

Minutes

SAF15-M1

Minutes of the Health, Safety and Environment Committee held on Wednesday 18 February 2015

Members:

Rob Allan, Spencer Aryeetey, Mark Biggs, John Blackwell, Tom Carslake, Paul Conway (ab), Suzanne Dexter, Sandy Edwards (ab), Alec Edworthy, Nick Evans (ab), Richard Ferguson (ab), David Fulford (ab), Andy Gomez (ab), Tony Goodall, Julie Gormley, Rod Harrison, Jude Hoy (ab), Nik Hunt, Rob Hunter (ab), Rachael Jermyn, Allan Jones, Stuart Kirkland (ab), Andy Kowalski, Mark Lewis (ab), Chris Linton (Chair), Cathy Moore, Liam Peoples (ab), Brian Reed (ab), Ellie Roberts, Richard Taylor, Bob Temple (ab), Julie Turner, Hugh Weaver, Demi Whittaker (ab), Rob Whittaker.

In attendance:

Robert Allison, Martine Ashby (Secretary), Andrew Sweeney

Apologies for absence were received from:

Sandy Edwards, David Fulford, Rob Hunter, Mark Lewis

15/1 Minutes

SAF15_M3

Minutes of the meeting held on 7 October 2014 were CONFIRMED.

15/2 Matters arising from the Minutes

SAF15-P1, SAF15-P2

- 2.1 Actions arising from the Minutes were NOTED.
- 2.2 14/31 *Water Treatment* refers. An update on water treatment issues affecting the campus and work being undertaken to monitor water quality and resolve any issues was RECEIVED.
- 2.3 It was NOTED that, following treatment, the majority of the Student Village was clear of bacteria but that a small number of blocks still recorded levels. This had been judged to be a very low risk and would be rectified in by the end of the month.
- 2.4 It was NOTED that the University commissions periodic Water Risk Assessments for all buildings on campus using independent consultancy organisations. Water testing had confirmed that water systems were generally clear of bacteria. Where found to be present, bacterial levels were comparatively low and there was no immediate risk to individuals. A number of defects had been identified by the Water Risk Assessment, and Facilities Management was mitigating identified problems through repairs, regular testing and by availing of advice and support from the consultancy organisation and academic channels. A deadline for identified works had yet to be set as some significant work would have to wait until the Summer period.
- 2.5 It was NOTED that the University had a planned response in place to ensure water quality long term, and funds have been released for necessary works to be undertaken. An oversight group had been established to complement the work of the existing cross-campus, practitioner Water Safety Group. The oversight group was chaired by the Chief Operating Officer and reported to Operations Committee. It had oversight over a new task force from Asset Care and Technical Services which had been given the remit to introduce measures and controls to ensure compliance with Water Hygiene legislation.

- 2.6 Clarification was sought on the reporting lines for the oversight group and the Water Safety Group, and the relationship between the latter and Health, Safety and Environment Committee. It was AGREED that the relationship and reporting line between the various groups and with Health, Safety and Environment Committee would be reviewed together with those for groups parallel to the Water Safety Group. **ACTION: COO**
- 2.7 Clarification was sought on definitions for 'urgent' and 'high' defects. 'Urgent' defects were seen to be those with potential for risk to health and requiring immediate resolution while 'high' defects were defects which were not an immediate risk to health but which required resolution/monitoring.
- 2.8 It was AGREED that Facilities Management would provide the Committee with an update on water treatment issues at the next meeting. **ACTION: Director of Facilities Management**

15/3 Annual Health and Safety Plan 2014/15

SAF15-P3

- 3.1 The Health and Safety Manager's report on the 2014/15 Annual Plan was RECEIVED and the following points were NOTED:
- (i) An audit of the School of Civil and Building Engineering had found that there was a high level of compliance in the School with University policies and that there was clarity regarding processes for conducting risk assessments in the School.
- (ii) Two issues from the audit were highlighted, as there was potential for similar non-conformances elsewhere in the University:
- a) a dangerous piece of electrical equipment that had been purchased by a member of staff via an online auction website. The item was found not to have a functioning earth lead and, if it had developed a fault could have become live.
- A number of observations were made on this subject:
- Schools should follow risk assessment procedures when purchasing equipment to minimise the number of inappropriate purchases. However, it was NOTED that not all Schools did this.
 - It was known that purchases of this kind took place from online auction websites using purchase cards from time to time, and sometimes with very good reason when these websites were the only source for such equipment. It was believed that the associated risks were recognised in Schools but did not appear to be followed up in every case. In theory these matters should be identified at School Health and Safety Committees and then noted by the Health and Safety Service for action.
 - Approved suppliers also provided faulty equipment from time to time, raising the question of whether all new equipment should be tested before use, including large numbers of computers procured by IT Services.
 - Occasionally the University received donated equipment which, if not needed or found to be faulted, needed to be disposed of, thus incurring disposal charges.
- It was NOTED that action needed to be taken to minimise risk when purchasing equipment without making the purchasing process overly bureaucratic. It was AGREED that the Health and Safety Manager should liaise with members who had expressed views on this subject and make recommendations to the Committee for appropriate levels of testing for new/donated equipment. She may wish to consider the relevant BS OHSAS 18001 procedures in doing so. **ACTION: Health and Safety Manager**
- b) University stress management procedures where it was found that the procedures were not widely appreciated by senior staff. It was AGREED that the Health and Safety Service and Human Resources should work together to ensure that the University's stress management guidance was published more widely to staff. **ACTION: Director of HR to coordinate and report back on action taken**
- (iii) A review had been carried out to identify areas where ATEX rated electrical equipment had not been subject to a recent maintenance inspection or test. The review had identified remedial actions which would be taken forward by Facilities Management to ensure compliance with DSEAR and the ATEX directive. Once completed the equipment would need to be maintained/inspected in accordance with the British Standard and site plans not compromised by changes outside the control of the Health and Safety Service. Facilities Asset Care Managers were considering how to manage change in relation to their assets. In the meantime, the Health and Safety Service would undertake reviews of hazardous area classification plans on a three-yearly basis.

