

**Job Specification and Terms and Conditions**

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| **Job Title and Grade** | Temporary Senior Medical Scientist, Virology Department  Grade code: 3877 |
| **Campaign Reference** | GAHP1844 |
| **Closing Date** | 12.00 noon on 22nd June 2018 |
| **Term** | Immediate vacancy until 1st April 2019 |
| **Proposed Interview Date (s)** | It is proposed that interviews will be held as soon as possible after the closing date |
| **Taking up Appointment** | Start date will be indicated at job offer stage. |
| **Organisational Area** | Saolta University Health Care Group |
| **Location of Post** | Saolta University Health Care Group  Initial assignment will be to Virology Laboratory, University Hospital, Galway.  The successful candidate may be required to work in any service area within the vicinity as the need arises.  A panel will be formed from this campaign from which temporary vacancies in the Virology Department, GUH, may be filled. |
| **Informal Enquiries** | Ms Colette Faherty, Chief Medical Scientist, Virology Department, UHG  Email: [Colette.faherty@hse.ie](mailto:Colette.faherty@hse.ie) |
| **Details of Service** | Saolta University Health Care Group is one of seven new hospital groups announced by the then Minister for Health, Dr. James Reilly TD in May, 2013, as part of a re-organisation of public hospitals into more efficient and accountable hospital groups that will deliver improved outcomes for patient. The Saolta University Health Care Group comprises of 7 hospitals:   * Letterkenny University Hospital * Sligo University Hospital * Mayo University Hospital * Roscommon University Hospital * Portiuncula University Hospital * Merlin Park University Hospital Galway * University Hospital Galway   The Group has one overall Group Management Team, turnover of €863 million and operates with 1,986 beds and 8,884 WTE (10,124 headcount in March 2018) staff.  The objectives of the groups are to:   * Achieve the highest standard of quality and uniformity in care across the group * Deliver cost effective hospital care in a timely and sustainable manner * Encourage and support clinical and managerial leaders * Ensure high standards of governance, both clinical and corporate and recruit and retain high quality nurses, NCHDs, consultants, allied health professionals and administrators in all our hospitals.     There is an evolving Group governance structure with 5 Clinical Directorates which manage the clinical specialities across each site:   * Medicine * Perioperative * Laboratories * Radiology * Women and Children’s   Each Directorate has a set of key performance indicators to improve quality, drive performance, and ensure efficiency.    The Group provides a range of high quality services for the catchment areas it serves and GUH is a designated supra-regional cancer service provider meeting the needs of all the counties along Western seaboard and towards the midlands from Donegal to North Tipperary.    Saolta University Health Care Group aims to meet its service plan targets. Its priority is to implement the national clinical care programmes across the Group and establish a performance management culture with the development of Key Performance Indicators.  **Vision**  The formation of the hospitals groups, which will transition to independent hospital trusts, will change how hospitals relate to each other and integrate with the academic sector. Over time, the Group will deliver:   * Higher quality service * More consistent standards of care * More consistent access to care * Stronger leadership * Greater integration between the healthcare agenda and the teaching, training, research and innovation agenda   Our Academic Partner is the National University of Ireland, Galway and we are developing further international partnerships in the UK and the USA.  Effective Laboratory Medicine Services are of critical importance to the overall effectiveness of health service and are essential to good clinical practice. The Laboratory Services at GUH have developed and evolved to support not only Acute Hospital Care, but also General Practice, Community Care Services and Psychiatric Services. The Laboratory is an integral part of modern health care and endeavours to provide an open access consultation service for Hospital and Community Practitioners. An efficient and well resourced laboratory testing and consultation service is essential to meaningful health promotion initiatives, to plans to empower General Practitioners to manage illness in the Community and to the efficient utilization of hospital beds and other clinical resources.  The Virology Laboratory based in GUH is accredited to ISO 15189. |
