

# Healthy workplace legislation, policy and official guidance in the Republic of Ireland

A report developed for the Healthy Workplaces  
Framework Steering Group by the Institute of  
Public Health in Ireland



Research Report





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# Contents

<b>1. INTRODUCTION</b> .....	<b>2</b>
<b>2. AIM AND SCOPE</b> .....	<b>2</b>
<b>3. METHODS</b> .....	<b>3</b>
<b>4. FINDINGS</b> .....	<b>3</b>
<b>5. DISCUSSION</b> .....	<b>4</b>
<b>Background</b> .....	<b>5</b>
Safety, Health and Welfare.....	6
Protection of employees .....	7
<b>Equality</b> .....	<b>8</b>
General .....	10
Disability .....	10
Gender .....	11
Family.....	12
Age .....	12
<b>Psychosocial work environment</b> .....	<b>13</b>
Mental health.....	14
Bullying.....	15
Workplace stress.....	15
<b>Physical work environment</b> .....	<b>15</b>
General .....	16
Manual handling and ergonomics .....	17
<b>Personal health resources in the workplace</b> .....	<b>17</b>
General .....	19
Alcohol and Drugs .....	19
Tobacco .....	20
Nutrition .....	20
Physical activity.....	20
<b>6. CONCLUSIONS</b> .....	<b>22</b>
<b>7. APPENDIX</b> .....	<b>23</b>

# Introduction

This report provides an overview of the legislative and policy landscape in Ireland relevant to healthy workplaces. It is one of a suite of documents supporting the development of a Healthy Workplaces Framework as set out in *Healthy Ireland* (DH 2013). Other contributions to the Framework include a literature review of national and international research on healthy workplaces, consultation with stakeholders, a review of best practice in the workplace and accreditation models. Findings from this review will enable the Framework to build on existing high level policy priorities and legislation across a range of government and agency sectors whose remit includes workplace health.

## Aim and scope

The aim of this report is to provide an overview of current legislation, policy and official guidance concerning promotion of the health and wellbeing of workers in Ireland. The focus is primarily on health promotion and wellbeing and not on protection or safety aspects<sup>1</sup>. Policies supporting job creation are also excluded as attention is placed on the current workplace environment.

This report is intended to inform development of the Healthy Workplaces Framework by helping to ensure the Framework builds on existing policies and resources, thus minimising duplication of effort, and supporting a cross-government view by identifying policies from across a range of government departments and agencies that can potentially support or hinder the healthy workplaces agenda. The scope of this review does not extend to implementation of policy and legislation in the workplace setting nor does it consider their impact on health outcomes.

To support the development of healthy workplaces in the public sector, a new piece of legislation is under development. The *Health and Wellbeing (Workplace Wellbeing) Bill* (DH 2015) will require public service employers to develop a healthy workplace policy to promote the physical, mental and social wellbeing of employees. Findings from this review may be useful in informing further development of this process as synergies and gaps in existing legislation are highlighted.

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<sup>1</sup> The European Network for Workplace Health Promotion has defined workplace health promotion as the combined efforts of employers, employees and society to improve the health and well-being of people at work.

## Methods

A search strategy was developed to guide extraction and investigation of pertinent legislation, policy and official guidance from selected sources. Search terms were devised and agreed and a list of departments and relevant agencies drawn up (see Appendix). The primary source used to identify legislation was the Irish Statute Book<sup>2</sup> as this contains all Acts of the Oireachtas and Statutory Instruments (SIs). In the initial search, a time limit of 20 years was imposed, thus all Acts passed since 1996 were searched and search terms were applied to both title and text. SIs were searched separately using the same terms and limits. Due to time constraints, a decision was taken to limit further review of SIs to those directly related to the *Safety, Health and Welfare at Work Act 2005*.

Selected websites were then searched for policy and official guidance. Where they existed, publications and policies sections of the websites were searched using relevant search terms. In the initial search a time limit of 10 years was imposed reflecting the generally shorter lifespan of policy compared to legislation, thus all relevant policy and guidance since 2006 was searched. Thereafter a snowballing technique was used to identify other relevant policy including that developed earlier than 2006.

In the absence of a standard approach on how to explore policy and legislation for the purposes of informing policy development an iterative approach was used. Systematic application of search terms both within websites and documents may be seen as a strength however limiting the review to an online platform may miss some content that is either under development or not available in this format. To address this deficit, the draft document was circulated to the multi-agency steering group for their comment ahead of its final publication.

## Findings

The search conducted on the Irish Statute Book website retrieved 21 separate pieces of legislation across a broad range of areas considered relevant to workplace health. The search conducted on government department and agency websites retrieved 57 policies or guidance. No additional pieces of legislation were identified through the website searches. Findings were grouped into four themes influenced by the World Health Organization's Healthy Workplaces model<sup>3</sup>, health and safety legislation and a human rights perspective encompassing employment rights and equality legislation, namely: Equality; Psychosocial work environment; Physical work environment and; Personal health resources in the workplace.

