



## AGENDA

### SAF18-A3

#### Notice of meeting

The next meeting of the Health, Safety and Environment Committee will take place at 2.00pm on Wednesday 17 October 2018 in the Pearce Committee Room (Room 201.0.09) in the Hazlerigg Building.  
M Ashby, Secretary

#### 1 Apologies for Absence

#### 2 Business of the Agenda

To give notice of intention to speak to any starred items, which otherwise will be taken without discussion. Any member wishing to speak to a starred item is asked to give notice to the Secretary by midday on Tuesday 16 October.

#### 3 Minutes

##### SAF18-M2

To confirm the minutes of the meeting held on 6 June 2018.

#### 4 Matters arising from previous meetings

##### SAF18-P46

- 4.1 To note actions arising from the Minutes.
- 4.2 To note any other matters arising.

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## SECTION A – Items for Discussion

#### 5 Health, Safety and Environment Update: School of Social Sciences

##### SAF18-P47

To receive a presentation by the Dean of the School of Social Sciences on health, safety and environment arrangements in place in the School.

## **6 Health, Safety and Environment Update: Student Services**

### **SAF18-P48**

To receive a presentation by the Director of Student Services on health, safety and environment arrangements in place.

## **7 Constitution, Terms of Reference and Membership for 2018/19**

### **SAF18-P49, SAF18-P50, SAF18-P51**

- 7.1 To consider the Constitution, Terms of Reference and Membership of the Committee for 2018/19;
- 7.2 To consider the effectiveness of the Committee;
- 7.3 To consider proposed business for forthcoming meetings.

## **8 Health and Safety Services Annual Report**

### **SAF18-P52**

To receive the Health and Safety Services Annual Report and agree the plan of work for 2018/19.

## **9 Health, Safety and Risk Manager Report**

### **SAF18-P53**

To receive a report from the Health, Safety and Risk Manager.

## **10 Health, Safety and Environment Performance Report**

### **SAF18-P54**

To receive a report detailing key performance indicators for Schools and Services.

## **11 Non-ionising Radiation Governance**

### **SAF18-P55**

To consider a proposal for governance of non-ionising radiation.

## **12 Human Tissue Authority Inspection**

### **SAF18-P56**

To receive a report arising from an inspection by the Human Tissue Authority.

## **13 Health and Safety Risk Register**

### **SAF18-P57**

- 13.1 To receive an update on progress in developing Health and Safety Risk Registers;
- 13.2 To consider key issues identified by the Register.

## **14 Stress/Mental Wellbeing Working Party Update**

### **SAF18-P58**

To receive an update on progress with actions agreed by the Stress and Mental Wellbeing Working Party and on a number of key activities.

## **15 Sustainability and Social Responsibility Sub-Committee Minutes**

### **SAF18-P59**

15.1 To receive the minutes of the Sustainability and Social Responsibility Sub-Committee meeting held on 22 June 2018;

15.2 To note in particular ongoing concern with F-gas compliance.

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## **SECTION B – Starred Items for Approval**

### **\*16 Reports to Health, Safety and Environment Committee**

To receive the following reports:

- (i) **SAF18-P60**  
Sustainability Annual Report
- (ii) **SAF18-P61**  
Sustainability Manager Report
- (iii) **SAF18-P62**  
Radiation Protection Report
- (iv) **SAF18-P63**  
University Fire Officer's Report
- (v) **SAF18-P64**  
Incident Report
- (vi) **SAF18-P65**  
Insurance Claims Report

### **\*17 Environmental Policy**

#### **SAF18-P66**

To endorse the University Environmental Policy. There have been no changes to the policy.

### **\*18 Health and Safety Policy**

#### **SAF18-P67**

Arising from M18/23.3 to approve the updated Health and Safety Policy following consultation with Schools, Professional Services and Union colleagues.

### **\*19 Biological Safety Policy**

#### **SAF18-P68**

To approve on the advice of the GM/Biosafety Committee a new Biological Safety Policy. The GM/Biosafety Committee has approved the Policy via correspondence.

## **\*20 Policy for the Management of Asbestos**

### **SAF18-P69**

To approve an updated version of the existing Policy for the Management of Asbestos following consultation by Facilities Development and Facilities Services.

## **\*21 Ionising Radiation Policy**

### **SAF18-P70**

To approve on the advice of the Radiation Protection Sub-Committee changes to the Ionising Radiation Policy.

## **\*22 Minutes**

To receive minutes of the following groups and sub-committees:

- (i) **SAF18-P71**  
Chemical Safety Committee (6 June 2018)
- (ii) **SAF18-P72**  
GM/Biosafety Committee (22 June 2018)
- (iii) **SAF18-P73**  
Radiological Protection Sub-Committee (17 August 2018)

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## **SECTION C – Items for Information**

## **23 Any Other Business**

## **\*24 Dates of Remaining Meetings in 2018/19**

6 February 2019  
5 June 2019



## Minutes SAF18-M2

Minutes of the Health, Safety and Environment Committee held on Wednesday 6 June 2018

### Attendance

#### Members:

Rob Allan, Spencer Aryeetey, Neil Budworth, Andrew Burgess, Suzanne Dexter (ab), Sandy Edwards (ab), Ann Greenwood (ab), Matthew Inglis, James Jones (ab), Mark Lewis, Chris Linton (Chair), David Roomes (ab), Jo Shields, Richard Taylor.

#### In attendance:

Tom Carslake (for 18/M20), David Fulford (for 18/M21), Julie Turner (for 18/M24 and 18/M25).

#### Apologies received from:

Suzanne Dexter, Anne Greenwood, David Roomes

### 18/18 Minutes

#### SAF18-M1

The minutes of the previous meeting held on 7 February 2018 were CONFIRMED.

### 18/19 Matters Arising from Previous Meetings

#### SAF18-P21, SAF18-P22

19.1 Actions arising from previous minutes were NOTED and their current status confirmed.

19.2 The following were NOTED in particular:

- (i) Arising from M16/47.3, a new Staff Exit Policy would be submitted for consideration at the October meeting. **ACTION: SSD Officer**
- (ii) Arising from M17/49.2(ii), there had been no further information on progress in making the University's estate adjacent to the Loughborough College site a smoke free zone. The School and Security Management Team would be asked to coordinate the erection of signs on the site to make clear that it was a smoke free zone. **ACTION: AED Operations Manager**
- (iii) Arising from M17/49.2(iv) Facilities Management had asked Leicestershire County Council to erect warning signage on the Epinal Way path. The Sustainability Manager would continue to pursue erection of the signage. **ACTION: Sustainability Manager**
- (iv) Arising from M18/2.3, an update from the School of the Arts, English and Drama on the process employed to embed health, safety and impact on the environment within the curriculum.

- (v) Arising from M18/3.2(ii) the Science Operations Manager and the Environmental Manager were drawing up an action plan to embed environment and sustainability within the School of Science.
- (vi) Arising from M18/3.2(iv) the School of Science would be invited to share examples of good practice in its health, safety and environment practices at the next Health, Safety and Environment Consultative Forum meeting. **ACTION: HSR Manager, Science Operations Manager**
- (vii) Arising from M18/6.2(ii) HR would normalise sickness absence rates in future Annual Occupational Health reports to allow comparison over time. **ACTION: Director of HR**

## 18/20 Health, Safety and Environment Update: School of Aeronautical, Automotive, Chemical and Materials Engineering

### SAF18-P23

- 20.1 The Committee received a presentation by the Operations Manager on health, safety and environment arrangements in place in the School of Aeronautical, Automotive, Chemical and Materials Engineering (AACME).
- 20.2 The following points were NOTED in particular:
- (i) The School's Risk Register had noted a number of risks including a lack of documentation for some activities carried out within the School.
  - (ii) The culture in the School surrounding risk assessment had improved following initiatives to motivate or penalise staff and research students to ensure that they complied. The School's Senior Management Team had demonstrated that it was willing to take the step of closing areas where health and safety requirements were not being observed. The Committee considered that the act of undertaking a risk assessment was integral to the practice of good scientists, and that the risk assessment itself could well have benefits for the activity. Therefore, the effort involved was rarely wasted.
  - (iii) PhD students were acknowledged to be a group that could in theory miss out when matters relating to staff or students were considered by the University.
  - (iv) AACME had initiated a safety award scheme for PhD students to recognize excellence in this area. It was felt this had had an impact and that other Schools could learn from it.
  - (v) Workload for all categories of its staff was seen by the School to be a risk factor. Busy technical staff had little time to audit and implement health and safety requirements, and such matters became a lower priority for academic staff with heavy workloads. Staff were responsive when issues were identified. However, the effort made to comply was not always sustained thereafter.
  - (vi) The School was experiencing a new pressure to address issues linked to identified compliance areas. It had acknowledged that it needed to work more closely with Facilities Management to be able to provide assurance for all of these areas.
- 20.3 The School was commended for the group sessions which it offered to Foundation programme students to introduce them to risk assessment and CoSHH forms early on in their time at the University. These sessions were considered good practice which should be shared with other Schools and Professional Services.
- 20.4 Both the AACME and the Facilities Development presentations would be circulated to other Schools and Professional Services so that others could learn from their good practice. The AACME Operations Manager would also draw specific examples of good practice to the attention of other operations managers. **ACTION: Secretary, AACME Operations Manager**

## 18/21 Health, Safety and Environment Update: Facilities Development

### SAF18-P24

21.1 The Committee received a presentation by the Director of Facilities Development on health, safety and environment arrangements within the remit of Facilities Development.

21.2 The following points were NOTED in particular:

- (i) The Service was commended on its accident frequency rate which had remained at zero for over 12 months.
- (ii) The Service undertook monthly health and safety site tours for each project. These would be expanded to become health, safety and environment tours in the future with involvement by the Environmental and Sustainability Managers. This would be coordinated with the help of the Development Manager. **ACTION: Director of Facilities Development, Deputy Health and Safety Manager (J Stapleton)**
- (iii) The University was likely to face more challenges in the future in the development and maintenance of its buildings as more legislation was put in place in the wake of the Grenfell Tower fire. Facilities Development was reviewing its technical standards and would keep up to date with new and revised standards as they were issued.

## 18/22 Report from Health, Safety and Risk Manager

### SAF18-P25

22.1 The Committee received a report from the Health, Safety and Risk Manager and considered proposed arrangements for monitoring the progress of actions outlined within a Notice of Contravention.