- (iv) Arising from 14/34.2, significant effort had gone into providing training courses, and areas of low take-up of online fire safety training had been identified and targeted. The Health and Safety Manager was considering ways of running its fire safety training courses with fewer participants.
 - (v) Fire risk assessments were on target for completion in accordance with the agreed schedule. The Health and Safety Service was considering ways of improving its targeting of information and reducing the number of false alarms. A training film was also being developed for fire marshals to refresh their knowledge of fire safety. It was NOTED that initial training for fire marshals would continue to be delivered in a classroom setting.
 - (vi) A number of matters relating to radiation safety were noted. The Radiation Protection Officer RPO had visited Schools to raise the level of understanding of the Electromagnetic Fields Directive. Further work was being undertaken to inspect and register equipment under the scope of the Directive. In future Schools would be required to undertake generic risk assessments of this equipment.

Leakage tests had been carried out on all sealed sources. The University's local rules had been reviewed and were now split into local rules for work with open sources and work with non-open sources.
 - (vii) A report comparing the University's non-RIDDOR accident reporting procedures with those of comparable universities had revealed that reporting methods were similar. Therefore the University's higher than average numbers of reports of non-RIDDOR reportable accidents could not be attributed to different reporting methods. It was believed that the high rates of reporting at the University were due to effective training and efforts by the Health and Safety Service to encourage reporting and/or the types of activity carried out at the University. However, this could not be proved. It was AGREED that, given this uncertainty, the Health and Safety Service should monitor non-RIDDOR accident rates by comparing numbers of accidents with those of previous years.
ACTION: H&S Manager
- 3.2 The Health and Safety Manager reported on a visit to the University of Leeds to identify the work required to achieve the BS OHSAS 18001 standard. She had been encouraged by the improvement in awareness and understanding of health and safety matters that work towards the standard had led to at that university. She intended to carry out a gap analysis to identify the actions and resource that would be required in order for Loughborough University to work towards the standard. **ACTION: H&S Manager**

15/4 Environment Manager's Report

SAF15-P4

- 4.1 The Environment Manager's report was RECEIVED and its executive summary commended.
- 4.2 Progress was NOTED against Development Plan targets. It was AGREED that the Plan should be modified to provide a fuller explanation of the status of items which had yet to be started, were not on track or were not completed, and links provided to other areas of the Plan where appropriate. **ACTION: Environment Manager**
- 4.3 It was NOTED that work was continuing on the Environmental Management System (EMS). A peer review had taken place ahead of an external surveillance visit which was to form part of assessment for ISO14001 accreditation. The issues that had been identified were minor and were being addressed.
- 4.4 Objectives and targets as specified within the EMS were NOTED. In some cases it had been difficult to set baselines and targets because of fluctuation in activity. Plateauing of recycling rates in some areas could be due to improved practices amongst both staff and students, though this could also be due to the transient nature of hall occupants and staff moving away from paper to electronic storage in recent years. Nevertheless Facilities Management intended to continue to work with the target areas to increase recycling rates.
- 4.5 It was NOTED that the reduced need to recycle office equipment could be resulting in fewer instances of fire evacuation routes being obstructed by material awaiting disposal.
- 4.6 Drafts of a Remedial, Restoration and Reporting Response Procedure and a Voluntary Environmental Enforcement Undertaking Offer were NOTED. It was AGREED that the documents would be developed further with a view to revised versions being presented at the next meeting. **ACTION: Environment Manager**