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<sup>2</sup> [www.irishstatutebook.ie](http://www.irishstatutebook.ie)

<sup>3</sup> WHO 2010, Healthy workplaces: A model for action

# Discussion

Findings from this review indicate that there is increasing recognition of the relevance of health and wellbeing in the workplace across a range of government departments and agencies evidenced by a steady growth of policies and guidance moving from health protection and safety to the wider wellbeing and mental health agendas. In this section, some background information is presented followed by an examination of employment relations and conditions in the context of equality and power relations between employers and employees including the level of social and legal protection available to employees. Working conditions related to the psychosocial and physical environment are discussed in subsequent sub-sections while the last sub-section considers personal health resources. The legal and policy documents referred to in the discourse in each sub-section are also displayed in table format. Both are presented in chronological order with legislation being discussed first within each section with the exception of issues relating to age and gender which are grouped together for readability.

The Health and Safety Authority (HSA) was established in 1989 under the *Safety, Health and Welfare at Work Act 1989* and reports to the Minister for Jobs, Enterprise and Innovation.

**Table 1: Background legislation and policy**

Background	Legislation / Statutory obligations	Policy/ Guidance documents
Safety, Health and Welfare	Safety, Health and Welfare at Work Act 2005 Safety, Health and Welfare at Work (General Applications) Regulations 2007	Report on Economic impact of Safety, Health and Welfare at Work legislation (DJEI 2006) Workplace health and wellbeing strategy (HSA 2008) Response of the HSA to the workplace health and wellbeing strategy (HSA 2008) Workplace health toolkit for small businesses (HSA 2010) Healthy Ireland (DH 2013) Ireland's national plan on corporate social responsibility (DJEI 2014) HSA Strategy Statement 2016-2018 (HSA 2016)
Protection of employees	Organisation of Working Time Act 1997 Protection of Employees (Part-time Work) Act 2001 Protection of Employees (Fixed-Term Work) Act 2003 Employees (Provision of Information and Consultation) Act 2006 Safety, Health and Welfare at Work (General Applications) Regulations 2007 Protection of Employees (Temporary Agency Work) Act 2012 Workplace Relations Act 2015	Guide to the Safety, Health and Welfare at Work (General Applications) Regulations 2007 <sup>4</sup> , Chapter 3 of Part 6: Night and shift work (HSA 2007) Guidance for employers and employees on night and shift work (HSA 2012)

<sup>4</sup> This Guide and the Regulations it refers to appear in several sections of the report under a range of headings including protection of employees, gender and age.

The *Safety, Health and Welfare at Work Act 2005* which repealed and replaced the 1989 Act provides for the safety, health and welfare of persons at work and takes a preventative approach to reducing accidents and ill health. It outlines the responsibilities of employers, the self-employed, employees and various other parties in relation to safety and health at work. It also details the role and functions of the HSA, provides for a range of enforcement measures that may be applied and specifies penalties that may be applied for breach of occupational safety and health. The *Safety, Health and Welfare at Work (General Applications) Regulations 2007* replaced, simplified and updated existing regulations on workplace health and safety. The 2005 Act and 2007 Regulations are preventive in nature with little or no focus on health promotion. They stipulate what the employer has a legal duty to do to protect employees' safety, health and welfare.

An economic assessment commissioned by the Department of Enterprise, Trade and Employment<sup>5</sup> to assess the effect since 1989 of occupational safety, health and welfare law on the Irish economy, particularly on competitiveness. The *Report on economic impact of the safety, health and welfare legislation* (DJEI 2006) took into account legislation, available resources for occupational safety, health and welfare and the statistical data available and made recommendations across these areas. While concluding that both worker fatality and injury rates had fallen since the introduction of the legislation, the estimated costs of work-related accidents and ill-health were significant, accounting for approximately 2.5% of national income. However it also found that perceptions had shifted and the majority of firms believed that implementing Health and Safety legislation, while imposing costs, also brought substantial economic benefits in terms of reduced accidents and insurance costs.

Following the passing of the 2005 Act, the HSA convened an expert group to consider health and wellbeing in the workplace. The group's stated vision of workplace health and well-being was twofold: A working-age population which values work for its contribution to health and well-being and; a workplace environment and culture which values employee health for its contribution to work. The *Workplace health and wellbeing strategy* (HSA 2008) identified three separate but complementary intervention categories necessary to achieve this - prevention (risk reduction), promotion (improvement) and rehabilitation (restoration) – all of which must be intelligence led and addressed at three levels - individual, enterprise and societal. In a subsequent report *Response of the HSA to the workplace health and wellbeing strategy* (HSA 2008) the HSA identified three key lead organisations, namely the HSA (prevention), Health Service Executive (promotion) and Department of Social and Family Affairs<sup>6</sup> (rehabilitation).

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<sup>5</sup> Now the Department of Jobs, Enterprise and Innovation

<sup>6</sup> Now the Department of Social Protection



The HSA has also recognised the need to support small businesses in particular in developing health and safety within their workplaces: The *Workplace health toolkit* (HSA 2010) provides information and practical guidance for small businesses on how to comply with legal health and safety requirements.

More recently, the public health framework *Healthy Ireland* (DH 2013) includes a specific action that all public sector organisations and workplaces will be required by Government to promote and protect the health and wellbeing of their workforce, their clients and the community they serve and states that these commitments will be detailed in corporate, strategic and/or business plans. From a business perspective, the workplace is identified as one of five pillars in *Ireland's national plan on corporate social responsibility* (DJEI 2014) which highlights the importance of proactive and strategic HR policies that go beyond compliance and incorporate a focus on employee participation, wellbeing, training and career development opportunities. In their *Strategy statement 2016-18* (HSA 2016), the HSA acknowledges the changing nature of work and associated risks and identifies a need for issues such as workplace stress and bullying to be more widely understood, accepted and addressed as workplace risks.