22.2 The following points were NOTED in particular:

- (i) The University had seen instances of scabies and had detected legionella bacteria on the Loughborough campus in recent months. It had addressed both swiftly and appropriately, and lessons had been learnt on both occasions.
- (ii) The Health and Safety Executive (HSE) had issued a Notice of Contravention to the University following a recent visit by officials to inspect the University's lasers. The technical issues identified had been addressed within a week of the notice having been received. The main area of concern regarding laser alignment had taken a significant amount of discussion and analysis. The issue had now been resolved and a formal response had been sent to the HSE.
- (iii) A recent fire in the W2 Building had resulted in lessons being learnt about possible escape routes and suitable measures put in place.

## 18/23 Health and Safety Policy

### SAF18-P26

23.1 The Committee considered proposed minor amendments to the University Health and Safety Policy. In the main the changes were being made to improve formatting or to reflect changes to the University structure and the Healthy and Safety committee structure.

23.2 The following points were NOTED in particular:

- (i) The Policy included references to full legislative compliance being the minimum standard. The Committee noted that due to the vast complexity and the dynamic nature of the University it was not possible to provide Council with this assurance. Rather, the University actively sought out areas of risk so that it could identify elements that were not compliant. It was therefore AGREED that the HSR Manager should review the text within the Policy and recommend an alternative form of wording which reflected the true situation for consideration by the Chief Operating Officer. **ACTION: HSR Manager**

- (ii) It was unclear why the sections that referred to Deans of Schools and Director and Heads of Professional Services (3.5 and 3.7 respectively) differed when both groups shared similar responsibilities. **ACTION: HSR Manager to address**
- (iii) The updated Policy had retained a section on the responsibilities of Heads of Academic Departments (3.6). It was noted that whilst Deans had overall legal responsibility for ensuring the health and safety of those who might be affected by the School's activities, Heads of Academic Departments still had a responsibility to oversee the adoption of the University policy within their discipline. **ACTION: HSR Manager to discuss with Schools that do have Heads of Department**

23.3 The HSR Manager would review the policy taking into consideration these points and the University structure generally. Whilst reviewing the policy he would consult representatives from federal Schools, such as Science, and AACME, and unified Schools, such as Architecture, Building and Civil Engineering, and Sport, Exercise and Health Sciences, and would reflect on the differences between the two types of School. The revised policy would be circulated for comment prior to being received at the October meeting as a starred item. **ACTION: HSR Manager**

## 18/24 Open Source Use

### SAF18-P27

- 24.1 On reference from the Radiological Protection Committee (RPSC18/M09), the Committee considered a proposal regarding permits held by the University for open source use. The Radiological Protection Committee had recommended that the University surrender its existing permit and that the Chair of the Radiological Protection Committee and the Strategic Scientific Development Officer should investigate the purchase of a new, smaller permit to replace it. The Committee AGREED to this recommendation. **ACTION: COO, SSD Officer**
- 24.2 The Committee noted that University tenants who engaged with open source radiation activity need to obtain their own permits. Facilities Management would need to check the wording of tenant leases and remain aware of such activity for fire prevention purposes and to be able to inform adjacent tenants. **ACTION: Director of Facilities Development**

## 18/25 Strategy for Future Biological Safety Compliance

### SAF18-P28

- 25.1 The Committee NOTED a Biological/GM and Chemical Safety Update from the Strategic Scientific Development Officer.
- 25.2 The Committee considered a draft strategy for future biological safety compliance which would allow more flexibility for research requirements. The review would also be used to improve the University Biological Safety Policy. It AGREED to the Strategic Scientific Development Officer undertaking a strategic review for future biological needs and requirements with a view to the review findings being submitted to the October meeting. **ACTION: SSD Officer**

## 18/26 Health, Safety and Environment Performance Review

### SAF18-P29

- 26.1 The Committee NOTED an updated version of the new Health, Safety and Environment Performance Review summary. It noted that the School of Architecture, Building and Civil Engineering had not supplied data for the summary. The Health, Safety and Risk Manager would seek a return from the School. **ACTION: HSR Manager**
- 26.2 The Committee considered whether it should receive an equivalent summary for environmental and sustainability matters in future. It NOTED that it did not need receive this information as the information was already considered by the Sustainability and Social Responsibility Sub-Committee and the Health and Safety Statutory Compliance Sub-Committee.

## 18/27 Health and Safety Risk Register

### SAF18-P30

The Committee CONSIDERED an update on progress in developing the Health and Safety Risk Registers. It NOTED in particular that Schools and Professional Services were required to complete their action plans by July with a view to the status for each being reported to the Health and Safety Statutory Compliance Sub-Committee in September.

## 18/28 Stress/Mental Wellbeing Working Party Update

### SAF18-P31

28.1 The Committee RECEIVED an update on the work of the Stress and Metal Wellbeing Working Party and on implementation of measures to support mental wellbeing at the University.

28.2 The following points were NOTED in particular:

- (i) The University had won the British Safety Council Health and Wellbeing Award in recognition of its coordinated approach to promote the health and wellbeing of its staff and students. The HSR Manager would notify the Head of PR so that the prize could be mentioned in the June Vice-Chancellor's Newsletter. **ACTION: HSR Manager**
- (ii) The Employee Assistance Programme (EAP) service had been extended to provide staff with access to online cognitive behavioural therapy and up to six sessions of face-to-face counselling where needed.
- (iii) The Health and Safety budget submission for 2018/19 included a bid to support the roll out of the Mental Health First Aider Scheme to other Schools and Professional Services.
- (iv) Staff Development had piloted a Managing Mental Health and Disability workshop for managers and supervisors. It intended to review the content of the workshop to take into consideration feedback received from the pilot sessions.
- (v) HR had introduced a new process to keep in contact with and support colleagues who were away from work due to a stress-related condition.
- (vi) A range of activities had been developed for Mental Health Awareness week.
- (vii) Details of the EAP and the University's mental health and wellbeing activities were available on the web University's webpages but were not signposted from the home page. The Chief Operating Officer and the Provost would consider how they might be given greater prominence on the webpages. **ACTION: COO, Provost**
- (viii) As students, rather than members of staff, PhD students were not currently eligible to access the EAP. Those PhD students who were experiencing mental health difficulties therefore needed to make use of the Counselling Service like other students. Therefore, the six-session limit also applied to them. The Doctoral College Sub-Committee would be asked to consider how PhD students who were experiencing mental health difficulties should be supported by the University in the future. **ACTION: Associate Pro-Vice Chancellor (Doctoral College)**

## 18/29 Environmental Compliance

### SAF18-P32

29.1 The Committee CONSIDERED a report on Environmental Compliance and, in particular, an F-Gas compliance risk. The Sustainability Manager and Director of Infrastructure and Commercial Services, as Chair of the Health and Safety Statutory Compliance Sub-Committee, would consider possible courses of action. They would seek HSE Chair's action over the summer to approve a plan of action to address the risk. **ACTION: Sustainability Manager, Director of Infrastructure and Commercial Services**

29.2 The Committee NOTED a request for completion of the Environmental Essentials course to be made mandatory for all staff. The Committee noted that staff were already required to complete a number of courses and was not convinced that making the course compulsory was an appropriate

step unless there was a need to do so for compliance purposes. Mandatory courses were monitored centrally, and completion was flagged on staff records and potentially discussed at PDR. Other courses were 'strongly advised' with take up monitored at School/Professional Service level. For other courses, staff were encouraged to take the course voluntarily, and it was noted that this could be an approach which the Sustainability Team could consider if it wanted to improve take up.

- 29.3 The Deputy Director of HR (Staff Development) was asked to reflect on the courses which were currently mandatory and the use made of records of completion of the courses with a view to deciding on an appropriate balance of mandatory courses in future. **ACTION: Deputy Director of HR (Staff Development)**
- 29.4 The Sustainability Manager would meet with the Deputy Director of HR (Staff Development) to brief her on the Environmental Essentials course and the reasons for wishing to make the course mandatory for all staff. **ACTION: Sustainability Manager, Deputy Director of HR (Staff Development)**

## 18/30 Asset Inspection and Maintenance

### SAF18-P33

On reference from the Health and Safety Statutory Compliance Sub-Committee, the Committee APPROVED a proposed approach to improve/ensure legislative compliance relating to asset inspection and maintenance.

## 18/31 Reports to Health, Safety and Environment Committee

The following reports were RECEIVED:

- (i) **SAF18-P34**  
Sustainability and Environment Report
- (ii) **SAF18-P35**  
Radiation Protection Report
- (iii) **SAF18-P36**  
Occupational Health Report
- (iv) **SAF18-P37**  
University Fire Officer's Report
- (v) **SAF18-P38**  
Incident Report
- (vi) **SAF18-P39**  
Insurance Claims Report
- (vii) **SAF18-P40**  
Annual Report of Ethics Approvals (Human Participants) Sub-Committee for 2017/18

## 18/32 Minutes

The minutes of the following groups and sub-committees were RECEIVED:

- (i) **SAF18-P41**  
Chemical Safety Committee (21 February 2018)
- (ii) **SAF18-P42**  
Health, Safety and Environment Consultative Forum (2 May 2018)
- (iii) **SAF18-P43**  
Health and Safety Statutory Compliance Sub-Committee (2 May 2018)
- (iv) **SAF18-P44**  
Radiological Protection Sub-Committee (1 May 2018)
- (v) **SAF18-P45**  
Sustainability and Social Responsibility Sub-Committee (14 May 2018)

### **18/33 Valediction**

- 33.1 The Committee thanked retiring members Rob Allan, Suzanne Dexter, Ann Greenwood, James Jones and Mark Lewis for their valued contributions to the Committee's discussions.
- 33.2 Members NOTED that the Students' Union representative on the Committee in 17/18 was a part-time member of the Executive who undertook this role alongside their studies so had less time than other members of the Executive to attend University meetings. The Students' Union would be asked to nominate full-time members of the Executive to serve on the Committee in future.
- ACTION: Secretary**

### **18/34 Dates of Remaining Meetings in 2017/18**

17 October 2018  
6 February 2019  
5 June 2019

Martine Ashby  
June 2018

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Paper Title: **Matters Arising from Previous Meetings**