| **Mission Statement** | Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.  **OUR VISION STATEMENT**  Our Vision is to build on excellent foundations already laid, further developing and integrating our Group, fulfilling our role as an exemplar, and becoming the first Trust in Ireland.  **OUR GUIDING VALUES**  **Respect** - We aim to be an organisation where privacy, dignity, and individual needs are respected, where staff are valued, supported and involved in decision-making, and where diversity is celebrated, recognising that working in a respectful environment will enable us to achieve more.  **Compassion** - we will treat patients and family members with dignity, sensitivity and empathy.  **Kindness** - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity.  **Quality** – we seek continuous quality improvement in all we do, through creativity, innovation, education and research.  **Learning** - we will nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high quality staff, enabling them to fulfill their potential.  **Integrity** - through our governance arrangements and our value system, we will ensure all of our services are transparent, trustworthy and reliable and delivered to the highest ethical standards, taking responsibility and accountability for our actions.  **Teamworking** – we will engage and empower our staff, sharing best practice and strengthening relationships with our partners and patients to achieve our Mission.  **Communication** - we aim to communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness, and accountability.  *These Values shape our strategy to create an organisational culture and ethos to deliver high quality and safe services for all we serve and that staff are rightly proud of.* |
| **Reporting Relationship** | Chief Medical Scientist, Virology Department |
| **Purpose of the Post** | The purpose of the post is to participate in the management and delivery of a high quality clinical diagnostic virology service. |
| **Principal Duties and Responsibilities** | * The person holding this post is required to support the principle that the care of the patient comes first at all times and will approach their work with the flexibility and enthusiasm necessary to make this principle a reality for every patient to the greatest possible degree * Maintain throughout the Hospital awareness of the primacy of the patient in relation to all hospital activities. * Demonstrate behaviour consistence with the Mission and Values of the Hospital. * Performance management systems are part of role and you will be required to participate in the Group’s performance management programme   **Scientific/Professional**   * The successful applicant should possess an in depth knowledge of the principles and methods routinely used in virology laboratories. * S/he must have an excellent understanding of the principles and practice of quality management in a virology laboratory. * S/he should be familiar with the equipment generally used in virology laboratories, in order to troubleshoot any problems that may arise. * S/he must have a thorough understanding of results normally obtained in virology laboratories, in order that potentially aberrant results, caused by deficiencies of reagents, equipment, or technique can be recognised and investigated. * S/he will take responsibility for planning, prioritising and supervising the analytical work of the laboratory in accordance with departmental policy. S/he will re-prioritise work as necessary, in response to increased urgency of testing, or decreased numbers of available staff. As required s/he will participate in the analytical work of the section. * S/he will oversee a schedule for the timely servicing of all laboratory equipment. S/he will be responsible for equipment performance, maintenance, condition, quality control and record keeping of all instruments and analysers within the Department. * S/he will be responsible for overseeing the management of consumables and reagent stocks in the laboratory as delegated. S/he will order reagents and consumables as directed by the Chief Medical Scientist. S/he will oversee the stock performance management system already in place in the laboratory. * S/he will contribute to the evaluation, procurement, validation and implementation of new analytical equipment, methods and software. * S/he will undertake suitable training and development programmes to successfully acquire core competencies and thereafter maintain the required standards of competence when undertaking duties. * S/he will design and deliver training to staff within the department to support the training of new and existing medical scientists, student medical scientists, and laboratory aides working in the department. S/he will maintain records of staff training and competency testing. * S/he will ensure that standard operating procedures are in place, understood, and adhered to by all staff. * S/he will maintain attendance/absence records and organise duty rosters as delegated by the Chief Medical Scientist. * S/he will undertake relevant training for electronic information systems, in place & under development, and be familiar and proficient with the use of the information technology systems within the department. * S/he will be responsible for the conduct of staff being supervised in respect to their timekeeping, behaviour and safety. S/he will report any problems to the Chief Medical Scientist. S/he will promote a culture in the workplace where each individual is respected and valued, and diversity is welcomed. * S/he will participate fully as a team member, sharing knowledge and information and supporting colleagues to promote a