****

#### Senate

Subject: Annual Plan for Health, Safety and Environment Office – review of progress in 2011/12 and new targets for 2012/2013

**Origin: Health and Safety Manager**

Purpose of the report

To review the progress made on the annual plan for 2011/12 and to set out a programme of work for the year October 2012 – October 2013.

Background

An annual plan of work is needed to ensure that the University continues to fulfil its statutory duty for the health, safety and well-being of its staff, students and others affected by its activities. The plan shall ensure that the work of the Health and Safety Office supports the strategic planning of the University and makes best use of the resources available.

Points to note:

1. Section A of this report reproduces the annual plan for 2011/12 as the shaded columns in the table. An additional column on the right hand side shows the progress made against each target.
2. **Section B of this report sets out the annual plan 2012/13**
3. The progress report does not show the work that has been carried out in 2011/12 over and above those items identified in the annual plan for this period. This includes, but is not restricted to:
* Handling routine service requests from departments
* Accident investigation
* Work with Freshers to promote fire safety
* Attendance at departmental safety committees
* Liaison with University Insurer
* Event planning
* Statutory returns
* Liaison with external regulators – Fire Service, Home Office, Environment Agency, HSE
* Meetings with duty holders and working groups.
* Complete update of Local Rules for working with radiation.
* Training

A**) Annual Plan 2011/2012**

Fire safety

|  |  |  |
| --- | --- | --- |
| AIM | TARGET | ACHIEVEMENT |
| Review information kept for statistical reports | * Consolidate report formats where possible to avoid duplication of effort and ensure all relevant information is recorded
 | COMPLETEDFire statistics are reported both internally and externally. External reports are made to USHA and Higher Education Statistics Agency |
| Make e-training more widely available  | * Review information from trial of fire e training and make this available across campus
* Regular in house training to be filmed and made available on the LEARN serve
* Joint project with Morris Vermaport lifts to film the rescue procedure
 | ALL COMPLETEDE training is an ideal medium for certain fire training –many people can be trained quickly and easily.  |
| Overhaul of fire guidance and polices  | Ensure fire policies and guidance are up to date:* Review where fire marshals are situated to identify any gaps. Recruit and train and new fire marshals
* Review recording sheets and floor plans for quarterly testing of the refuge alerter
* Review data base for location of fire extinguishers, fitted fire alarms and emergency lighting and plot onto floor plans
* Review records for weekly testing of MCP in academic buildings and halls of residence –update record sheets
* Develop fire folders for all remaining buildings in accordance with BS 9999 – this is on-going work
* Aide memoires needed for fire service crew to effect rescues from the different lifts on campus
 | ALL COMPLETED |
| Progression of the Duty Holder role  | * Bi annual audit of evac lift and chair rescue proficiency on all Security shifts
* Develop an action tracker for Fire Risk Assessment duty holders in FM to that recommendations/actions can be incorporated into plans for refurbishments and new buildings
* Develop CAD plans for all academic buildings
 | ALL COMPLETEDNot completed - To be discussed with FM  |

Occupational Health

|  |  |  |
| --- | --- | --- |
| AIM | TARGET | ACHIEVEMENT |
| Clinical casework  | To meet the needs of HR, staff and managers. | ON-GOING. Caseload has increased as a consequence of changes made the HR procedures – performance reviews and sickness absence management. Data is needed |
| Biological Safety | * Member of the Biological Safety Committee
* Implement changes to the Blood Born Virus policy regarding vaccination and management of accidental exposures to BBV. Carry out training
* Review Research Passport procedure
 | COMPLETEDA research passport provides the holder with Occupational Health clearance to work in any NHS facility. All immunisations are now being carried out through University of Leicester Hospitals Trust – this is working well  |
| Mental Health | * University policy.
 | COMPLETED – approved by Council  |
| Pre-employment questionnaires | * Work with iTRENT project managers to streamline the PEQ procedure
 | ON-GOING – note comments in HR matrix section |
| HR matrix | * Develop a matrix for managers to shows any Occupational Health requirements associated with certain jobs. The effectiveness of the matrix shall be trialled in FM
 | A matrix has been developed and has been trialled in parts of FM with some success. The matrix provides managers and Occupational Health with a simple means to identify occupational ill health risks associated with certain jobs and ensure that appropriate health surveillance is arranged, thereby providing base line reports and on-going monitoring records.**NB**Since this target was identified, the new iTRENT facility has also opened up a means to manage this issue. When job descriptions are created an assessment of the role can be undertaken, using a set of questions already in iTRENT, which identifies possible OH risks associated with the role and ensures that pre- employment and subsequent surveillance appointments are made for the incoming post holder. If this option is pursued then the pre- employment questionnaire and the HR matrix will be combined within iTRENT, simplifying two manual systems into an IT solution  |
| DSE | * Review the DSE policy in conjunction with Facilities Management
* DSE assessors to be recruited and trained in 2012
 | NOT ACHIEVED – TO BE CARRIED FORWARDCOMPLETED |
| HAVS policy  | * On-going roll out of HAVS across the university
 | ON-GOING – TIED TO PROGRESS ON THE HR MATRIX  |
| Service Management | * To review systems and process for OH provision and work with iTRENT to create OH work streams.
 | ON-GOING. |

