date & Time		Working in Confined Spaces
Location of Work		Other Hazardous Work
Nature of Work		

	Yes	No	Personal Protective Equipment (PPE) (tick symbol as required). Work must not commence until PPE is in place.
SAFETY PRECAUTIONS – TO BE COMPLETED FOR ALL PERMITS. WORK SHALL NOT COMMENCE UNTIL THE ANSWER IS YES TO ALL ITEMS IN THIS SECTION.			
Are Risk Assessments and Method Statements (RAMS) on file for this particular work?			
Has the (sub) contractor been taken through the Site Safety Rules on the reverse of this permit?			
ELECTRICAL / STEAM / GAS			
Will isolation be required?	Yes	No	WORK AT HEIGHTS Are MEWPs or scaffolding required?
If Yes what is the method of isolation, e.g. lock, tag? (Electrician will advise)			If Yes has equipment been inspected and certified as free from damage or defect?
Confirm relevant supply has been isolated.			
HOT WORKS			
Are fire extinguishers available and free from damage or defect?	Yes	No	WORK IN CONFINED SPACES Has safe access & egress been confirmed as suitable?
Is an exclusion zone to be marked / cordoned off?			Is continuous gas monitoring to be carried out?
Is roof work required?			Will stand-by personnel be in attendance at all times?
If Yes list additional safety measures taken on a separate sheet.			Is breathing apparatus required?
After all hot works a fire watch of AT LEAST 1 HOUR is required. Tick to acknowledge.			Is fall arrest equipment applicable? If Yes, list on a separate sheet.
OTHER HAZARDOUS WORK (please specify)	Yes	No	Additional / Other / Comments




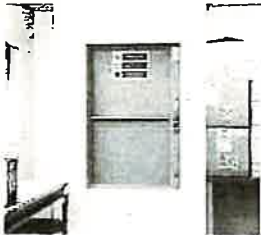

	ISSUE		
Issuer	I authorise the work to be carried out.	Signed:	Date & time:
(Sub)contractor	I have read & understand the conditions of this permit and agree to adhere to the Site Safety Rules on the reverse.	Signed:	Date & time:
	HAND BACK		
Issuer		Signed:	Date & time:
(Sub)contractor		Signed:	Date & time:






SITE SAFETY RULES

THESE RULES APPLY AND MUST BE ADHERED TO BY ALL VISITORS, CONTRACTORS AND SUBCONTRACTORS

- Park safely in the designated parking area away from areas in which plant / vehicles are operating;
- Adhere to the speed limit;
- Be aware of signage around the centre and act according to instructions thereon, this includes instructions regarding emergency procedures;
- Wear PPE appropriate to the activities. Centre management will communicate site-specific requirements;
- Report to reception before starting work. It is the responsibility of the (sub) contractors' supervisor / responsible person to be aware of location of their employees at all times in case of emergency / evacuation;
- The centre operates a **Permit to Work** system for hazardous work and if you are to engage in hazardous work you must advise centre management who will issue the permit to work before the work commences. This process includes the requirement for job-specific Risk Assessments and Method Statements (RAMS) to be provided;
- All contractors must observe the appropriate statutory regulations & codes of practice as well as centre safety procedures while working at the centre;
- All contractors' equipment should be in good order and have a current statutory inspection certificate where appropriate. Copy certificates may be requested by the centre;
- Contractors' staff must have appropriate training for the plant they are using and the work activities they are undertaking, copy cards or certificates of training may be requested by the centre;
- All portable electrical equipment should be PAT certified and either be battery powered or 110V and centre tapped to earth;
- Contractors should provide all tools and equipment needed for the work. The centre's equipment will not be used without the express approval of centre management and the contractor must provide evidence that their employees are competent to use such equipment;
- Good housekeeping should always be maintained, with materials stored in a safe and orderly manner and waste placed in suitable containers. Contractors are responsible for removing any waste they create unless previous approval has been given by centre management for disposal in the appropriate waste receptacles;
- Contractors' work areas are to be segregated off with physical barriers if possible and suitable warning signage;
- If scaffolding is to be used copies of the training records for staff erecting / altering / dismantling or inspecting scaffolding must be provided and the statutory inspection certificates (initial, weekly and alteration) must be given to centre management;
- No smoking is permitted on centre grounds except in designated areas;
- Contractors must not dispose of any materials or substances via the drains within the property's grounds without the permission of centre management;
- Should a contractor breach safety rules or be involved in an accident, incident or near-miss centre management must be informed immediately. Centre management, in conjunction with the Centre Manager, will decide on any action to be taken;
- All centres have a current asbestos register and this must be viewed prior to work commencing. If it is likely that asbestos will be disturbed by the work or a substance which is likely to be asbestos is discovered then work must be stopped and centre management informed immediately;
- All persons must make themselves aware of the centre fire procedures, escape routes and assembly points.