Author: **Martine Ashby (Secretary)**

<b>1. Specific Decision Required by Committee</b>	<b>To note the status of matters arising from previous meetings</b>
<b>2. Relevance to University Strategy</b>	<b>Means for the Sub-Committee to monitor agreed actions which may be associated with the University Strategy</b>
<b>3. Executive Summary</b>	<b>The table overleaf details the statuses of matters arising from previous meetings of the Health, Safety and Environment Committee</b>
<b>4. Essential Background Information</b>	<b>Previous minutes of HSE Meetings</b>
<b>5. Risks, Risk Mitigation and Governance/ Accountability</b>	<b>To ensure actions taken following HSE meetings</b>
<b>6. Implications for other activities</b>	n/a
<b>7. Resource and Cost</b>	None
<b>8. Alternative Options considered</b>	None
<b>9. Other Groups/Individuals consulted.</b>	Name individuals
<b>10. Future Actions, Timescales &amp; Frequency of Review by this Committee.</b>	Next opportunity for review: Meeting in February 2019
<b>11. Success Criteria (KPIs)</b>	None
<b>12. University Executive comment (required for Council papers only)</b>	n/a

	Completed
	Not yet Completed

Meeting	Minute	Description	Action	Status
SAF16-M3	47.3 (+ 18/19.2(ii))	Take lead, working with others, in developing a staff exit strategy.	Director of HR+ RPBCS Officer	<p><b>Sept 17 Meeting: Staff Exit Policy to come to Feb 2018 meeting</b></p> <p><b>Jan 18 Update:</b> Report will be on next HSE Committee agenda under the Bio/Chemical safety section</p> <p><b>May 2018 update</b> Ongoing still in development.</p> <p><b>June 2018 update at meeting:</b> Draft strategy to be discussed with Deans and then considered by HR Committee. To be considered at October HSE meeting.</p> <p><b>Oct 2018 update:</b> Draft strategy to be discussed with new Director of HR prior to consideration at Feb 2019 HSE meeting</p>
SAF17-M2	37.3	Training proposals to be used for duty holders for compliance purposes.	HSE Manager	<p><b>Sept 17 Update from HSE Manager:</b> A gap analysis has started, but this is at an early stage</p> <p><b>Jan 18 update:</b> Training matrix updated</p> <p><b>June 18 meeting update:</b> Close Item</p>
SAF17-M3	49.2(i)	Consider ways in which School can embed health, safety and impact on environment within curriculum	Dean of AED	<p><b>June 18</b> Feedback received from Dean and on agenda. Close item</p>
SAF17-M3	49.2(ii) (+ 18/19.2(ii))	University's estate on Lough College site to become a smoke free zone	COO	<p><b>Feb 18:</b> Plan has been agreed with AED OPS Manager and is being progressed.</p> <p><b>June 18:</b> AED Operations Manager and Security Manager to coordinate erection of signs to make clear that it is a smoke free zone</p> <p><b>Oct 18 update:</b> Since been agreed to create designated smoking areas with enforced use. AED Ops Man was to progress through budgeting and planning process but difficulty identifying suitable site. Has suggested short-term solution of better signage.</p>
SAF17-M3	49.2(iv)	Ask FM to erect warning signage on Univ side of Epinal Way hedge & ask Leics Co Council to erect signage on path itself	Dir of Infrastructure & Commercial Services	<p><b>Feb 18:</b> Signage has been erected. Leics Co Co has been asked to erect signage on path itself. FM continuing to pursue with them.</p> <p><b>June 18:</b> Sustainability Manager to continue to encourage Leics Co Co to erect signage. Decision: <b>Close item</b></p> <p><b>Oct 18 Update:</b> Leics Co Co decision: no action.</p>

Meeting	Minute	Description	Action	Status
SAF17-M3 + SAF18-M1	49.2(v) + 2.6	Ensure job descriptions of H&S reps also include environmental remit	AED OPs Manager	<b>June 18:</b> Chase again and close once confirmation received. <b>Oct 18:</b> AED Ops Man confirmed that standard TE job description has reference to environment in their role so is of view that action has been completed.
SAF17-M3	56.1	Inform Council of proposed health and safety reporting arrangements	DVC	<b>Jan 2018 update:</b> Work ongoing to improve data and reporting – currently in transition between old paper/Excel based system and SHE reporting system. Report production should become easier and more accurate over the next 12 months. <b>May 2018</b> Done <b>June 2018</b> Confirmed closed
SAF18-M1	3.2 (i)	Reflect on how Mental Health First Aider scheme could become part of infrastructure. Submit proposal to OPS for funding to roll out scheme across University	HSR Manager	<b>May 2018</b> – Awaiting budget outcome proposals for roll out submitted
SAF18-M1	3.2 (ii)	Encouraged to embed environmental structures within the School at same time as embedding health and safety structures	Science Acting Dean + OPS Manager	<b>June 2018 update</b> – Science Operations Manager + Environmental Manager have met to discuss. They will put in place an action plan to embed environment and sustainability within the School. Item confirmed closed.
SAF18-M1	3.2(iv)	Share commended activities in School of Science with other areas of University as examples of good practice	HSR Manager	<b>May 2018</b> – will be included in next H&S Forum <b>June 2018</b> – Confirmed closed
SAF18-M1	3.2(v)	Review ethical approval form and relevant health and safety forms to remove duplication where possible	Director of Research Office + HSR Manager	<b>May 2018-</b> Input given, outcome awaited <b>June 2018</b> – Meeting held with Research Office but no outcome yet.
SAF18-M1	4.3	Future Schools and Professional Services presentations to HSE to include key performance indicators	HSR Manager	<b>Done</b> <b>June 2018</b> – Confirmed closed
SAF18-M1	5.2(iii)	Share with the Health and Safety Office experience of working with the emergency services in an emergency scenario.	Dr Roomes	<b>May 18 Done</b> – Dr Roomes visited 25 <sup>th</sup> May <b>June 2018</b> – Confirmed closed

Meeting	Minute	Description	Action	Status
SAF18-M1	6.2(ii)	HR encouraged to normalise sickness absence rates in future reports to allow comparison over time	Director of HR	<b>June 2018</b> – confirmed will be included in Occupational Health annual reports in Sept/Oct each year in future. Confirmed closed.
SAF18-M2	19 (vi)	Share examples of good practice in School's HSE practices at next Health, Safety and Environment Consultative Forum meeting	Science Operations Manager	To come to November Health, Safety and Environment Consultative Forum meeting
SAF18-M2	20.4	Circulate AACME and Facilities Development presentations to other Schools and Professional Services so that others can learn from their good practice	Secretary	<b>Completed</b>
SAF18-M2	20.4	Draw specific examples of good practice to the attention of other operations managers	AACME Operations Manager	<b>Completed</b>
SAF18-M2	21.2(ii)	Expand monthly health and safety site tours to become health, safety and environment tours with involvement by the Environmental and Sustainability Managers.	Director of FD, Development Manager	Template for the Project Manager (PM)'s Monthly HS&E Tour reports encompasses prompt to consider bio-diversity, drains, watercourses, waste etc. PMs to be encouraged in Project Team meeting to seek support from Environmental and Sustainability Manager
SAF18-M2	22.2(ii)	Formal response to Notice of Contravention to be considered at October meeting	HSR Manager	Circulated to HSE members shortly after June meeting instead
SAF18-M2	23.2	Review text in Health and Safety Policy regarding assurances given to Council and recommend wording to COO	HSR Manager	<b>Completed</b>
SAF18-M2	23.2	Discuss with Schools that still have HODs responsibility to oversee the adoption of Univ Policy within their discipline	HSR Manager	<b>Completed</b>
SAF18-M2	23.3	Review Health and Safety Policy as indicated. Circulate revised Health and Safety Policy. Include in October meeting agenda papers as starred item	HSR Manager	Updated policy included in Oct 18 meeting agenda papers <b>Completed</b>

Meeting	Minute	Description	Action	Status
SAF18-M2	24.1	Investigate purchase of new smaller Open Source Use permit	COO, SSD Officer	Confirmed completed by Strategic Scientific Development Officer and Radioactive Waste Advisor. <b>Completed</b>
SAF18-M2	24.2	Check wording of tenant leases. Remain aware of open source rational activity for fire presentation purposes and to be able to inform adjacent tenants	Facilities Management	Strategic Scientific Development Officer and Radioactive Waste Advisor to progress
SAF18-M2	25.2	Undertake a strategic review of future biological needs and requirements. Submit findings to October meeting	SDD Officer	COO has requested that review to take place over longer period to ensure comprehensive. Findings to come to meeting in 2019.
SAF18-M2	26	Seek data from ABCE for Performance Review summary	HSR Manager	ABCE data included in Performance Report. <b>Completed</b>
SAF18-M2	28.2(i)	Notify Head of PR of mental wellbeing prize so that it can be mentioned in VC's Newsletter	HSR Manager	<b>Completed</b>
SAF18-M2	28.2(vii)	Consider how EAP and mental wellbeing might be given greater prominence on webpages	COO. Provost	On staff homepage <b>Completed</b>
SAF18-M2	29.2(viii)	Doctoral College Sub-Committee to consider how PhD students with mental health difficulties should be supported by University in future	Associate Pro-Vice Chancellor (Doctoral College)	APVC(Doctoral College) reports that discussion held at DCSC and progress being made with CDS. Issue is ongoing and requires ongoing thinking between various sub-committees and services
SAF18-M2	29.1	Seek HSE Chair's action in summer to approve plan of action to address F-Gas risk.	Sustainability Manager, Director of Infrastructure and Commercial Services	Currently with Director of Facilities Services. HSSSC not met since May so proposed action plan not yet been tabled. In meantime work ongoing with Environment Manager and FM colleagues
SAF18-M2	29.3	Reflect on courses which are currently mandatory and on use made of records of completion of courses. Decide on appropriate balance of mandatory courses for future	Deputy Director of HR (Staff Development)	

Meeting	Minute	Description	Action	Status
SAF18-M2	29.2	Brief Deputy Director of HR (Staff Development on Environmental Essentials course	Sustainability Manager	Sustainability Manager discussed with Deputy Director of HR (SD) who was to recommend E-essentials as an induction course. Now completed and on website. Completion of course is logged on PDR.
SAF18-M2	33.2	Ask LSU to nominate a full-time member of the Executive to serve on HSE in future	Secretary	President is LSU representative on HSE. <b>Completed</b>

## Health, Safety & Environment Committee



Paper Title: Constitution, Terms of Reference and Membership 2018/19

Author: M Ashby (Secretary)