Radiation Safety

|  |  |  |
| --- | --- | --- |
| AIM | TARGET | COMMENTS |
| Radiation safety training throughout the University | * To write and design brand new Radiation training sessions for all radiation workers.
* Set up bespoke training course for all staff and students in Radiochemistry
 | New and updated training, needs to be rolled out in accordance with IRR99.More detailed training structure is needed for workers in the Radiochemistry. Alongside the standard training they will also have practical training on monitoring and laboratory practices. - COMPLETED |
| Accident and Emergency Plan | * Review and carry out emergency contingency plans
 | COMPLETED but ON-GOING The plan was reviewed early in the year but subsequent flooding in the summer has altered the working arrangements in the Graham Oldham building and the plan is being revised further.  |
| Catalogue and review Sealed Sources | * Catalogue all sealed sources using photographs
* Dispose of old and ‘inactive’ sources
 | COMPLETEDHSE and EA require photographs of all sealed sources |
| Plan for when Chemistry move to Holywell Park from Graham Oldham Building | * When Chemistry move from Graham Oldham Building to Holywell park, the building will need decommissioning
* New permits may be needed to dispose of old isotopes and sources
* Design of new Radiochemistry laboratory to comply with all legislation.
 | Decommissioning work is now underway. Phase one is COMPLETE – historical review of all disposals/contamination records followed by physical sampling and monitoring of the drains PERMIT application is COMPLETE.  |
| Update Ionising Radiation Policy | * Update policy to include all new legislation and changes in departmental structures
 | Include updates in Environmental Permitting Amendments 2011 Regulations and exemption orders - COMPLETED. |
| Complete Professional Certificate in Radiation Protection | * Complete course and start to build up portfolio for RPA accreditation
 | COMPLETED and passed the course: Qualifications to enable RPO to build up portfolio to become a Radiation Protection Advisor. Portfolio can take several years to complete. |

Health and Safety

|  |  |  |
| --- | --- | --- |
| AIM | TARGET | COMMENTS |
| Training | * Laser safety – using the risk assessment tool
* Violence at work
* Hydrogen safety
* DSO training
* Blood born virus training
* Promote existing COSHH course to increase uptake
* Fieldwork
* Deans and Ops Managers
 | ALL COMPLETED in the current year Training needs which are in addition to the courses currently publicised through Staff Development. Additional bespoke COSHH courses were run in for SDC and 3 additional general COSHH courses were run through Staff Development. 3 short bespoke courses are being offered to AACME in November.NOT COMPLETEDON-GOING – being incorporated into e training |
| Audit | * SDC
* Joint inspections with new schools
 | ON-GOING A revised schedule of audits was considered and approved by the committee in June. SDC is now scheduled for audit in Jan/Feb 2013 and AACME was audited in October. |
| University Policy review and new policy | * University HS policy
* Provision and Use of Work Equipment Regulations
* Fieldwork policy
* Nanotechnology
 | COMPLETED COMPLETEDNot Completed - to be carried forwardON-GOING: HSE interest in this area has resulted in Universities forming a working group to respond appropriately. This may require LU to develop a policy. |

**B) Annual Plan 2012/2013**

**Fire safety**

|  |  |  |
| --- | --- | --- |
| AIM | TARGET | COMMENTS |
| Routine business  | * Fire risk assessment – annual exercise to update these documents
* Fire marshal training
* Evac chair training and drills
* Refuge alerter tests
* Personal Emergency Evacuation Plans
* Overseeing the fire extinguisher maintenance contract
* Working with FM project managers on refurbishment and new build fire specifications – Duty Officer role
* Carrying out fire alarm test
* Carrying out fire drills
* Ensure fire signage meets standards set out in BS9999
 | The Fire Officer has a full programme of work which can be described as routine business |
| Work rolled forward from 2012 | * Monitor if the fire e training is being rolled out successfully across the University
* Work with the training coordinator to identify where new fire marshals are needed and organise training for recruits
* Develop fire folders for all remaining buildings in accordance with BS 9999
* Aide memoires needed for fire service crew to effect rescues from the different lifts on campus
* CAD plans
 | The pilot is being carried out in AACMEThis is on-going workThe information for this needs to come from the lift companies – training has been organised by FM for FM staff. Joint work with FM to develop CAD plans of all fire protection systems in buildings |
| New projects | * Produce an action plan to address any risks identified in the external audit report PAS7
* Draw up a rolling programme to review Fire Risk Assessments at suitable intervals
* Investigate if the Personal Emergency Evacuation Plan arrangements can be simplified by carrying out generic assessments of the means of escape from buildings
 | An external auditor carried out an audit in 2012. The specification used to audit against is a proposed British Standard called PAS7. The report is due in October 2012 |