APPENDIX J Items Which Require Statutory Inspection (Sample)

TYPICAL ITEMS	Applicable Regulation	Uses	Image
Passenger Lift	Reg 52	Lift for general use	
Platform Lift	Reg 52	Used for wheelchair access between levels and sometimes between 2 or 3 floors	
Portable Patient Hoist & Harness	Reg 52	Use for raising and moving a disabled person	
Service Lift / Dumb Waiter	Reg 52	Used for moving food trays, dishes etc. between floors.	
Patient Hoist on Track	Reg 52	Used for raising and transporting a disabled person	

TYPICAL ITEMS	Applicable Regulation	Uses	Image
Air Receiver	Part 10	Used in compressed air systems to store air under pressure until required for use.	
Heating Boilers	Reg 30	Can be oil, gas or electrically powered. Used to heat water for circulation in a heating system (pipes and radiators).	
Expansion Vessels	Part 10	When over 250 bar litres in size (multiply the design pressure by the volume) these storage pressure vessels come under Part 10 and must be examined.	
Basketball Net Winches	Reg 30	Positioning winches for basketball nets in a gymnasium. A safe means of access (usually scaffolding or a MEWP) will be required.	
Self-Generating Autoclaves	Part 10	Used in science labs to sterilise equipment	

APPENDIX L

Employee Safety Induction Checklist (Sample)

Employee Name:	Line Manager:
Job Title:	Department:

Induction Contents:	Subject Covered (✓)
Safety Statement to include risk assessments	
Accident / Incident Reporting Procedures.	
Emergency and fire arrangements including locations of exits / escape route and fire assembly point.	
First aid arrangements.	
Location of Defib	
Toilets / Showers.	
Location of health and safety noticeboard.	
Canteen Facilities.	
No smoking policy.	

Signed by Manager who completed the induction:	Date:
Signed by Employee:	Date:

APPENDIX M
Safety Rep Checklist Form (Sample)

Monthly Health and Safety Audit 2020		
Location / Department:		
Date Audit Completed:		
Completed By:		
Fire Escape / walkways:	Date action required	Date of resolution
Emergency exits / walkways clear / fire extinguishers (in situ, not damaged / obstructed) / fire signage other observations/ staff comments?		
Equipment:	Date action required	Date of resolution
Sockets, damaged leads, faulty equipment, other observations / staff comments? Equipment in good working order and adequately guarded?		
Slips, Trips and Falls:	Date action required	Date of resolution
Walkways free, floor surfaces even, passageways kept clear, cable management, spillages, other observations / staff comments?		

<p>Filing and Storage Rooms:</p> <p>Walkways free, shelves secure and tidy, heavy items stored between mid-thigh and shoulder height, step ladder required (if items stored at head height), other observations / staff comment?</p>	<p>Date action required</p>	<p>Date of resolution</p>
<p>Kitchen:</p> <p>Cleaning materials stored appropriately, kitchen tidy, other observations / staff comment?</p>	<p>Date action required</p>	<p>Date of resolution</p>
<p>Chemicals:</p> <p>Chemicals properly stored and identified?</p>	<p>Date action required</p>	<p>Date of resolution</p>
<p>Staff Comments / Requests:</p> <p>Do staff have any issues of concern or suggestions related to Health and Safety practice and procedures in the centre?</p>		
<p>Improving Health and Safety</p> <p>As a result of this audit and discussions with staff what safety controls could be taken to eliminate risks and improve Health and Safety practice and procedures in the centre or during any activities which you manage?</p>		

APPENDIX N Annual Health & Safety Checklist (Sample)

<p>This form must be completed by each Centre on at least an annual basis, no later than the end of June of each year and submitted to the ETB.</p>	
<p>Centre:</p>	
<p>Centre Manager:</p>	
<p>Date Completed:</p>	
<p style="text-align: center;">Check Item:</p>	<p style="text-align: center;">Response – answer yes or no – where the answer is 'no' please provide an explanation.</p>
<p>The Safety Statement has been reviewed and the areas in Section 6 which have been identified for updates are attached for approval?</p>	
<p>The Safety Statement has been communicated to all staff and records of same have been maintained?</p>	
<p>The Safety Statement requirements in respect of establishing a safety rep and a safety committee have been actively applied at this Centre?</p>	
<p>Meetings have taken place as required under the Safety Statement and records of such meetings are maintained?</p>	
<p>Risk assessments have been completed in accordance with the Safety Statement and are maintained?</p>	
<p>Fire equipment has been maintained and inspected?</p>	
<p>The number of fire drills carried out in the school during the academic term are (specify number)?</p>	
<p>Appropriate arrangements are in place in relation to the inspection and maintenance of equipment?</p>	
<p>Regular inspections are carried out within the school in order to check that the environment is clean, tidy and well maintained?</p>	
<p>Accidents and incidents are recorded and investigated?</p>	
<p>This centre has carried out an annual management review of its own Safety and Health performance?</p>	
<p>Comments</p>	

**Appendix O:
Accident Incident Form**

Insert link to form on staff SharePoint.