cohesive laboratory team and the achievement of team objectives. * S/he will participate in laboratory meetings particularly in relation to assessment of performance, development of the service and organisational changes. S/he will contribute to effective communication within the department. * In co-operation with the Consultant with Adminstrative Responsibility of Department, Chief Medical Scientist and other designated senior staff, s/he will play a leading role in the introduction of new ideas and methods according to HSE policy * S/he will perform to the highest professional standards and participate in developing and implementing a service that supports the clinical needs of patients and is consistent with the mission, vision, values and strategic plan of the HSE. * S/he will behave at all times in a manner appropriate to the profession, and the obligations and constraints of the post, including an awareness of the primacy of the patient, maintaining patient confidentiality and relating to patients, clients and other stakeholders in an understanding and sympathetic way.   **Quality**   * S/he will educate and train the laboratory staff in quality principles and practice. S/he will establish and maintain procedures for ensuring high standards of quality, reliability and safety. S/he will interact with all members of the laboratory staff to promote quality improvement efforts. * S/he will maintain a system for document control, and will review and approve all quality documentation i.e. SOPs, Quality Manual, User Manual, validation documentation etc on an ongoing basis. * S/he will schedule, supervise and implement a program of internal and external audits against defined quality performance measures and ensure that effective immediate follow up actions are taken. * S/he will investigate result and service complaints and incidents in relation to the Virology Department and ensure that effective, immediate follow up actions are taken. * S/he will maintain databases for tracking non conformances, associated corrective and preventative actions, and service complaints. * S/he will follow up on external inspections and verify the completion of corrective actions as required by the reports of the inspectors. * S/he will have responsibility for the laboratory’s change control system, to manage changes to validated processes, equipment, procedures in a controlled manner. S/he will organise re-qualification/re-validation studies where required. * S/he will manage a system that assesses service providers and suppliers to assure the quality of services, reagents and materials provided to the laboratory. * S/he will ensure through the above activities, and by any other necessary means, that the Laboratory meets the requirement of relevant external regulatory/advisory bodies e.g. Irish National Accreditation Board (INAB).   **Health & Safety**   * S/he will be familiar with the Health & Safety policies of the HSE and the department and ensure that they are followed to maintain a safe working environment for all employees and visitors. * S/he will implement agreed policies, procedures and safe professional practice and adhere to relevant legislation, regulations and standards. * S/he will work in a safe manner with due care and attention to the safety of self, patient and others. * S/he will be aware of risk management issues, identify risks and take appropriate action. S/he will report any adverse incidents or near misses. * S/he will assist and cooperate with other staff in procedures aimed at accident prevention in the laboratory. * S/he will adhere to department policies in relation to the care and safety of any equipment supplied for the fulfilment of duty. * S/he will take appropriate action where any malfunctions or defects in equipment are reported.   **Education & Training**   * S/he will participate in mandatory training programmes. * S/he will take responsibility for, and keep up to date with current practice by participating in continuing professional development. * S/he will actively promote continuous professional education and development. * S/he will monitor and maintain up-to-date personal training / retraining records in accordance with laboratory policy. * S/he will engage in the performance review processes for departmental personal development planning. * S/he will facilitate arrangements in and provide education and training for scientific, medical personnel and others as appropriate * To manage, participate and play a role in the practise education of student therapists.   **KPI’s**   * The identification and development of Key Performance Indicators (KPIs) which are congruent with the Hospital’s service plan targets. * The development of Action Plans to address KPI targets. * Driving and promoting a Performance Management culture. * In conjunction with line manager assist in the development of a Performance Management system for your profession. * The management and delivery of KPIs as a routine and core business objective.   **PLEASE NOTE THE FOLLOWING GENERAL CONDITIONS:**   * Employees must attend fire lectures periodically and must observe fire orders. * All accidents within the Department must be reported immediately. * Infection Control Policies must be adhered to. * In line with the Safety, Health and Welfare at Work Act, 2005 all staff must comply with all safety regulations and audits. * In line with the Public Health (Tobacco) (Amendment) Act 2004, smoking within the Hospital Building is not permitted. * Hospital uniform code must be adhered to. * Provide information that meets the need of Senior Management.   **Risk Management, Infection Control, Hygiene Services and Health & Safety**   * The management of Risk, Infection Control, Hygiene Services and Health & Safety is the responsibility of everyone and will be achieved within a progressive, honest and open environment. * The post holder must be familiar with the necessary education, training and support to enable them to meet this responsibility. * The post holder has a duty to familiarise themselves with the relevant Organisational Policies, Procedures & Standards and attend training as appropriate in the following areas:   + Continuous Quality Improvement Initiatives   + Document Control Information Management Systems   + Risk Management Strategy and Policies   + Hygiene Related Policies, Procedures and Standards   + Decontamination Code of Practice   + Infection Control Policies   + Safety Statement, Health & Safety Policies and Fire Procedure   + Data Protection and confidentiality Policies * The post holder is responsible for ensuring that they become familiar with the requirements stated within the Risk Management Strategy and that they comply with the Hospitals Risk Management Incident/Near miss reporting Policies and Procedures. * The post holder is responsible for ensuring that they comply with hygiene services requirements in your area of responsibility. Hygiene Services incorporates environment and facilities, hand hygiene, catering, cleaning, the management of laundry, waste, sharps and equipment. * The post holder must foster and support a quality improvement culture through-out your area of responsibility in relation to hygiene services. * It is the post holders’ specific responsibility for Quality & Risk Management, Hygiene Services and Health & Safety will be clarified to you in the induction process and by your line manager. * The post holder must take reasonable care for his or her own actions and the effect that these may have upon the safety of others. * The post holder must cooperate with management, attend Health & Safety related training and not undertake any task for which they have not been authorised and adequately trained. * The post holder is required to bring to the attention of a responsible person any perceived shortcoming in our safety arrangements or any defects in work equipment. * It is the responsibility of the post holder to be aware of and comply with the HSE Health Care Records Management / Integrated Discharge Planning (HCRM / IDP) Code of Practice.   **The above Job Description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.** |
| **Eligibility Criteria**  **Qualifications and/ or experience** | 1. **Professional Qualifications, Experience, etc**    1. Candidates for appointment must possess:  |  |  | | --- | --- | | (i) | Bachelor of Science (Honours) in Medical Science from the Galway/Mayo Institute of Technology (GMIT). | |  | **Or** | | (ii) | Bachelor of Science (Honours) Biomedical Science, Dublin Institute of Technology (DIT). | |  | **Or** | | (iii) | Bachelor in Science Honours degree in Biomedical Science from the Joint University College Cork – Cork Institute of Technology course AND Diploma in Clinical Laboratory Practice. | |  | **Or** | | (iv) | Certificate in Medical Laboratory Science, Dublin Institute of Technology (DIT), Cork Institute of Technology (CIT) or Galway/Mayo Institute of Technology (GMIT)  AND  Bachelor in Science (Applied Science) Honours degree (Biomedical option) from the University of Dublin/Dublin Institute of Technology ***(Awarded prior to 2002).*** | |  | **Or** | | (v) | Bachelor of Biomedical Science, Cork Institute of Technology (CIT) AND BSc (Honours) Biomedical Sciences, University College Cork (UCC). ***(Awarded prior to 2013).*** | |  | **Or** | | (vi) | Diploma in Medical Laboratory Sciences of the Dublin Institute of Technology, (DIT) or the Cork Institute of Technology (CIT) (***Awarded prior to 1994).*** | |  | **Or** | | (vii) | Certificate in Medical Laboratory Science ***awarded before 1997*** by Dublin Institute of Technology (DIT), Cork Institute of Technology (CIT) or Galway/Mayo Institute of Technology (GMIT). | |  | **Or** | | (viii) | An equivalent qualification validated by the Academy of Clinical Science and Laboratory Medicine (ACSLM). | |  |  | |  | **And** | | (ix) | Possess one of the following NFQ Level 9 post graduate qualifications or equivalent accredited by the Academy of Clinical Science and Laboratory Medicine;   * MSc Clinical Laboratory Science, Dublin Institute of Technology. * MSc Clinical Chemistry, University of Dublin, Trinity College. * MSc Biomedical Science, University of Ulster. * MSc Biomedical Science, Cork Institute of Technology / University College Cork. * MSc Molecular Pathology, Dublin Institute of Technology / University of Dublin, Trinity College. | |  | **Or** | | (x) | Have attained the Fellowship examination of the Institute of Biomedical Science ***(Awarded prior to 1999).