**Occupational Health**

|  |  |  |
| --- | --- | --- |
| AIM | TARGET | COMMENTS |
| Training delivery | * Train DSE assessors
* Assist with any rollout of training with HR/ Staff Development related to the “Management of Workplace Pressure Policy”. Subsets of this action include:
	+ Continue to assist in the delivery of “Resilience training”
	+ Continue to deliver ‘Navigator’, Men’s personal development programme.
* Continue to assist with delivering the Manual Handling Risk Assessment course
* Oversight of any BBV training needs
 | The management of the Occupational Health Advisor’s post has from 1/8/12 transferred across to HR but elements of OH work overlaps with the Health and Safety section. By agreement with HR, where this work was previously carried out by the OH advisor, this will continue following the transfer of the line management of the post to HR. |
| Policy development/ guidance | * Complete BBV policy amendments and rollout of revised Needle stick guidance
* DSE policy review- links to training and operational matters
* Gain official University stance on status of Post-Graduates with regards to OH needs;
	+ research passports,
	+ Health Surveillance,
	+ DSE support,
	+ Pregnancy risk assessments
 |
| Operational | * DSE- revisit the online self-assessment system; work with supplier on improving its fitness for purpose for university’s needs
* Continue to work with James Stapleton on rolling out the Health Risk Matrix to the rest of FM. This work will inform the Health Surveillance needs for FM, and also improve the identification of new starters under this topic…
	+ This links into the work that could be developed within the iTrent system and web recruitment.
* Rollout the Health Risk matrix across the University; dependant on support from DSO’s, Deans and Ops Managers in the schools
 |

**Radiation Safety**

|  |  |  |
| --- | --- | --- |
| AIM | TARGET | COMMENTS |
| Decommissioning the Graham Oldham building | * Complete Phase 3 of this work
* Liaise with the EA to gain a new Environmental Permit
 | Phase 3 of the project will see information acquired in phases 1 and 2 being discussed with the Environment Agency (EA) to agree appropriate decontamination measures and to set thresholds for the radioactive activity level in any waste leaving siteThe application for a new permit to replace the existing Authorisation and Registration documents has been completed and submitted. Until the new permit is granted by the EA there will be a need to keep in contact with the EA and provide any additional information as requested. |
| Radiation Waste Advisor (RWA) role | To complete the requirements to be classified as the University’s Radiation Waste Advisor  | The RWA role is new – a change brought in by the EA. By 1st January 2013 a RWA must be in post.  |
| Review the arrangements for the repair of radiation monitors | * Bring a paper to HSE committee
 | All monitors are sent annually to the Health Protection Agency for testing and maintenance. Repairs are carried out by the HPA but it may be appropriate to purchase replacement parts to carry out some repairs in house – a role that the RPO would undertake.  |
| Review badge management | * Bring a paper to HSE committee
 | Radiation workers are issued with monthly badges. It may be appropriate to change this to 3 monthly badges in some cases. |
| Training | * Review all training provision with the University RPA
 | External training can be hosted at LU  |
| Management audit | * Audit the compliance matrix
 | Following an EA inspection in Oct 2010 a compliance matrix was introduced to set out all management standards. This will be audited, reviewed and updated if necessary  |
| New isotopes  | * Complete additional risk assessments, record keeping arrangements and training for Tc95M, Tc99 Se75 and transuranic alpha emitting isotopes
 | New work planned in the Radiochemistry department is likely to introduce new isotopes |
| Work with medical X ray devices and radiographers in HEBs2 | * Work on the PMB for installation of new equipment
* Carry out monthly leakage and dose assessments for this additional equipment
 | Medical devices are covered by the Ionising Radiation (Medical Exposure) Regulations Input to the PMB is needed to ensure that equipment brought onto site is legally compliant on installation and commissioning.On-going work is need to ensure equipment remains safe  |

**Health and Safety**

|  |  |  |
| --- | --- | --- |
| AIM | TARGET | COMMENTS |
| Dangerous Substances Explosive Atmospheres Regulations(DSEAR) | * Audit, training and policy review
 | A policy was introduced in 2009 but enquiries from some schools/departments suggest that staff are unsure about how to carry out DSEAR risk assessments.The availability of risk assessments will be checked and staff will be provided with training using a specialist in this area.  |
| Policy | * Fieldwork
* Driving at work
* Transport of hazardous substances
* Procurement of hazardous materials/equipment - Introduce a database for hazardous substances on campus
* Keep nanotechnology under review
 | * Carried over from 2012
* Consideration of applying an FM policy across all schools/departments
* A need to have clear information about how to package and send hazardous substances for transport by road, rail, air, sea – chemical, radioactive and biological material
* Carried forward from 2012
 |
| Training | * E training
* Asbestos awareness
* DSEAR
* Accident investigation
 | * Continuation from 2012
* New training for FM staff and anyone who may accidentally disturb asbestos
* Training for staff who carryout DSEAR risk assessments
* Training to aid compliance with University policy
 |
| Audit | * Legionalla
* Audit programme for Schools
* X ray equipment
* Placement student policy
 | The schedule of audits for academic school was approved by HSE committee in June 2012 |
| Management of plant and equipment | * Embed the management responsibilities for maintenance of plant and equipment other than that maintained by FM
 | Policy was approved in 2012 but more work is needed to implement the arrangements |
| Slips trips and falls | * Risk assessment on hazards identified by accident reports
 | A generic risk assessment will be undertaken across campus  |