15/5 University Fire Officer's Report

SAF14-P5

- 5.1 The Fire Officer's report was RECEIVED and the absence of any fire-related incidents in the reporting period NOTED.
- 5.2 Annual controlled fire evacuation exercises had taken place in November 2014. It was NOTED that the University Fire Officer had been responsive to a request from SDC that its fire evaluation exercises should not take in the winter and intended to schedule them in June in future years to accommodate SDC building users wearing few clothes.
- 5.3 It was NOTED that the Health and Safety Service had introduced visualizer cards which would be made available in pockets in lecture/teaching rooms to assist staff and visiting lecturers.
- 5.4 An incident where an academic had not cooperated fully with a fire evacuation exercise was NOTED. It was AGREED that in future such incidents should be reported to senior management within the relevant area for appropriate action. **ACTION: University Fire Officer**
- 5.5 A planned strike by the Fire Brigade Union on 25 February was NOTED.
- 5.6 Efforts to reduce the number of fire alarm activations were NOTED.
- 5.7 It was NOTED that action was being taken to change University regulations to discourage inappropriate parking which could obstruct emergency response vehicles. The action, which was being taken in response to a letter from the Leicestershire Fire and Rescue Service regarding vehicles parked behind the Hazlerigg and Rutland buildings, was ENDORSED by the Committee.

15/6 Annual Report of the Radiation Protection Officer

SAF15-P6

- 6.1 The Annual Report of the Radiation Protection Officer was RECEIVED.
- 6.2 It was NOTED that the Environment Agency now required organisations with a permit to hold or dispose of radioactivity to have a qualified Radioactive Waste Advisor. The Radiation Protection Officer had submitted a Radioactive Waste Advisor portfolio to RPA2000 before the stated deadline to seek assessment before the expiry date.
- 6.3 It was NOTED that changes to European regulations may have an impact upon some areas of the University. Further information was to be made available later in the year.
- 6.4 Five accidents/incidents were NOTED. Appropriate corrective action had been taken including training and equipment repair.
- 6.5 Three flood incidents and responses were NOTED.

15/7 Accident and Insurance Statistics

SAF15-P7, SAF15-P8

- 7.1 The papers were RECEIVED and four new insurance claims made against the University NOTED. An update on the status of claims was provided.
- 7.2 It was NOTED that the total number of recorded accidents had increased as compared with the previous year for the same reporting period. The increase appeared to happen annually and coincided with the return of students. The injury statistics did however demonstrate the correlation between raising the number of reported near misses with a lowering in the number of minor and major injuries. The University Health and Safety Service would continue to work in this area. In future the University Health and Safety Service would present near miss data compared to the numbers of injuries to provide a clearer picture of the injury and near misses trends. **ACTION: Hugh Weaver**
- 7.3 It was NOTED that the same figures had been recorded for comparative data for types of accidents for 2012 and 2013 for both the reported periods and needed to be corrected. **ACTION: Hugh Weaver**
- 7.4 It was NOTED that the University Health and Safety Service had reviewed its provision of manual handling training and had introduced task specific training to try to further lower manual handling injury numbers.
- 7.5 Measures put in place to discourage delivery vehicles from parking on University Road near the Wolfson Building were NOTED. Members were encouraged to report instances of inappropriate parking by delivery vehicles and inadequate parking facilities for delivery vehicles to the Head of Corporate Services for investigation. **ACTION: Head of Corporate Services**

7.6 Members were reminded that near misses should be reported to the Health and Safety Service by using the Accident Report Form which was available from the Health and Safety Service webpage.

15/8 No Smoking Zones

SAF15-P9

- 8.1 An update on the introduction of no smoking zones was RECEIVED and the following points NOTED:
- i) The University's Smoking at Work Policy may need to be reviewed in the future to address the use of e-cigarettes.
 - ii) There had been a number of instances of people smoking within the no smoking zones. However, following action taken to inform and encourage individuals, there did not seem to be any ongoing issues in the zones.
 - iii) The introduction of additional no smoking zones would be considered once the effectiveness of the existing zones had been established.
- 8.2 Feedback on the no smoking zones was NOTED including positive feedback from students.

15/9 Arrangements for Managing Contractor Health and Safety

SAF15-P10

- 9.1 Arising from 14/22 *Accident and Insurance Statistics*, a report on arrangements in place for managing contractor health and safety, including statistics for 'near miss' accidents involving contractors, was RECEIVED.
- 9.2 The processes which Facilities Management had in place to check and monitor the competence and compliance of contractors in respect of health and safety procedures through the life cycle of its projects were NOTED. It was NOTED that Facilities Management had learnt from instances of near misses involving contractors in the previous year and had taken steps to prevent similar occurrences in the future including improving its client liaison arrangements.
- 9.3 Facilities Management was thanked for its reassuring report on the arrangements that were in place.

15/10 Changes to Constitution

SAF15-P11

The following amendments to the Constitution of the Committee were APPROVED:

- i) Addition of Deputy Chief Operating Officer
- ii) "A Security Services Manager" to be replaced by "Security Manager"

ACTION: Secretary to seek approval from Senate and Council.

15/11 Euratom Inspection

SAF15-P12

A report on the recent Euratom inspection was RECEIVED.

15/12 Cover Sheets for HSE Papers

Members were encouraged to forward feedback on the new cover sheets for HSE papers to the Secretary.

15/13 Dates of 2014/15 meetings

10 June 2015

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