## Protection of employees

The *Organisation of Working Time Act 1997* lays down rules concerning average hours worked weekly (cannot exceed 48 hours), night workers, annual and public holiday leave and Sunday working.

The *Protection of Employees (Part Time Work) 2001* provides for the removal of discrimination against part-time workers. It aims to improve the quality of part-time work, to facilitate the development of part-time work on a voluntary basis and to contribute to the flexible organisation of working time in a manner that takes account of the needs of employers and workers. It guarantees that part-time workers may not be treated less favourably than full-time workers.

The *Protection of Employees (Fixed-Term Work) Act 2003* protects fixed-term employees, ensuring that they cannot be treated less favourably than comparable permanent workers and that employers cannot continually renew fixed term contracts. Under the Act employees can only work on one or more fixed term contracts for a continuous period of four years. After this the employee is considered to have a contract of indefinite duration (e.g. a permanent contract).

The *Employees (Provision of Information and Consultation) Act 2006* provides a general right to information and consultation for employees from their employer on matters which directly affect them. The legislation applies to workplaces with at least 50 employees.

The *Protection of Employees (Temporary Agency Work) Act 2012* provides that temporary agency workers must have equal treatment as if they had been directly recruited by the hirer in respect of the duration of working time, rest periods, night work, annual leave and public holidays and pay.

The *Workplace Relations Act 2015* reorganises and reforms employment rights structures by establishing the Workplace Relations Commission (WRC). This replaces the Labour Relations Commission, Rights Commissioner Service, Equality Tribunal, and National Employment Rights Authority. The work of the WRC thus spans advisory, inspection and mediation services.

The *Guide to the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Chapter 3 of Part 6: Night and shift work* (HSA 2007) provides information on interpretation of this regulation while the more recent *Guidance for employers and employees on night and shift work* (HSA 2012) aims to assist employers, employees and others to comply with health and safety legislation and in doing so to minimise any adverse effects of night and shift work.

## Equality

Equality in the workplace reflects the broader equality and human rights agenda in fostering a culture of zero tolerance with relation to discrimination across a range of areas. This section focuses on employment equality generally as well as within the areas of gender, age and disability. Legislation and policy relating to family/carers has also been included here. There is a large body of legislation in this area relative to other themes driven in part by the changing nature of the workforce both in terms of demographic and economic changes. While the growth in legislation and policy to protect flexible working arrangements can be seen as an attempt to enable older workers, single parents, parents of larger family and those struggling with mental or physical disabilities to remain in the workforce, it is recognised that workplace culture has a strong influence on how this is experienced. This is explored further in the section on the psychosocial work environment.

**Table 2: Equality legislation and policy**

Equality	Legislation	Policy
General	Employment Equality Acts 1998 to 2015	
Disability	Disability Act 2005	National Disability Strategy (DJE 2004) National Disability Strategy – Towards 2016 strategic document (DJE 2009) Employees with disabilities (HSA 2009) Comprehensive employment strategy for people with disabilities 2015-2024 (DJE 2015) Retaining employees who acquire a disability (NDA 2015)
Gender	Maternity Protection (Amendment) Act 2004 Safety, Health and Welfare at Work (General Applications) Regulations 2007 Paternity Leave and Benefit Act 2016	National Women’s Strategy 2007-2016 (DJE 2007) Guide to the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Chapter 2 of Part 6: Protection of pregnant, post-natal and breastfeeding employees (HSA 2007) Review and Evaluation of breastfeeding in Ireland (HSE 2014) Breastfeeding in a Healthy Ireland (HSE 2017) National Maternity Strategy 2016-2026 (DH 2016) National Men’s Health Policy 2008-2013 (DH 2009) National Men’s Health Action Plan 2017-2021 (DH 2016)
Family	Carer’s Leave Act 2001 Adoptive Leave Act 2005 Parental Leave (Amendment) Act 2006	The National Carers Strategy (DH 2012)
Age	Protection of Young Persons (Employment) Act 1996 Safety, Health and Welfare at Work (General Applications) Regulations 2007 Social Welfare and Pensions Act 2015	Guide to the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Chapter 1 of Part 6: Protection of children and young persons (HSA 2007) National Youth Strategy 2015-2020 (DCYA 2015) National Pension’s Framework (DSP 2010) National Positive Ageing Strategy (DH 2013) Report of the Interdepartmental Group on fuller working lives (DPER 2016)

The *Employment Equality Acts 1998-2015* aim to promote equality in the workplace through banning discrimination across the nine grounds of gender, marital status, family status, age, race, religious belief, disability, sexual orientation and membership of the Traveller community. They also ban sexual and other harassment in the workplace and include specific actions with regard to people with disabilities.

This section considers both supporting people with disabilities to work and retaining employees who acquire a disability at work.

The *Disability Act 2005* includes a statutory target of 3% for the recruitment and employment of people with disabilities in the public sector.

The *National disability strategy* (DJE 2004) made recommendations regarding the participation of people with disabilities in Irish society overall while *Towards 2016* (DJE 2009) commits to ensuring "every person with a disability will be supported to enable them as far as possible to lead full and independent lives to participate in work and in society and to maximise their potential". A guide produced by the HSA *Employees with disabilities* (HSA 2009) aims to assist employers to provide a healthy and safe work environment for employees with disabilities.