1. Specific Decision Required by Committee	To consider the Constitution, Terms of Reference and Membership of the Committee for the 2018/19 academic year
2. Relevance to University Strategy	n/a
3. Executive Summary	The paper presents the Terms of Reference and membership of the Committee together with additional individuals who receive the paperwork.
4. Essential Background Information	n/a
5. Risks, Risk Mitigation and Governance/ Accountability	To ensure that the Committee continues to function appropriately and the constitution remains appropriate.
6. Implications for other activities	n/a
7. Resource and Cost	None
8. Alternative Options considered	None
9. Other Groups/Individuals consulted.	None
10. Future Actions, Timescales & Frequency of Review by this Committee.	Next opportunity for review: February 2019 Meeting
11. Success Criteria (KPIs)	Effective operation of Committee
12. University Executive comment (required for Council papers only)	n/a

# Health, Safety and Environment Committee

## Terms of Reference

1. To act on behalf of, and to advise, Senate and Council and senior management on matters of health, safety and environmental policy, structure and communications; and to recommend any action necessary to ensure the health and safety of staff, students and members of the public (including contractors and visitors to University premises);
2. To develop and agree the strategic approach to be adopted in relation to Health, Safety, Environmental and Sustainability management;
3. To receive and act on reports, both written and verbal, on the health, safety and environmental performance and plans of schools and professional services;
4. To keep under review the University's legal and statutory obligations with regard to health, safety and environmental regulation compliance and to identify through regular monitoring and bring to the attention of senior management and/or Senate and Council areas where compliance is at risk or not being achieved;
5. To receive reports on health and safety and environmental audits, accident statistics, communications with enforcing authorities, and from relevant sub-groups, and to make recommendations to relevant University management of any corrective action required;
6. To receive aggregated absence statistics and reasons for such absences on a similar basis;
7. Specifically to receive reports from sub-committees which have been established to ensure compliance with legal requirements; eg the Radiological Protection sub-committee;
8. Where appropriate to seek out and promote areas of good practice;
9. To receive updates on changing legislation and to review and assist in the development of policies and procedures to enable the University to meet all statutory requirements;
10. To ensure all levels of University management are aware of their safety and environmental obligations and through the receipt of regular monitoring reports to ensure these obligations are being discharged appropriately;
11. To set up and oversee sub-groups of the Committee and to commission reports from these sub-groups as is necessary to assist the Committee in the development of policy and procedure. To produce terms of reference for environmental management and sustainability sub-group(s) of the Health, Safety and Environment Committee;
12. To monitor staff training and development programmes as they relate to health, safety and environmental issues to ensure appropriate training is provided to enable all managers safely to discharge their duties;
13. To receive reports and review personal safety for staff, students and visitors on University premises, particularly where it could impinge on health and safety;
14. To receive reports on the progress of the University Environmental Management System;
15. To report after each meeting to Senate and Council on health, safety and environmental activities and provide Senate and Council with the information required to discharge their duties under the Health and Safety at Work Act (1974), the Management of Health and Safety at Work Regulations (1999) and the Register of Environmental Legislation.

## Constitution and Membership 2018/19

<b>Position</b>	<b>Member</b>
<b>CHAIR, Provost and Deputy Vice-Chancellor</b>	Chris Linton
<b>Chief Operating Officer</b>	Richard Taylor
<b>Director of Infrastructure and Commercial Services</b>	TBC
<b>A Dean of School selected on a rotating basis, to serve for one academic year</b>	Chris Rielly
<b>An Operations Manager selected on a rotating basis, to serve for one academic year</b>	Norma King
<b>Two Lay members, one of whom shall be a member of Council</b>	Paul Drummond David Roomes
<b>Students' Union Representative</b>	Rahul Mathasing
<b>One Representative from each of the recognised Trade Unions: UNITE, UCU, UNISON</b>	Spencer Aryeetey ( <b>UNITE</b> ) Alan Bairner ( <b>UCU</b> ) Sandy Edwards ( <b>UNISON</b> )
<b>The following Officers of the University will serve on the Committee ex-officio:</b>	
<b>Health, Safety and Risk Manager</b>	Neil Budworth
<b>Sustainability Manager</b>	Jo Shields
<b>Director of Human Resources</b>	Anne Lamb ( <i>on behalf of Director</i> )
<b>Committee Secretary</b>	Martine Ashby

### Meeting paperwork is circulated to:

- Director of Student Services – Manuel Alonso
- University Archivist – J Clark
- Vice Chancellor – Robert Allison

## Health, Safety and Environment Committee



Loughborough  
University

Paper Title: Annual Review of Committee Effectiveness

Author: M Ashby (Secretary)

1. Specific Decision Required by Committee	To review the effectiveness of the Committee
2. Relevance to University Strategy	n/a
3. Executive Summary	The paper poses a number of questions to encourage members to reflect upon the effectiveness of the Committee.
4. Essential Background Information	n/a
5. Risks, Risk Mitigation and Governance/ Accountability	To ensure that the Committee continues to function effectively
6. Implications for other activities	n/a
7. Resource and Cost	None
8. Alternative Options considered	None
9. Other Groups/Individuals consulted.	None
10. Future Actions, Timescales & Frequency of Review by this Committee.	Next opportunity for review: February 2019 Meeting
11. Success Criteria (KPIs)	Effective operation of Committee
12. University Executive comment (required for Council papers only)	n/a

# Health, Safety and Environment Committee

**Subject: Annual Review of Committee Effectiveness**

**Origin: Secretary**

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The Committee may wish to consider the following:

1. Is the purpose of the Committee clear and do members feel that it has fulfilled its purpose effectively in the last year.
2. Is the Committee operating in an effective way in practical terms? E.g. do agendas/papers provide appropriate information in a helpful format, are the right people present for discussions and decision-making, are the frequency and length of meetings optimal or is there scope for enhancement?
3. Do communications and operations relating to the committee work effectively? E.g. is the committee being made aware of the right issues/items, are the committee's decisions being communicated appropriately to the right individuals/other committees and are they being acted upon? Are the right individuals/other committees receiving effective reports on the work of the committee?

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Business for Future HSE Meetings

**Origin:** Martine Ashby

**Date:** 9<sup>th</sup> October 2018

1. Decision Required by Committee	To agree items of business for future meetings of the Committee in addition to standing items
2. Executive Summary	A list of possible business has been provided. Members are asked to decide which items should be considered by the Committee and when. They are also invited to propose additional items which require consideration by the Committee.
3. Committees/Groups previously considering item.	n/a

## Meetings in 2019

6 February 2019

5 June 2019

October 2019 (date to be confirmed)

## School/Service Presentations

	<b>Suggested Meeting</b>
Architecture, Building and Civil Engineering	
Facilities Services	
Loughborough Design School	
WMEME	Feb 2019

## Other items

<b>Arising from</b>		<b>Suggested Meeting</b>
M18/19.2	Staff Exit Policy	Feb 2019
	EMS ISO 14001 2015 Standard - new requirements	Feb 2019
	Occupational Health Annual Report	Feb 2019
M18/25/2	Strategic review of future biological needs and requirements	

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Health and Safety Services Annual Report

**Origin:** Health, Safety and Risk Manager

**Date:** 4<sup>th</sup> October 2018

1. Decision Required by Committee	To note annual report from the University Health and Safety Service and to agree 2018/19 plan
2. Executive Summary	The Health and Safety Service Annual report details progress made through 2017/18 and outlines the plan of work for 2018/9
3. Committees/Groups previously considering item.	N/A



Loughborough  
University

Health and Safety Service

Review of Progress  
for the Health and  
Safety Service  
and Plan 2017/18

[www.lboro.ac.uk/health-safety](http://www.lboro.ac.uk/health-safety)



Loughborough  
University

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## PURPOSE OF REPORT

The purpose of this report is to review the progress made during 2017/18 and in particular to report progress against the 2017/18 plan.

In addition the Health and Safety Service plan for 2018/19 is outlined.

The report is in four sections:

- Section 1 : The Health and Safety Service Vision refreshed for 2018 and beyond, and updated strategic principles
- Section 2 : 2017 / 18 progress
- Section 3 : Specific detail of progress against each element of the 2017/18 plan
- Section 4 : Detail of the plan for 2018 /19



# SECTION 1

## Health and Safety Service Vision Refreshed for 2018 and Beyond, and Updated Strategic Principles

### Our Vision

Educating for Success - A future where excellent health and safety is achieved inspiring best practice by all.

### Our Strategic Principles

- Each individual should be clearly aware of the risks they own.
- Those who own the risk are aware of their responsibilities for the assessment and management of that risk.
- Structures will also be put into place to ensure a good oversight of the most significant risks to the University and how they are being managed.
- Safety should be designed into projects and structures from their inception.
- Responsibilities will be clearly defined and individuals will be held accountable for the delivery of their responsibilities.
- The Health and Safety Service will provide advice, support and guidance, but the responsibility for the management of key risks lies with the owners of those risks.
- The Health and Safety Service will work flexibly as a team, drawing on the skills and competencies of the team members as appropriate.
- Clear and effective communication is part of the bedrock of excellent health and safety. Every effort will be made to enhance the effectiveness of communication.
- Excellence comes from colleagues who are happy and healthy. The Health and Safety Service will provide advice to support the development of employee well being, both mental and physical.

### Work Plan 2018/19

#### Ensuring that individuals are aware of and accept their responsibilities

##### Academic engagement

The subject of how to positively engage with the academic community is a hot subject within the University Health and Safety sector. Through 2018/19 and into 2020 the Health and Safety team will benchmark how the best in class in the University sector achieve high levels of engagement, and how extremely high levels of engagement are encouraged in other sectors. From this basis engagement plans will be developed and delivered.

##### Safety culture Facilities

Depending on the timing of the Facilities Services re-organisation, and the subsequent organisational development activity, a cultural development programme will be agreed with the Facilities Services leadership team for delivery in early 2019. Ideally this will be integrated into the general organisational development programme.

#### Enhancing risk awareness

##### E learning

In order to enhance the efficiency of the Health and Safety Service E learning will be progressively introduced where appropriate. To minimise costs, this will be achieved in collaboration with Warwick University.

##### Virtual reality

As part of our commitment to work with and learn from some of our academic colleagues, during 2018/19 we will be working with the Department of Chemistry and the Department of Computer Sciences to develop training solutions in Virtual Reality.

### Enhancing Communication

#### Communications with Lower Risk Professional Services

To ensure that the risks identified across our mainly administrative areas are managed properly and consistently a 'light touch' Health and Safety committee will be introduced.

#### Permit to work

Following on from the systematic analysis of the current permit to work processes, the processes will be re-engineered and a campus wide solution developed and deployed.

#### Designing Health and Safety in to projects and structures

#### Strategic Scientific Development Officer

The new role of Strategic Scientific Development Officer will seek to identify how safety can be embedded in the specification and design process. The aim will be to proceduralise the approach.