*** | |  | **And** | | (xi) | Possess four years full time clinical experience (or an aggregate of four years’ clinical experience) as a medical scientist in a clinical diagnostic laboratory since qualifying as a medical scientist. | |  | **And** | | (xii) | Demonstrate evidence of Continuous Professional Development. |   **And**   * 1. Candidates must have the requisite knowledge and ability (including a high standard of suitability and management ability) for the proper discharge of the duties of the office   **Health**  A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.  **Character**  Each candidate for and any person holding the office must be of good character  **Age**  Age restrictions shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age on the first day of the month in which the latest date for received completed application forms for the office occurs. |
| **Post Specific Requirements** | * Demonstrate depth and breadth of Clinical Diagnostic Virology experience as relevant to the role * Demonstrate depth and breadth of experience of virology diagnostic methods * Demonstrate depth and breadth of experience of being part of a team in achieving ISO 15189 accreditation |
| **Other requirements specific to the post** | * Flexibility with regard to service provision |
| **Skills, competencies and/or knowledge** | ***Demonstrates the following****:*   * The ability to look ahead and forward plan for service developments. Anticipates trends and identifies opportunities. Ensures that the learning from new service models and practices influences service planning. * Demonstrate a working knowledge of Galway University Hospital IT system * Demonstrate evidence of project management skills encompassing all streams of work appropriate to Laboratory Medicine with key objectives priorities to achieve National Regional and internal milestones and responsibilities * Demonstrate capacity for management responsibility and demonstration of initiative, including decision making. Improve efficiency within working environment ability to evolve and adapt to a rapidly changing environment. * Be aware of and adhere to relevant standards policies and legislation for example Health and Safety, Freedom of Information Act 1997, Childcare Act, HIQA Standards. * The ability to get a message across fluently and persuasively in a variety of different media – oral, written and electronic. The ability to make a compelling case to positively influence the thinking of others. Is strategic in how he/she goes about influencing others: shows strong listening and sensing skills. * The ability to design and implement structured policies and systems for the management of service delivery in consultation with key stakeholders and ensures clear role accountability for service levels, quality and decision making discretion. * Demonstrate a focus on quality * Demonstrateup-to-date knowledge of best practice in delivering a Quality Laboratory Service * Demonstrate awareness of Quality Focus initiative in line with UHG Continuous Quality Improvement Programme. * Demonstrate evidence of ability to work as a member of a team. * Demonstrate motivation and an innovative approach to job and service developments |
| **Campaign Specific Selection Process**  **Ranking/Shortlisting / Interview** | A ranking and or shortlisting exercise may be carried out on the basis of information supplied in your application form. The criteria for ranking and or shortlisting are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and/or knowledge section of this job specification. Therefore it is very important that you think about your experience in light of those requirements.  Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process.  Those successful at the ranking stage of this process (where applied) will be placed on an order of merit and will be called to interview in ‘bands’ depending on the service needs of the organisation. |
| **Code of Practice** | The Health Service Executive / Public Appointments Service will run this campaign in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA). The Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied on a principle basis. The Code also specifies the responsibilities placed on candidates, facilities for feedback to applicants on matters relating to their application when requested, and outlines procedures in relation to requests for a review of the recruitment and selection process and review in relation to allegations of a breach of the Code of Practice. Additional information on the HSE’s review process is available in the document posted with each vacancy entitled “Code of Practice, information for candidates”.  Codes of practice are published by the CPSA and are available on [www.cpsa.ie](http://www.cpsa.ie) |
| The reform programme outlined for the Health Services may impact on this role and as structures change the job description may be reviewed.  This job description is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned. | |