More recently, the *Comprehensive employment strategy for people with disabilities* (DJE 2015) outlines an approach to ensure that people with disabilities who could and want to work are supported and enabled to do so. It references a number of schemes operated by the Department of Social Protection to support people with disabilities to get a job and to stay in work, including the EmployAbility Programme of supported employment, Intreo gateway to employment activation for people with disabilities, a wage subsidy scheme and supports to private sector employers with the cost of adaptations or assistive technology. It pledges to progressively increase the statutory target of 3% of employees with disabilities in the public sector towards 6% by 2024.

*Retaining employees who acquire a disability* (NDA 2015) provides private sector employers specifically with information about how to help employees who have acquired a disability to stay in work.

This section includes gender issues from the perspective of health and wellbeing as well as those issues related to family care. Women's issues within the workplace are largely understood from the perspective of equality and maternity rights. The introduction of paternity leave indicates movement towards a more pluralistic view of gender and employment roles with regard to family policies.

The *Maternity Protection (Amendment) Act 2004* outlines statutory minimum entitlements in relation to maternity at work and maternity leave (26 weeks' maternity leave together with 16 weeks additional unpaid maternity leave). It includes new provisions relating to attendance at ante-natal classes as well as clinical visits, additional maternity leave and breastfeeding.

The *Paternity Leave and Benefit Act 2016* provides fathers with two weeks of paternity leave and two weeks of paternity benefit, for babies born on or after 1 September 2016.

The *National women's strategy* (DJE 2007) includes a key theme of wellbeing which, from a workplace health perspective, is largely translated into actions relating to maternity and family friendly policies. Reference is also made to bullying and harassment in the workplace.

The *Guide to the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Chapter 2 of Part 6: Protection of pregnant, post-natal and breastfeeding employees* (HSA 2007) provides information on interpretation of this regulation including responsibilities of the employer and employee.

The *Review and evaluation of breastfeeding in Ireland* (HSE 2014) reviews progress on goal 4 of the existing action plan which focuses on legislation and policies including breastfeeding in the workplace while the *National maternity strategy 2016-2026* (DH 2016) includes a commitment to promote a positive culture towards breastfeeding including breastfeeding in the workplace.

*Breastfeeding in a Healthy Ireland* (HSE 2017) includes an action on advocating for policy and practical supports for breastfeeding mothers in the workplace.

The *Men's health policy* (DH 2009) advocates prioritisation of men's health in the workplace. It identifies the workplace as a key setting for delivering men's health initiatives and recommends a partnership approach between unions/representative bodies, the HSA, HSE and other relevant organisations. It also highlights the gendered nature of occupational health and safety and calls for a greater focus on this as well as gender specific issues relating to the prevention and management of stress and bullying in the workplace as well as overt consideration of men in family friendly work policies.

The *National men's health action plan 2017-2021* (DH 2016) builds on the *Men's health policy* by placing actions within the *Healthy Ireland* framework and including a specific action to support the implementation of workplace health promotion initiatives with a particular focus on men.

## Family

This section includes legislation and policy relating to family and care beyond the gender specific family issues referred to in the previous section.

The *Carer's Leave Act 2001* provides an entitlement for employees to avail of temporary unpaid carer's leave. This permits employees with at least 12 months continuous service to leave their employment temporarily to provide full-time care and attention for persons requiring such for a period of between 13 and 104 weeks unpaid.

The *Adoptive Leave Act 2005* provides for adoptive leave from employment principally by the adoptive mother and for her right to return to work following such leave (24 consecutive weeks of unpaid adoptive leave and a further 16 weeks additional unpaid adoptive leave). The *Parental Leave (Amendment) Act 2006* amended the *Parental Leave Act 1998* and provides for a period of unpaid parental leave for parents to care for their children and for a limited right to paid leave in circumstances of serious family illness (force majeure). Subsequent *European Union (Parental Leave) Regulations 2013* have increased the amount of parental leave available to each parent per child to 18 weeks and extended the time limit for a child with a long term illness to 16 years.

The *National Carers Strategy* (DH 2012) recognises that carers may have to make adjustments to work life. One objective in the strategy is to "Enable carers to remain in touch with the labour market to the greatest extent possible". It points out that while family friendly employment policies are traditionally seen as being relevant to the needs of parents of young children, flexible working policies such as part time working, flexitime, job-share, tele-working would be of benefit to carers.

## Age

Age related issues from two perspectives are included here, namely those relating to the protection of children and young persons in the workplace and those relating to older workers. Notwithstanding the inclusion of age as a specific category in employment equality legislation, the focus for older workers has largely been around provision of pensions.

The *Protection of Young Persons (Employment) Act 1996* provides for protection of the health of young workers (under the age of 18) as well as attempting to ensure that work during the school years does not put a young person's education at risk. The law sets minimum age limits for employment, sets rest intervals and maximum working hours, and prohibits the employment of people under the age of 18 on late night work.

The *Social Welfare and Pensions Act 2015* is the most recent in extensive legislation protecting the rights of beneficiaries to social welfare payments including pensions and with regard to the latter, makes amendments to Pension Acts 1990-2014.