### Enhancing Wellbeing

#### Mental Health

During 2018/19 a network of mental health first aiders will be introduced across the University. In addition work will be undertaken to determine what other proactive measures could be taken.

### Ensuring compliance

#### Audit

An audit plan will be developed and delivered based on the risk registers which have been developed. The audits will seek to understand how well key risks are managed.

#### Compliance

The wide programme to ensure compliance with UK legislation and guidance will continue. Critical issues will be monitored and key performance indicators developed.

### Fire

#### Response to the Grenfell Towers Fire

In response to the terrible events of Grenfell, the legal framework around fire safety is being fundamentally reviewed and we will respond to any changes introduced. There will also be changes in building material specifications and the way in which risks are assessed and managed. The University's Fire Design Strategy will be amended to reflect any changes.

#### False alarm reduction

Analysis of false alarms identifies steam and aerosols as the most common cause in halls accommodation. During 2018/19 research and experimentation will be undertaken to understand what options we have to reduce the number of false alarms.

### Specific Technical Activity

#### Non-ionising radiation

Non-ionising radiation is a significant and growing issue. During 2018/19 a new non-ionising radiation safety committee will be formed. This committee will also consider laser safety and the current laser safety committee will be dissolved.

#### The Decommissioning of the Graham Oldham Building

The project to decommission the Graham Oldham building will continue in line with the project plan.

#### Biological processes

The approach to biological safety will be reviewed during 2018/19

#### Confined spaces

The current approach to the management of confined spaces on site will be fundamentally reviewed during 2018/19.

Number of risk reduction modifications made to water systems: 12,706

## SECTION 2 2017/18 Progress

### External Recognition

Loughborough University was awarded the Employee Wellbeing Initiative Award 2018 by the British Safety Council. This award was given for our work in supporting the mental health of our colleagues. The British Safety Council Award is an international award and was won against strong competition.

The team at Loughborough was also shortlisted for the 2018 International Institute of Risk and Safety Management Wellbeing Strategy award.

During 2018 Loughborough University Health, Safety and Risk Manager, Neil Budworth, was elected to the position of Chair Elect of the University Safety and Health Association (USHA). Neil will take over as Chair at the next USHA Annual Meeting in April 2019.



### Progress on Strategic Items

The Health, Safety and Environment Committee governance structure was completely revised in 2017/18 with a new committee structure coming into operation. Whilst it is still early days the newly constituted Health, Safety and Environment Committee is working well.

### Incident Reporting and Learning Lessons

A computerised incident reporting system was implemented at the end of 2017. The launch of the system went very smoothly due in part to the extensive consultation and publicity campaign.

The reporting system has been adopted without reservation across our campuses and has resulted in faster and more complete recording. The speed of reporting, along with the automated report distribution has also enabled quicker and more co-ordinated responses to incidents and near misses.

As predicted, the implementation of the reporting system and the associated publicity has resulted in a rise in the number of reported accidents.

The electronic system is collecting information more completely and in a more consistent manner. This allows faster and better reporting of the data. The value of the system will increase further as the volume of data in the system grows and the system matures.

The systematic analysis of incident data has allowed the Health and Safety Service, together with colleagues from Facilities Management and Sustainability to identify transport accident hotspots. During Freshers' week in 2018 signage will be positioned at known risk areas.



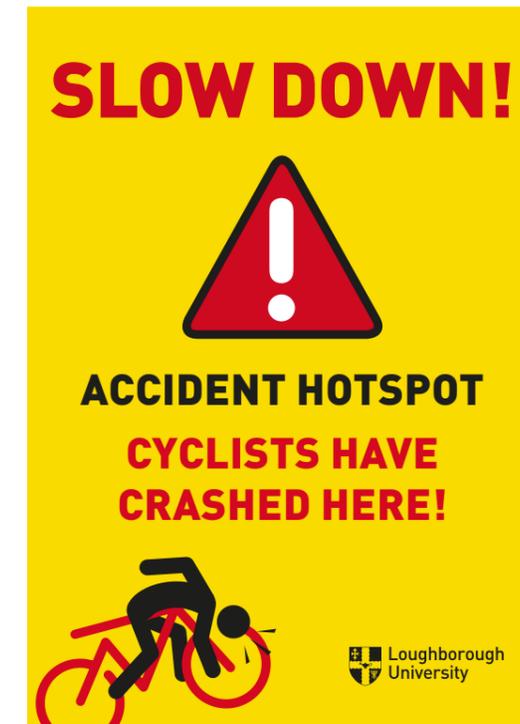
All incidents are reviewed and their maximum potential severity is assessed (as well as their actual severity). The investigations of the most potentially serious incidents are required to be examined by a senior management Incident Review Panel. The review panel, which consists of senior managers and subject experts, receives a standardised presentation from the Dean or Director responsible for the area concerned. The aim of the panel is to ensure that root causes have been identified and any lessons that can be learned from the incident communicated.

As a result of these panels a significant number of activities have been initiated.

Following a near miss with a laser pointer a laser pointer safety campaign was initiated.

In addition the power of laser pointers on site was tested. The results of the tests were surprising with 20% of pointers exceeding the safe limit. This high failure rate was in large part due to fake copies of reputable equipment being purchased through what appeared to be reputable routes. Our findings have been communicated to both Trading Standards and the Health and Safety Executive who are investigating further.

Following another near miss the investigation and the Incident Review Panel identified significant failings in the University Permit to Work System (a formalised system for controlling higher risk work activities). This resulted in a fundamental review of the permit to work process.



Number of risk register development sessions delivered: 8

## Ensuring Legislative Compliance

The University has a large and technically complex estate that has evolved over many years. Identifying and managing the full range of assets has proved challenging due to the nature of our campuses and activities.

During 2017/18 approaches have been agreed which should enable us to definitively identify every safety critical asset on site.

In addition, processes are in place to identify the actions needed both centrally and within Schools to ensure legislative compliance and also to identify any gaps.

The management of water systems, and particularly the management of Legionella, has been challenging due to the long hot Summer which resulted in an increase in the ambient water temperature. However, the foundations laid previously have allowed vulnerable systems to be identified and precautions taken.

## Chemical, Biological and Radiological Safety

The area of Chemical, Biological and Radiological safety is highly regulated, and we have been inspected by the Environment Agency, the Health and Safety Executive (once for radiological protection and once in regard to laser safety), the Office for Nuclear Regulation, Euratom and the Human Tissue Authority.

The vast majority of these inspections have resulted in no action and favourable comments. The Human Tissue Authority inspection resulted in two recommendations which have now been addressed and the Health and Safety Executive inspection relating to laser safety resulted in a 'notification of contravention' relating to the alignment process for a single laser installation. The notification was withdrawn when additional design and power data was provided, which proved the process was safe and compliant.

As an institution, we have taken the lead in establishing an inter University Laser Safety Meeting. Meetings have continued throughout 2017 and into 2018 with each attracting in the order of 20 institutions.

The management of hazardous chemicals has been a particular focus during 2017/18.

All of the policies and guidance relating to chemical safety have been reviewed, resulting in new approaches to purchasing and risk assessment.

In particular the form used for the assessment required by the Control of Substances Hazardous to Health Regulations (CoSHH) has been redesigned as a 'smart' form with the support of key stakeholders. This has resulted in a user friendly electronic tool which has promoted consistency across the University.

A standardised form has also allowed us to review and refresh our training in chemical safety, resulting in a new suite of in-house courses.

Linked to chemical safety is the management of potentially explosive atmospheres. 2017/18 saw the appointment of a new responsible person for this area. Training has been provided for all relevant departments and assessment tools developed and made available. A site assessment was conducted by an independent expert and lessons have been learned from their expert in a number of areas.

The assessment tool for this subject has also been redesigned as a 'smart' form.

The Ionising Radiation Policy has been re-written to take into account the requirements of the 2018 Ionising Radiation Regulations and key stakeholders have been trained on these requirements.

During 2017/18 it was recognised that the process for design and delivery of technical and scientific spaces was not always delivering the high standard of usability, safety and compliance on the first attempt. The post of Strategic Scientific Development Officer has been established to ensure that technical and scientific details are captured during the design and build process. The aim is to ultimately proceduralise the approach to scientific design and build to enshrine the right first time philosophy.

Progress is also being made of the decommissioning of the previous home of the Radiochemistry Department – the Graham Oldham Building.

A team of technically qualified experts has been established to undertake the decommissioning of the building. Already a large volume of equipment and samples have been analysed, treated and disposed of safely.

## Making the most of the Expertise within the University

The Health and Safety Team worked with Professor Elizabeth Stokoe and Dr Emily Hofstetter from the Department of Social Science to understand how to make safety conversations as impactful as possible. The team have engaged with a number of other universities to gather data. Articles have been published in the magazine of the Health and Safety professional body (IOSH) and safety contacts on campus have been trained using the findings of the observations.

The team also worked with the School of Arts to develop ideas relating to the communication of the mental wellbeing message to staff.

## Supporting the Campus

There has been a continued emphasis on supporting large events on campus.

In particular significant health and safety input has been given to support the successful staging of the Schools Games in 2018.



Number of contractors inducted: 1,562

## Mental Health

Loughborough University was awarded the 2018 Employee Wellbeing Initiative Award by the British Safety Council against strong competition for the work we are doing on promoting mental wellbeing. The University was shortlisted for the 2018 International Institute of Risk and Safety Management Wellbeing Strategy award.

The award in particular is in recognition of the wide ranging activities that have been undertaken to promote mental wellbeing. Human Resources processes have been redeveloped to help to determine if there is an underlying work related cause of any mental health related absence. Managerial training courses have been redesigned to focus on the management of mental health.

In December 2017 an Employee Assistance Programme was introduced, which provided a 24 hour helpline, as well as online support. In April 2018, the programme was extended so that face-to-face counselling and on line cognitive behavioural therapy was offered to anyone who needed it.

During 2017 employee focused Mental Health First Aiders were introduced into the School of Science on a pilot basis. The use of Mental Health First Aiders is based on a concept that was first introduced in Australia, and which is becoming increasingly popular in the UK. The concept is that a network of specially trained individuals is developed within the workplace who can be a listening ear for their colleagues, spot the early signs of common mental health issues and can swiftly refer people to good quality support and advice. The programme at Loughborough differs from many due to the way the Mental Health First Aiders are linked into the University Management structure, such that repeating trends can be addressed and more proactive interventions developed based on the feedback received from the Mental Health First Aiders.