**Temporary Senior Medical Scientist - Virology**

**Terms and Conditions of Employment**

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| **Tenure** | This appointment is temporary, specified purpose contract until April 2019. Post is whole-time and pensionable.  A panel will be formed from this campaign from which temporary vacancies in the Virology Department, GUH, may be filled.  Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointment) Act 2004. |
| **Remuneration** | The Salary scale for the post is € 49,469, 51,701, 53,682, 55,707, 57,794, 59,845, 61,957, 64,048, 66,155 |
| **Working Week** | The standard working week applying to the post is 37 hours  HSE Circular 003-2009 “Matching Working Patterns to Service Needs (Extended Working Day / Week Arrangements); Framework for Implementation of Clause 30.4 of Towards 2016” applies. Under the terms of this circular, all new entrants and staff appointed to promotional posts from Dec 16th 2008 will be required to work agreed roster / on call arrangements as advised by their line manager. Contracted hours of work are liable to change between the hours of 8am-8pm over seven days to meet the requirements for extended day services in accordance with the terms of the Framework Agreement (Implementation of Clause 30.4 of Towards 2016). |
| **Annual Leave** | The annual leave associated with the post will be confirmed at job offer stage |
| **Superannuation** | Membership of the HSE Employee Superannuation Scheme applies to this appointment.  Existing Members who transferred to the HSE on 1st January 2005 pursuant to Section 60 of the Health Act 2004 are entitled to superannuation benefit terms under the HSE Scheme which are no less favourable to those to which they were entitled at 31st December 2004.  Appointees to posts in the Mental Health Services which formerly attracted fast accrual of service should note that the terms of Section 65 of the Mental Treatment Act 1945 do not apply to New Entrant Public Servants as defined by Section 12 of the Public Service Superannuation (Miscellaneous Provisions) Act 2004. |
| **Probation** | Every appointment of a person who is not already a permanent officer of the Health Service Executive or of a Local Authority shall be subject to a probationary period of 12 months as stipulated in the Department of Health Circular No.10/71. |
| **Protection of Persons Reporting Child Abuse Act 1998** | As this post is one of those designated under the Protection of Persons Reporting Child Abuse Act 1998, appointment to this post appoints one as a designated officer in accordance with Section 2 of the Act.  You will remain a designated officer for the duration of your appointment to your current post or for the duration of your appointment to such other post as is included in the categories specified in the Ministerial Direction. You will receive full information on your responsibilities under the Act on appointment. |
| **Infection Control** | Have a working knowledge of Health Information and Quality Authority (HIQA) Standards as they apply to the role for example, Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards etc. |
| **Health & Safety** | It is the responsibility of line managers to ensure that the management of safety, health and welfare is successfully integrated into all activities undertaken within their area of responsibility, so far as is reasonably practicable. Line managers are named and roles and responsibilities detailed in the relevant Site Specific Safety Statement (SSSS).  Key responsibilities include:   * Developing a SSSS for the department/service[[1]](#footnote-1), as applicable, based on the identification of hazards and the assessment of risks, and reviewing/updating same on a regular basis (at least annually) and in the event of any significant change in the work activity or place of work. * Ensuring that Occupational Safety and Health (OSH) is integrated into day-to-day business, providing Systems Of Work (SOW) that are planned, organised, performed, maintained and revised as appropriate, and ensuring that all safety related records are maintained and available for inspection. * Consulting and communicating with staff and safety representatives on OSH matters. * Ensuring a training needs assessment (TNA) is undertaken for employees, facilitating their attendance at statutory OSH training, and ensuring records are maintained for each employee. * Ensuring that all incidents occurring within the relevant department/service are appropriately managed and investigated in accordance with HSE procedures[[2]](#footnote-2). * Seeking advice from health and safety professionals through the National Health and Safety Function Helpdesk as appropriate. * Reviewing the health and safety performance of the ward/department/service and staff through, respectively, local audit and performance achievement meetings for example.   Note: Detailed roles and responsibilities of Line Managers are outlined in local SSSS. |

1. A template SSSS and guidelines are available on the National Health and Safety Function/H&S web-pages [↑](#footnote-ref-1)
2. See link on health and safety web-pages to latest Incident Management Policy [↑](#footnote-ref-2)