The *Guide to the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Chapter 1 of Part 6: Protection of children and young persons* (HSA 2007) provides information on interpretation of this regulation including outlining the restrictions with regard to employment of young people and employer responsibilities with regard to assessment and health surveillance.

The *National youth strategy* (DCYA 2015) includes an outcome of economic security and opportunity and within this an objective to promote youth-friendly work places and ensure that young people have access to information on employment rights and responsibilities. The *National pensions framework* (DSP 2010) sets out the government's intentions for radical and wide-scale reform of the Irish pension system.

The *Positive ageing strategy* (DH 2015) reflects a broader consideration of age-related employee issues beyond pensions and includes an objective to "develop a wide range of employment options (including options for gradual retirement) for people as they age and identify any barriers (legislative, attitudinal, custom and practice) to continued employment and training opportunities for people as they age" while the terms of reference for the recent *Report of the interdepartmental group on fuller working lives* (DPER 2016) include "To examine the implications arising from prevailing retirement ages for workers in both the public and private sectors and to make recommendations to Government on a policy framework aimed at supporting fuller working lives and to address the issues identified".

## Psychosocial work environment

The psychosocial work environment is gaining increasing recognition for its impact on both physical and mental health. This section encompasses factors that promote a positive work environment for all employees, mechanisms for addressing mental health issues that arise from workplace organisation, culture and practice and meeting the needs of those with existing mental health conditions in the workplace.



**Table 3: Legislation and policy on the psychosocial work environment**

Psychosocial	Legislation	Policy
Mental health	Employment Equality Acts 1998-2015 Safety, Health and Welfare at Work Act 2005	A Vision for Change: Report of the Expert Group on Connecting for Life: National Suicide Prevention Strategy (DH 2015) Mental Health policy (DH 2006) Mental health and wellbeing: A line managers guide (IBEC 2016)
Bullying & Harassment		Procedures for addressing bullying in the workplace (LRC 2006) Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work (HSA 2007)
Work related stress		Guide on work related stress (LRC 2007) Work Related Stress: Information sheet for Employees (HSA 2011) Work Related Stress: A Guide for Employers (HSA 2011)

## Mental health

The *Safety, Health and Welfare at Work Act 2005* takes a more preventative approach to the psychosocial work environment through the duties placed on employees and employers. Mental health problems in the workplace are protected under the disability ground of the *Employment Equality Acts 1998-2015*.

*A vision for change* (DH 2006) the report of the expert group on mental health policy acknowledged that good mental health enables people to work "productively and fruitfully" and emphasised that equal employment opportunities must be afforded for individuals with mental health problems. It also recommended that where individuals have mental health problems, evidence-based approaches to training and employment must be adopted to assist those with difficulties, provided for by expert agencies.

The national strategy to reduce suicide *Connecting for life* (DH 2015) includes a commitment to work with partners in developing guidance and providing training and support to workplaces in relation to suicide prevention.

More recently, *Mental health and well-being a line managers guide* (IBEC 2016) has been produced to provide information and direction for line managers in promoting mental



wellbeing for all and understanding and supporting employees experiencing mental health problems while in the workplace.

## Bullying

The *Employment Equality Acts 1998 – 2015* address bullying and harassment issues in the workplace including an obligation since 2012 on all employers to prevent harassment.

*Procedures for addressing bullying in the workplace* (LRC<sup>7</sup> 2006) provides an outline of the resolution process while *The Code of practice for employers and employees on the prevention and resolution of bullying at work* (HSA 2007) sets out formal and informal procedures for addressing allegations of workplace bullying.

## Workplace stress

A number of policy documents provide general guidance on the issue of workplace stress with more recent documents reflecting increased recognition of issues such as work demands and conditions.

The *Guide on work related stress* (LRC 2007) seeks to increase the awareness and understanding of employers, employees and their representatives of work-related stress and to provide employers and employees with a framework to identify and prevent or manage problems of work-related stress.

*Work Related Stress: Information sheet for Employees* (HSA 2011) aims to help employees understand and deal with their own stress, in order to better equip them to overcome and cope with work-related stress, where it arises while *Work Related Stress: A Guide for Employers* (HSA 2011) focuses on employers responsibilities in preventing and managing work-related stress through a range of interventions.

## Physical work environment

There is clearly a need for continued policy and legislative support for safety and health protection through the physical work environment including a continued focus on preventing and reducing exposure to hazardous substances in the workplace. While recognising the importance of statutory measures and supporting Codes of Practice in this

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<sup>7</sup> Now the Workplace Relations Commission

area, the focus of this review is on policies and legislation that consider how the physical work environment can contribute to or help to prevent non-communicable disease caused by non-toxic exposures

**Table 4: Legislation and policy on the physical work environment**

Physical	Legislation	Policy
General	Safety, Health and Welfare at Work (General Applications) Regulations 2007	Guide to the Safety, Health and Welfare at Work (General Applications) Regulations 2007: Chapter 1 of Part 2: Workplace; Chapter 1 of Part 5: Control of noise at work; Chapter 2 of Part 5: Control of vibration at work (HSA 2007)
Manual handling & ergonomics		Ergonomics: Good practice in the Irish workplace (HSA 2015) Guidance on the prevention and management of musculoskeletal disorders in the workplace (HSA 2013) Guide to the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Chapter 4 of Part 2: Manual handling; Chapter 5 of Part 2: Display screen equipment (HSA 2007)

## General

Various chapters of the *Safety Health and Welfare at Work Act (General Applications) Regulations 2007* deal with a range of issues necessary to create a healthy workplace environment. The HSA has developed several guides to these regulations a number of which are outlined below.