A network of Mental Health First Aiders will be introduced across the University progressively throughout 2018/19

A programme of events was also run throughout Mental Health Awareness week in order to keep the awareness of mental health fresh.



Number of staff trained: 3,281

## Training

During the financial year 2017-2018, the Health and Safety Service arranged 203 courses, delivered to 2141 members of staff, totalling 10,406 learning hours.

Our training portfolio is continually under review. During 2017/18, manual handling training has been outsourced with minimal cost and operational impact, the provider for first aid training has been changed, which has resulted in much higher learner satisfaction.

Our portfolio of E learning materials has also been reviewed, with the result that we will be working closely with the University of Warwick to refresh our offering.

As part of our commitment to work with our academic community during 2018/19 we will be working the School of Science and the Department of Computer Science to research and develop virtual reality health and safety training.

Number of Health and Safety training courses run / organised: 203

## Fire

Following the tragic events at Grenfell Tower our approach to fire safety was immediately reviewed. The review provided reassurance that the fire risks across the University were being well managed and that the existing full evacuation policy was appropriate. As the year progressed the University Health and Safety Service worked with Leicestershire Fire and Rescue to conduct detailed inspections of all tall buildings on site. These inspections revealed no significant failings in our fire management strategy.

The high level of focus on fire safety will continue into 2018/19 as we prepare for the legislative changes which will be the inevitable consequence of the terrible events at Grenfell Towers.

Number of asbestos surveys undertaken: 64

# INCIDENT DATA

## Incident Data

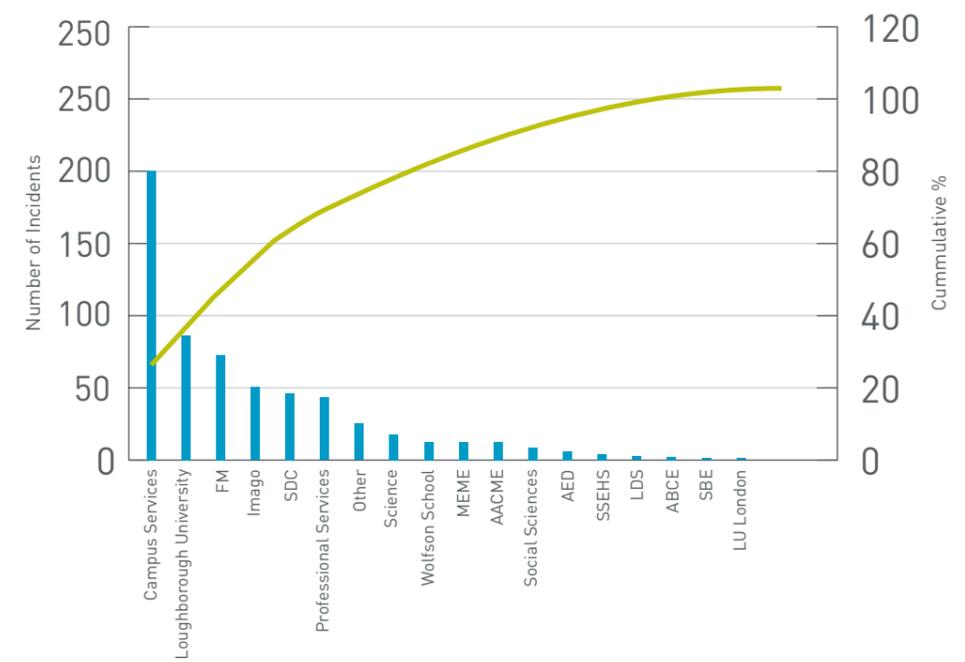
The number of reported incidents has increased. As previously mentioned this is partly due to the introduction of the new online incident reporting system. The incident rate has been stable for the last two years but rose by 43% for staff and 59% for students this academic year.

The data analysis again shows the areas reporting the highest levels of incidents are Campus Services, Facilities Management and imago Limited.

Incidents reported by Campus Services and Facilities Management have risen by 49% and 40% respectively; imago's incident reports have stayed static. Campus Services have recently undergone a restructure and now encompasses Campus Living and other additional services which may account for the increase.

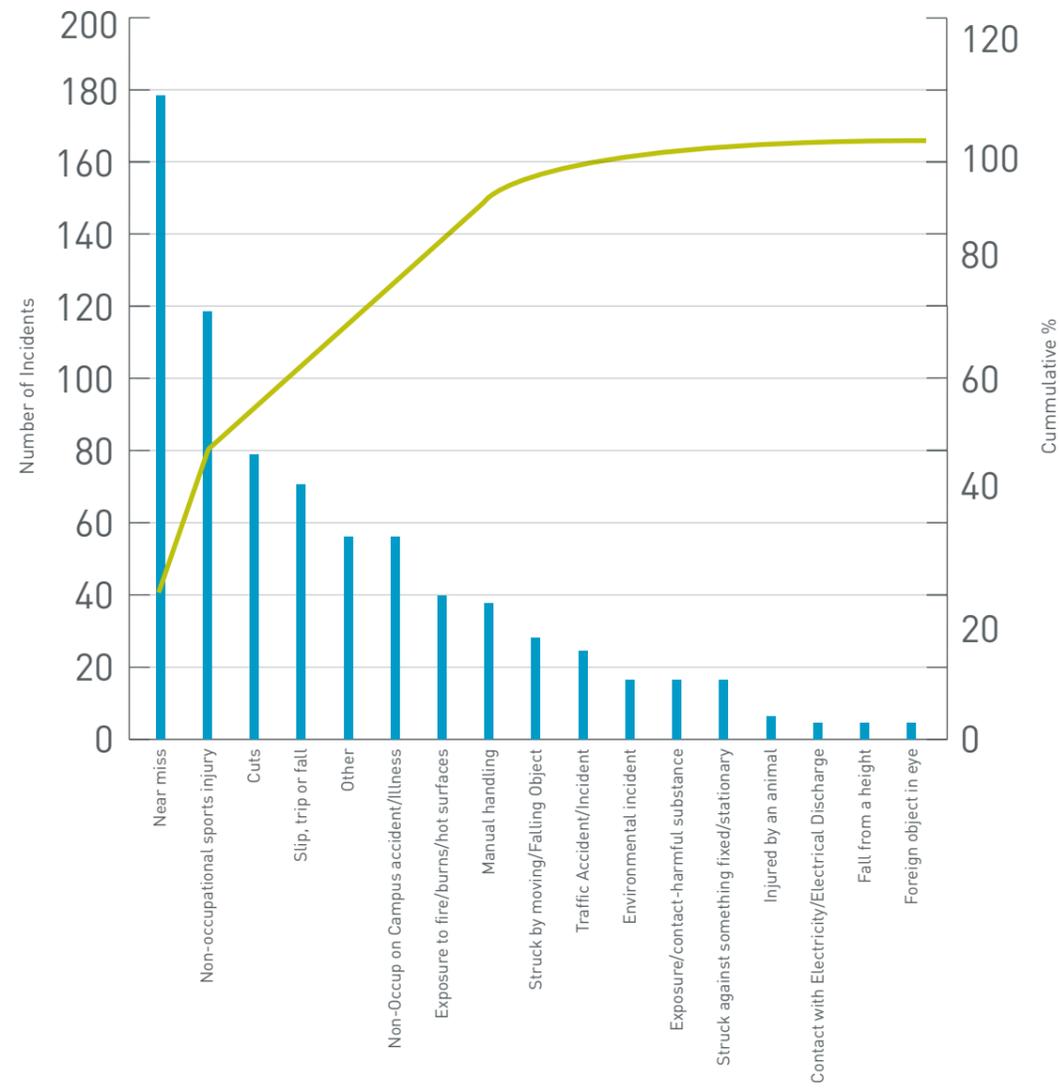
Number of visits to the Employee Assistance Programme (EAP) Website: 1104

Pareto Analysis Incident by Location  
Aug 2017 - July 2018

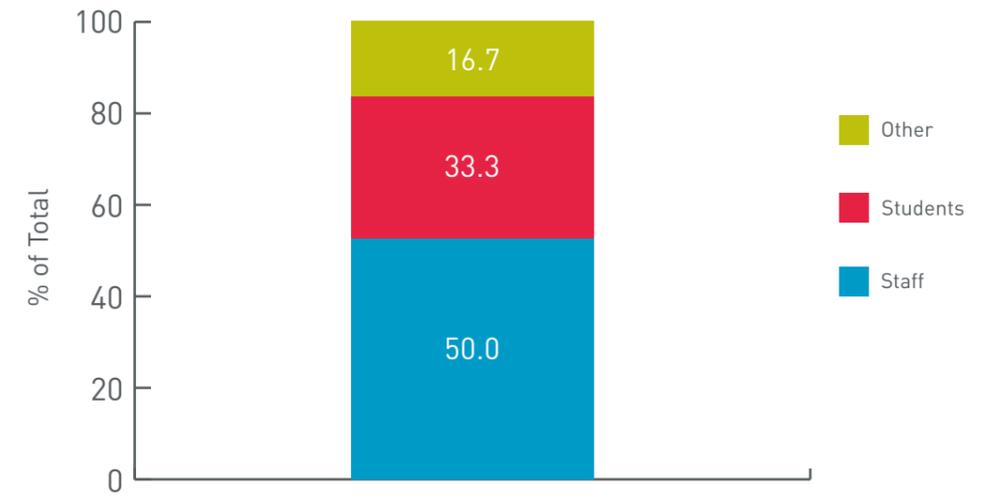


The top ten causes of incidents are also largely similar to those in 2016/17 with near misses, cuts and non-occupational sports injuries remaining in the top three.