*Chapter 1 of Part 2: Workplace* (HSA 2007) deals with the physical workplace environment and sets out the welfare facilities that should be provided as standard at any premises used as a workplace.

*Chapter 1 of Part 5: Control of noise at work* (HSA 2007) focuses on protection of employees from noise-related risks at work and includes risk assessment and the provision of protective equipment where indicated.

*Chapter 2 of Part 5: Control of vibration at work* (HSA 2007) is aimed at protecting workers from risks arising from vibrations, particularly muscular/bone structure, neurological and vascular disorders through assessment and taking steps to control or limit exposure.

The 2007 Regulations described in the previous section also include a chapter on manual handling. *Chapter 4 of Part 2: Manual handling* (HSA 2007) sets out a framework for employers to avoid or reduce the risk of injury resulting from manual handling activities. The basic principle is that where manual handling of loads which involves a risk of injury (particularly to the back) is present, the employer must take measures to avoid or reduce the need for such manual handling.

*Chapter 5 of Part 2: Display screen equipment* (HSA 2007) is concerned with the safety and health requirements for employees who habitually use display screen equipment (VDUs) as a significant part of their normal work. Employers are required to evaluate health and safety at workstations with particular reference to eyesight, physical difficulties and mental stress and appropriate steps must be taken to control any risks identified

*Guidance on the prevention and management of musculoskeletal disorders in the workplace* (HSA 2013) provides practical information on the prevention and management of musculoskeletal disorders (MSDs) in the workplace for employers, health and safety professionals, safety representatives and occupational health professionals on actions that can be taken to prevent and manage MSDs in the workplace. The areas covered in this guide are MSDs related to manual handling, use of display screen equipment at computer workstations and work activities with increased risk of upper limb disorders.

Following this, a good practice guide, focusing on ergonomics in the Irish workplace describes a range of measures that companies can consider to minimise exposure of their workforce to poor ergonomic conditions. *Ergonomics: Good practice in the Irish workplace* (HSA 2015) highlights the benefits of addressing such conditions include productivity improvement, employee involvement, increased innovation and team work and a high level of management commitment.

## Personal health resources in the workplace

The workplace has been identified as a setting for health promotion across a range of health policies including those addressing non-communicable diseases as well as those addressing health behaviours. The impact of the workplace has been directly recognised in the context of high level policies relevant to public health priority physical and mental health outcomes, as well as in relation to health behaviours.

**Table 5: Legislation and policy on personal health resources in the workplace**

Personal health resources	Legislation	Policy
General		Strategy for cancer control in Ireland (DH 2006) A policy framework for the management of chronic disease (DH 2008) Changing Cardiovascular Health: National Cardiovascular Strategy 2010-2019 (DH 2010) A healthy weight for Ireland: Obesity policy and action plan 2016-2025 (DH 2016)
Alcohol & Drugs		National Drugs Strategy 2009-2016 (DH 2009) Intoxicants at Work: Information Sheet (HSA 2011) Steering Group report on a National Substance Misuse Strategy (DH 2012)
Tobacco	Public Health (Tobacco) Act 2002 Public Health (Tobacco) (Amendment) Act 2004	Tobacco Free Ireland: Report of the Tobacco Policy Review group (DH 2013) Tobacco Free Ireland Action Plan (DH 2015)
Nutrition		Healthy food for life – the healthy eating guidelines and food pyramid (DH 2016)
Physical activity		National Guidelines on Physical Activity for Ireland (DH 2009) Smarter Travel A Sustainable Transport Future: A New Transport Policy for Ireland 2009-2020 (DTTAS 2009) National Cycle Policy 2009-2020 (DTTAS 2009) Workplace Travel Plans A guide for implementers (NTA 2012) Achieving effective workplace travel plans Guidance for Local Authorities (NTA 2012) Transport Strategy for the Greater Dublin Area 2016-2035 (NTA 2016) Get Ireland Active: The national physical activity plan (DH 2016)

Older strategies including the *Strategy for cancer control in Ireland* (DH 2006), the *Policy framework for the management of chronic disease* (DH 2008) and the *National cardiovascular strategy* (DH 2010), while recognising the impact of workplaces on disease, do not specify how workplaces can help to address illness prevention and management.

The action specified within *Healthy Ireland* (DH 2013), that all public sector organisations and workplaces will be required by Government to promote and protect the health and wellbeing of their workforce, their clients and the community they serve, reflects a growing tendency for non-communicable disease strategy to articulate the role of workplaces.

This is reflected in the *Obesity policy and action plan* (DH 2016) recognises the workplace as a sector with a leadership role to play in the prevention and management of obesity, including through the impact of workplace wellness programmes on obesity and specifies an action to “Develop proposals on the scope of corporate social responsibility relating to obesity prevention promoting overall health and wellbeing in the workplace”.

## Alcohol and Drugs

The workplace is identified across a range of policies related to alcohol and drugs. The *National drugs strategy 2009-2016* (DH 2009) encouraged the adoption of substance misuse policies in workplaces and the development of brief interventions approaches as well as sustained awareness campaigns. It also recommended stronger links with employers, employer organisations and trade unions to facilitate easier access for recovering drug users to the workplace.

*Intoxicants at work* (HSA 2011), an information sheet produced by the HSA for both employees and employers, outlines requirements under health and safety legislation regarding intoxicants at work which includes prescription and non-prescription legal medications, alcohol and illegal substances. Under the 2005 Act, there is a specific duty of employees not to be under the influence of an intoxicant at work to the extent that they could endanger themselves or others.

From a legislative perspective, there is no requirement under current health and safety law for employers to test employees for intoxicants, however both employees and employers have duties with regard to both their own and others' safety. It also notes the existence of the Employee Assistance Programme.

The *Steering group report on a national substance misuse policy* (DH 2012) noted that while the ratification of a national alcohol workplace policy has yet to be finalised, many public

and private sector employers have alcohol and drug policies in place. It also highlights the need to further develop programmes such as Employee Assistance designed to identify and help employees with issues including those related to substance misuse.

## Tobacco

The *Public Health (Tobacco) Act 2002* and *Public Health (Tobacco) (Amendment) Act 2004* prohibit smoking in workplaces including commercial vehicles and requires that workplaces display signage.

The *Report of the tobacco policy review group* (DH 2013) found that the ban on smoking in the workplace introduced in 2004 has a 97% compliance rate and makes a recommendation to ensure continued compliance with and enforcement of existing legislation. This is supported by the high level *Tobacco free Ireland action plan* (DH 2015).

## Nutrition

In the absence of a national nutritional policy, *Healthy food for life – the healthy eating guidelines and food pyramid* (DH 2016) provides guidance which can be interpreted in the workplace but does not specifically address this setting.

## Physical activity

A range of policy developments across government departments and agencies have relevance for physical activity in the workplace.

The *National guidelines on physical activity* (DH 2009) include examples of how physical activity can be incorporated into the working day such as through commuting choices and lunch time activities.

The transport strategy *Smarter Travel* (DTTAS 2009) recognises the need to reduce commuting by car and increase other means including walking, cycling and public transport and aims to redress the balance of travel options in favour of the latter. This is supported and implemented by the Smarter Travel Programme.

Similar recommendations were made in the *National cycle policy* (DTTAS 2009) which set a target for 10% of all work trips being made by bicycle in 2020 and outlined a number of plans to support cycling to work including subsidised bike purchase, implementation of

employer's cycling parking facilities and supporting organisations to produce mobility management plans.

*Workplace Travel Plans: A guide for implementers* (NTA 2012) provides guidance on why and how to implement a workplace travel plan while *Achieving effective workplace travel plans Guidance for Local Authorities* (NTA 2012) aims to assist local authorities in fully integrating the principles and practice of Workplace Travel Plans into both the development plan process and the development management process.

The recently published *Transport strategy for the Greater Dublin Area 2016-2035* (NTA 2016) also recognises workers/commuters as a key group and the ongoing need to make non-car options more attractive and feasible. Recommendations include: to reduce the availability of workplace parking in urban centres to discourage car commuting, where alternative transport options are available and; to support and facilitate the implementation and expansion of Workplace Travel Plans for all large employers.

The *National physical activity action plan* (DH 2016) recognises workplaces as having an important role in supporting opportunities for physical activity and includes an action that "employers will make it easier for people to be more physically active".

## Conclusions

This review shows that a broad range of government departments and agencies have contributed to policy and legislative developments that support health in the workplace. Workplace health legislation is well developed from the perspective of employment rights while there is some legislation on health behaviours relevant to the workplace setting. At the same time there has been a clear policy shift towards extending action on health and wellbeing in the workplace beyond safety concerns. Overall there is an increasing trend towards better acknowledgement and integration of the workplace in public health policy. However the relationship between broader public health policy and workplaces is not always a linear process. Policy and legislation in the workplace has also developed in the absence of broader health sector guidance in several notable areas. Injury prevention in the workplace is supported by a significant body of policy and legislation despite the absence of a broad national injury prevention policy as was initially proposed in the Department of Health's Quality and Fairness Strategy. Moreover, there has been little policy development led by the health sector with regard to prevention and management of chronic disease in the workplace setting, with some developments now being led by the Department of Social Protection. In the case of mental health, the lack of coherence around mental health policy in the workplace may reflect a broader policy gap. The anticipated mental health promotion policy may help to redress this.

While the scope of this review does not extend to implementation of policy and legislation in the workplace setting, a trend towards a greater focus on action plans and monitoring has been noted in more recent documents. In particular the implementation mechanisms of *Smarter Travel* are notable.

Recognition of the workplace as a setting for health promoting behaviour is particularly relevant given the costs of workplace absence due to chronic diseases including MSDs, respiratory infections and mental ill-health. Policy documents such as *Healthy Ireland* and *Ireland's national plan on corporate social responsibility* set out a framework at a strategic level for the creation of such policy.

From an equality perspective there appears to be a shift across a range of areas including age, gender and disability towards a broader recognition of quality of life issues. All of these issues need to be considered in the development of the Healthy Workplaces Framework. It is anticipated that a final copy of this report will be published ahead of the public consultation process which will take place in early 2017.