Pareto Analysis Incident by location August 2017 – July 2018



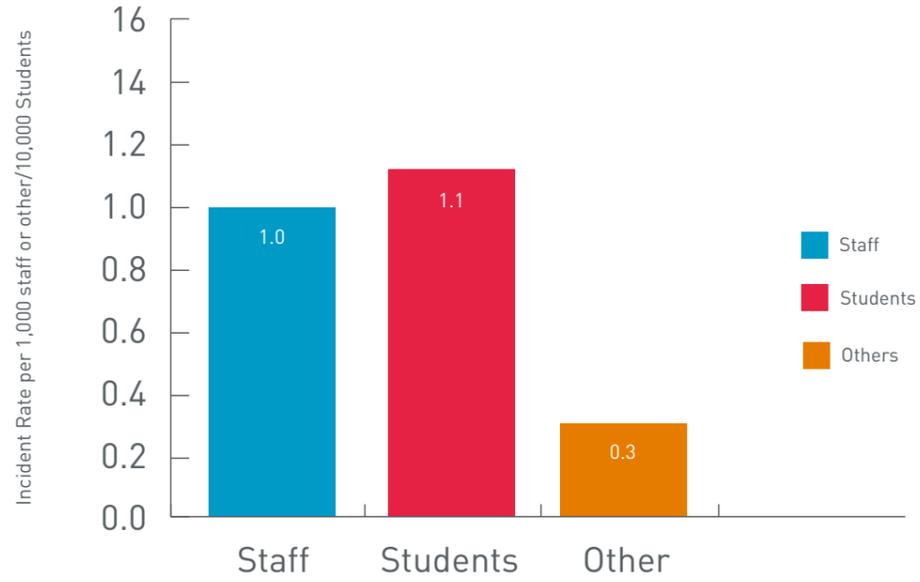
RIDDOR Incidents by Staff Type  
Academic Year 2017/18 (Aug - July)



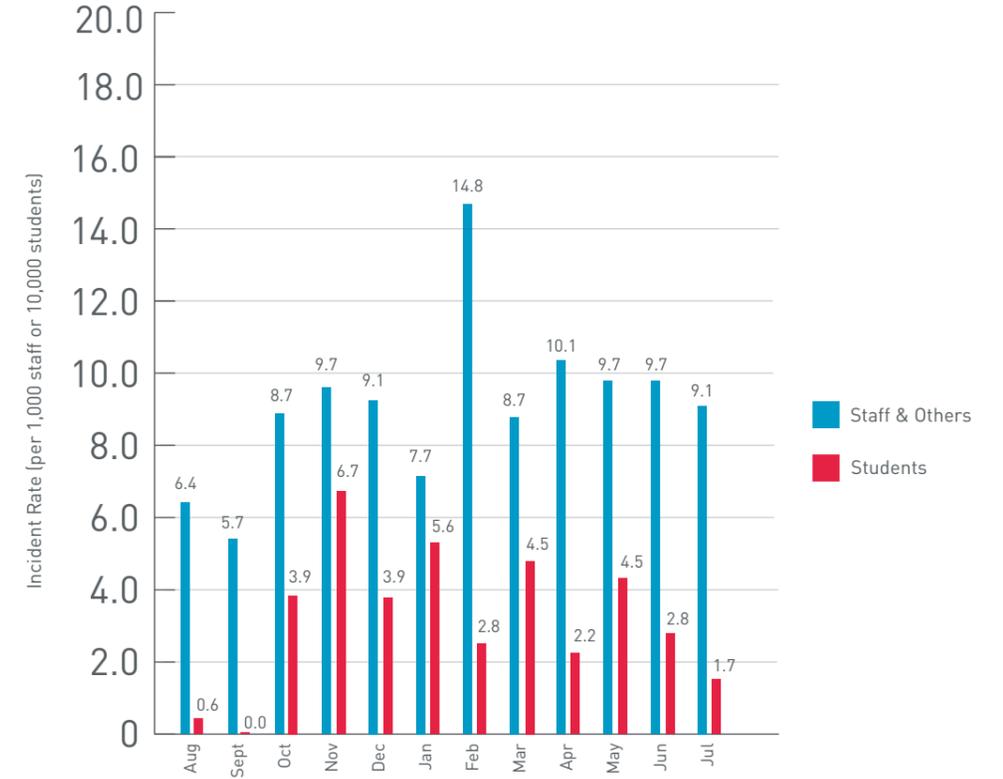
RIDDOR Incidents  
Academic Year 2017/18 (Aug - July)



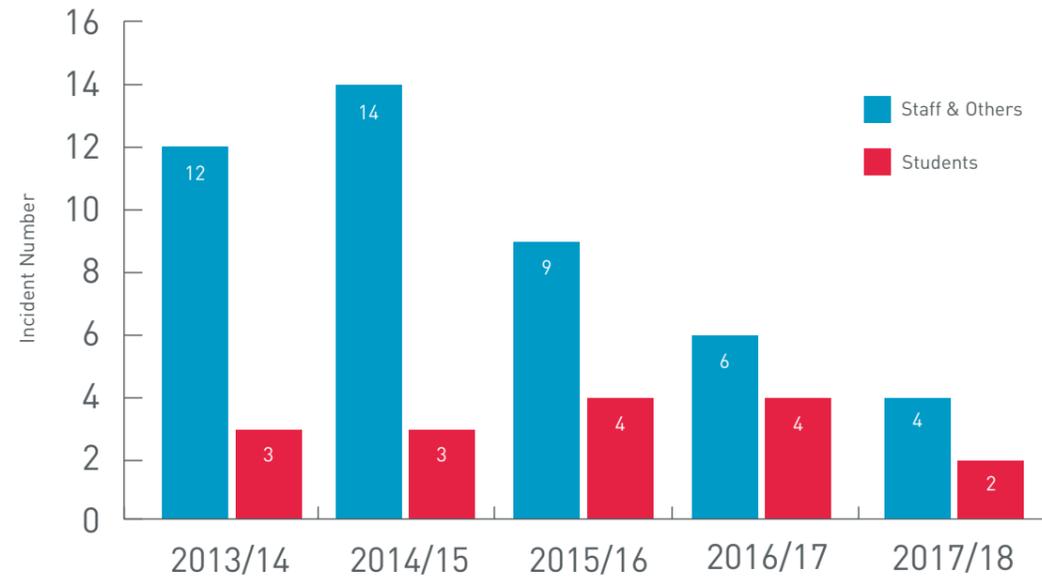
RIDDOR Incidents Academic Year 2017 - 2018  
(Aug - July) Incident Rate



Incident Rate Aug 2017 - Jul 2018  
(Near Misses & Non-Occupational Sports Injuries Removed)



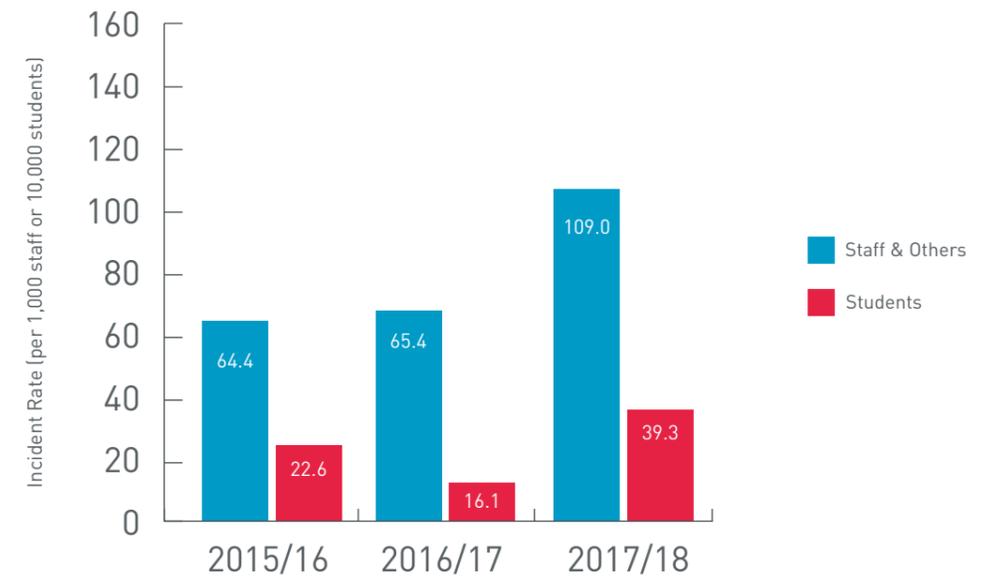
RIDDOR Incident by Academic Year 2013 - 2018



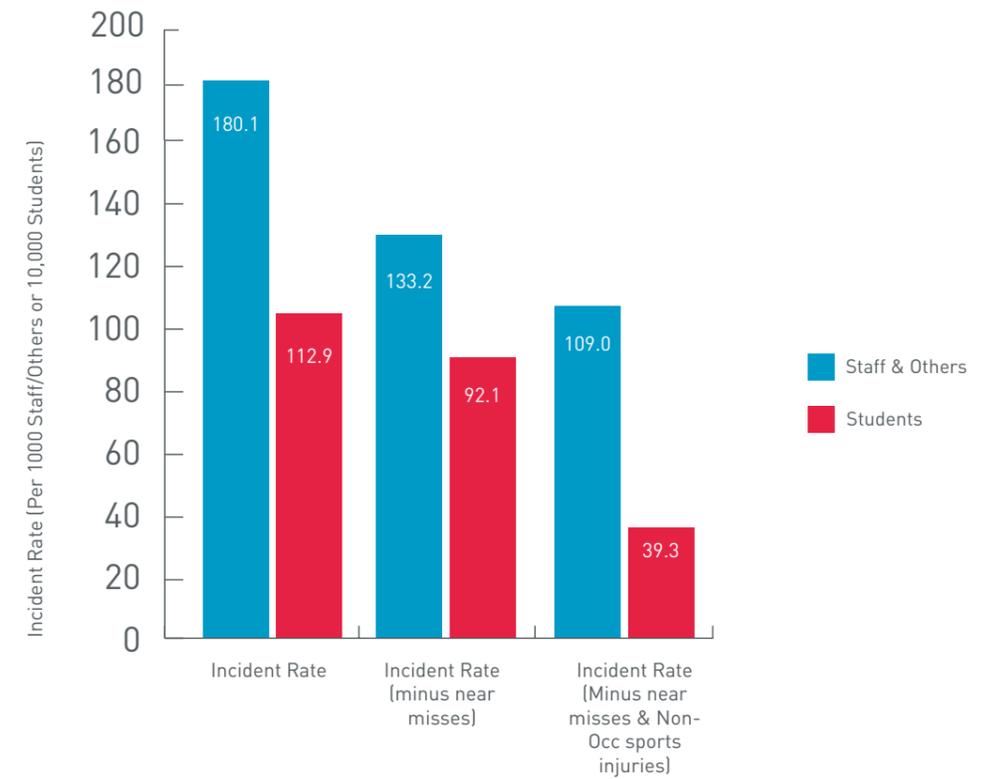
The Incident rate for February 2018 is noticeably higher than the remainder of the year, the breakdown of incident type for February 2018 is given below for information.