# Appendix

**Table 6: Search terms**

Workplace	Health	Rights
Workplace	Health	Rights
Workforce	Physical	Equality
Worker	Mental	Disability
Employee	Social	Welfare
Employer	Wellbeing	Pregnancy
Employment	Health promotion	Parental leave
Labour	Health protection	Maternity leave
Work	Safety	Paternity leave
	Sick(ness)	Workplace relations
	Illness	Bullying
	Disease	Youth/young persons
	Alcohol	Working time
	Drugs	Retirement
	Tobacco	Pension
	Physical activity	
	Active travel	
	Nutrition	
	Food	

**Table 7: Government departments and agencies**

Department or agency	Initials	Website
Office of the Attorney General (Irish Statute Book)	eISB	<a href="http://www.irishstatutebook.ie">http://www.irishstatutebook.ie</a>
Agriculture, Food and the Marine	DAFM	<a href="http://www.agriculture.gov.ie">www.agriculture.gov.ie</a>
Arts, Heritage, Regional, Rural & Gaeltacht Affairs	DAHRRG	<a href="http://www.ahrrga.gov.ie">www.ahrrga.gov.ie</a>
Children and Youth Affairs	DCYA	<a href="http://www.dcy.gov.ie">www.dcy.gov.ie</a>
Communications, Climate Action & Environment	DCCAE	<a href="http://www.dccae.gov.ie">www.dccae.gov.ie</a>
Defence	DD	<a href="http://www.defence.ie">www.defence.ie</a>
Education and Skills	DES	<a href="http://www.education.ie">www.education.ie</a>
Finance	DF	<a href="http://www.finance.gov.ie">www.finance.gov.ie</a>
Foreign Affairs and Trade	DFAT	<a href="http://www.dfa.ie">www.dfa.ie</a>
Health	DH	<a href="http://www.health.gov.ie">www.health.gov.ie</a>
Housing, Planning, Community & Local Government	DHPCLG	<a href="http://www.housing.gov.ie">www.housing.gov.ie</a>
Jobs, Enterprise and Innovation	DJEI	<a href="http://www.djei.ie">www.djei.ie</a>

Justice and Equality	DJE	<a href="http://www.justice.ie">www.justice.ie</a>
Public Expenditure and Reform	DPER	<a href="http://www.per.gov.ie">www.per.gov.ie</a>
Social Protection	DSP	<a href="http://www.welfare.ie">www.welfare.ie</a>
Taoiseach	DT	<a href="http://www.taoiseach.ie">www.taoiseach.ie</a>
Transport, Tourism and Sport	DTTS	<a href="http://www.transport.ie">www.transport.ie</a>
Competition and Consumer Protection Commission	CCPC	<a href="http://www.ccpic.ie">www.ccpic.ie</a>
Economic and Social Research Institute	ESRI	<a href="http://www.esri.ie">www.esri.ie</a>
Enterprise Ireland	EI	<a href="http://www.enterprise-ireland.com">www.enterprise-ireland.com</a>
Food Safety Authority of Ireland	FSAI	<a href="http://www.fsai.ie">www.fsai.ie</a>
Health and Safety Authority	HSA	<a href="http://www.hsa.ie">www.hsa.ie</a>
Health Research Board	HRB	<a href="http://www.hrb.ie">www.hrb.ie</a>
Health Service Executive	HSE	<a href="http://www.hse.ie">www.hse.ie</a>
IDA Ireland	IDA	<a href="http://www.idaireland.com">www.idaireland.com</a>
Irish Human Rights and Equality Commission	IHREC	<a href="http://www.ihrec.ie">www.ihrec.ie</a>
Law Reform Commission	LRC	<a href="http://www.lawreform.ie">www.lawreform.ie</a>
National Advisory Committee on Drugs & Alcohol	NACDA	<a href="http://www.nacda.ie">www.nacda.ie</a>
National Competitiveness Council	NCC	<a href="http://www.competitiveness.ie">www.competitiveness.ie</a>
National Disability Authority	NDA	<a href="http://www.nda.ie">www.nda.ie</a>
National Economic and Social Council	NESC	<a href="http://www.nesc.ie">www.nesc.ie</a>
National Tobacco Control Office	NTCO	<a href="http://www.ntco.ie">www.ntco.ie</a>
National Transport Authority	NTA	<a href="http://www.nationaltransport.ie">www.nationaltransport.ie</a>
Office of the Attorney General	OAG	<a href="http://www.attorneygeneral.ie">www.attorneygeneral.ie</a>
Office for Social Inclusion	OSI	<a href="http://www.socialinclusion.ie">www.socialinclusion.ie</a>
Pensions Authority	PA	<a href="http://www.pensionsauthority.ie">www.pensionsauthority.ie</a>
Road Safety Authority	RSA	<a href="http://www.rsa.ie">www.rsa.ie</a>
Workplace Relations Commission	WRC	<a href="http://www.workplacelrelations.ie">www.workplacelrelations.ie</a>

Table 8 lists the total number retrieved (in brackets) and the number deemed to be relevant to workplace health on reading the description of the Act. Numbers highlighted in red indicate that no new Acts were retrieved by using this search term.

**Table 8: Irish Statute Book findings 1/1/1996-21/9/2016**

Search term	Acts	Statutory Instruments
Workplace	11 (137)	130
Health	39 (2193)	2380
Employee wellbeing	0 (4)	9
Wellbeing	3 (56)	34
Health promotion	6 (74)	97
Employment rights	31 (315)	489
Employee health	24 (182)	298
Labour rights	19 (97)	202
Total unique retrieved	47	Not reviewed



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