Incident Type	Incident number
Slip, Trip or Fall on Same Level	10
Other	8
Traffic Accident/Incident	6
Manual Handling	5
Cuts (General)	2
Exposure to Hot Surfaces/Materials	2
Contact With Electricity Or An Electrical Discharge	1
Contact With Moving Machinery Or Material Being Machined	1
Cuts Caused by Sharps/Glassware	1
Foreign Object in Eye	1
Needle Stick Injury	1
Physically Assaulted By A Person	1
Struck Against Something Fixed or Stationary	1
Struck by Moving Vehicle	1
Struck by Moving, Including Flying or Falling, Object	3
<b>Total</b>	<b>44</b>

Incident Rate Aug 2015 - Jul 2018  
(Near Misses & Non-Occupational Sports Injuries Removed)



Incident Rate Aug 2017 - Jul 2018



## SECTION 3

### Annual Plan 2017/18 Update on Progress



#### FIRE SAFETY

AIM	TARGET	COMMENTS
Routine business	<ul style="list-style-type: none"> <li>• Fire risk assessment – annual exercise to update these documents</li> <li>• Fire marshal training</li> <li>• Evacuation chair training and drills</li> <li>• Refuge alerter tests</li> <li>• Personal Emergency Evacuation Plans</li> <li>• Overseeing the fire extinguisher maintenance contract</li> <li>• Carrying out fire alarm test</li> <li>• Carrying out fire drills</li> <li>• Ensure fire signage meets standards set out in BS9999</li> <li>• Review of effectiveness of fire safety committee</li> </ul>	<b>All complete</b>
New projects	<ul style="list-style-type: none"> <li>• To refresh and tighten controls to be used in the effective isolation and recommission in of fire alarm systems (eg via Permit to Work)</li> <li>• To identify the main causes of false alarms and test and implement methods for the reduction of false alarms.</li> <li>• To develop the fire design strategy following the events at Grenfell Tower and embed the strategy in the University development processes</li> <li>• Review of potentially explosive atmospheres assessments</li> </ul>	<p><b>Designed, delivered and implemented</b></p> <p><b>The introduction of open door alarms in identified kitchens has significantly reduced cooking related false alarms</b></p> <p><b>Developing as information becomes available</b></p> <p><b>Individuals have been trained and new assessment tools developed</b></p>



#### RADIATION

AIM	TARGET	COMMENTS
Routine business	<ul style="list-style-type: none"> <li>• Radiation monitor calibrations</li> <li>• Sealed source leakage tests</li> <li>• Ongoing risk assessments and registrations</li> <li>• Open radioisotope accounting</li> <li>• Radioactive waste management</li> <li>• Euratom accounting for nuclear material</li> <li>• Training for new radiation workers/refresher training</li> <li>• RPS audit meetings</li> <li>• Audit of Radiochemistry including isotope audit</li> <li>• Audit of Equipment producing ionising radiation</li> <li>• Audit of sealed sources</li> </ul>	<b>Complete</b>
New work for 2017/18	<p>Preparation work in readiness for changes in legislation: an EU directive has been published which will require transposition into UK legislation in 2018. This will affect the primary piece of legislation covering work with ionising radiation – the Ionising Radiation Regulations 1999.</p> <ul style="list-style-type: none"> <li>• Deliver the decommissioning plan for the Graham Oldham building</li> <li>• RPA portfolio preparation</li> </ul>	<p><b>Complete</b></p> <p><b>Plan developed and project management board established – decommissioning progressing to plan.</b></p> <p><b>Outstanding</b></p>

## HEALTH AND SAFETY

AIM	TARGET	COMMENTS
Policy	<ul style="list-style-type: none"> <li>Update the key responsibilities document and ensure that all policies are relevant and up to date.</li> </ul>	<p><b>Significant changes to major policy areas throughout 2017/18 which has meant that it has not been possible to produce the key responsibilities document</b></p>
Audit	<ul style="list-style-type: none"> <li>Implement the USHA HASMAP auditing process.</li> </ul>	<p><b>Alternative solutions identified</b></p>
Compliance issues	<ul style="list-style-type: none"> <li>Continue to develop compliance data gathering and reporting processes.</li> <li>Develop clear compliance KPIs</li> </ul>	<p><b>On target</b></p> <p><b>Available in some areas, in other areas dependent on the delivery of a suitable software solution</b></p>
Training	<ul style="list-style-type: none"> <li>To provide the following courses: First Aid Beginner / First Aid Refresher First Aid Workshop Fire Marshal Awareness COSHH DSO Training Compressed Gas – Connecting Regulators (online and practical) Decanting Liquid Nitrogen Management and Risk Assessment of Manual Handling Operations Manual Handling Safe Lifting Techniques Noise at Work and Risk Assessment Radiation Protection Laser Safety Security Threat Awareness Accident and Near Miss Reporting and Investigation Small Works Policy Asbestos DSEAR Working at Height /Safe Use of Ladders IOSH Managing Safely Risk Assessment Non ionising radiation safety training</li> </ul>	<p><b>Complete</b></p>

AIM	TARGET	COMMENTS
2018 Key projects	<ul style="list-style-type: none"> <li>Delivery of the University risk register and associated plans</li> <li>Implementation of the HASMAP auditing process</li> <li>Implementation of an employee assistance programme</li> <li>Implement measures designed to improve the mental wellbeing across the university</li> <li>Support the implementation of the new Health, Safety and Environment committee structure</li> <li>Full implementation of the SHE software incident reporting and analysis software</li> <li>Deployment of the chemical safety policy and associated guidance and training</li> <li>Develop and support the delivery of a behavioural safety intervention in the Facilities Services area</li> <li>Additional work activities and audit priorities will be considered as the outputs of the risk registers develop.</li> </ul>	<p><b>Complete</b></p> <p><b>Alternative solutions identified</b></p> <p><b>Complete</b></p> <p><b>Range of solutions implemented</b></p> <p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>Initial phase delivered, later phases dependent upon restructuring programme</b></p> <p><b>2018/19 plan includes elements identified from risk registers</b></p>

## SECTION 4

### Annual Plan 2018/19



#### FIRE SAFETY

AIM	TARGET
Routine business	<ul style="list-style-type: none"> <li>• Fire risk assessment – annual exercise to update these documents</li> <li>• Fire marshal training</li> <li>• Evacuation chair training and drills</li> <li>• Refuge alerter tests</li> <li>• Personal Emergency Evacuation Plans</li> <li>• Overseeing the fire extinguisher maintenance contract</li> <li>• Carrying out fire alarm test</li> <li>• Carrying out fire drills</li> <li>• Ensure fire signage meets standards set out in BS9999</li> <li>• Review of effectiveness of fire safety committee</li> </ul>
New projects	<ul style="list-style-type: none"> <li>• Respond to the Grenfell Towers Fire - In response to the terrible events of Grenfell the legal framework around fire safety is being fundamentally reviewed and we will respond to any changes introduced. There will also be changes in building material specifications and the way in which risks are assessed and managed. The University's Fire Design Strategy will be amended to reflect any changes.</li> <li>• False alarm reduction - Analysis of false alarms identifies steam and aerosols as the most common cause of activations in halls accommodation. During 2018/19 research and experimentation will be undertaken to understand what options we have to reduce the number of false alarms.</li> </ul>



#### RADIATION

AIM	TARGET
Routine business	<ul style="list-style-type: none"> <li>• Radiation monitor calibrations</li> <li>• Sealed source leakage tests</li> <li>• Ongoing risk assessments and registrations</li> <li>• Open radioisotope accounting</li> <li>• Radioactive waste management</li> <li>• Euratom accounting for nuclear material</li> <li>• Training for new radiation workers/refresher training</li> <li>• RPS audit meetings</li> <li>• Audit of Radiochemistry including isotope audit</li> <li>• Audit of Equipment producing ionising radiation</li> <li>• Audit of sealed sources</li> </ul>
New work for 2018/19	<ul style="list-style-type: none"> <li>• Non ionising radiation Non ionising radiation is a significant and growing issue. During 2018/19 a new non ionising radiation safety committee will be formed. This committee will also consider laser safety and the current laser safety committee will be dissolved.</li> <li>• The Decommissioning of the Graham Oldham Building - The project to decommission the Graham Oldham building will continue in line with the project plan.</li> <li>• RPA portfolio preparation</li> </ul>

## HEALTH AND SAFETY

AIM	TARGET
Policy	<ul style="list-style-type: none"> <li>Update the key responsibilities document and ensure that all policies are relevant and up to date.</li> </ul>
Audit	<ul style="list-style-type: none"> <li>Implement the USHA HASMAP auditing process.</li> </ul>
Compliance issues	<ul style="list-style-type: none"> <li>Continue to develop compliance data gathering and reporting processes.</li> <li>Develop clear compliance KPIs.</li> </ul>
Training	<ul style="list-style-type: none"> <li>To provide the following courses:                             <ul style="list-style-type: none"> <li>First Aid Beginner</li> <li>First Aid Refresher</li> <li>First Aid Workshop</li> <li>Fire Marshal Awareness</li> <li>COSHH</li> <li>DSO Training</li> <li>Compressed Gas – Connecting Regulators (online and Practical)</li> <li>Decanting Liquid Nitrogen</li> <li>Management and Risk Assessment of Manual Handling Operations</li> <li>Manual Handling Safe Lifting Techniques</li> <li>Noise at Work and Risk Assessment</li> <li>Radiation Protection</li> <li>Laser Safety</li> <li>Security Threat Awareness</li> <li>Accident and Near Miss Reporting and Investigation</li> <li>Small Works Policy</li> <li>Asbestos</li> <li>DSEAR</li> <li>Working at Height</li> <li>Safe Use of Ladders</li> <li>IOSH Managing Safely</li> <li>Risk Assessment</li> </ul> </li> </ul>

AIM	TARGET
New work 2018	<ul style="list-style-type: none"> <li>E learning – progressively introduce E learning tools where relevant.</li> <li>Virtual reality - in conjunction with our academic colleagues develop training solutions in Virtual Reality.</li> </ul>
2018/9 Key projects	<ul style="list-style-type: none"> <li>Academic engagement, benchmark and develop plans to deliver high levels of academic engagement.</li> <li>Safety culture Facilities Services – Identify and implement cultural development activities to support the reorganisation in Facilities Services.</li> <li>Safety Communications - To ensure that the risks identified across our mainly administrative areas are managed properly and consistently a 'light touch' health and safety committee will be introduced.</li> <li>Permit to work- the permit to work processes will be re-engineered and a Campus wide solution developed and deployed.</li> <li>Strategic Scientific Development Officer - The new role of Strategic Scientific Development Officer will seek to identify how safety can be embedded in the specification and design process. The aim will be to proceduralise the approach.</li> <li>Mental Health - During 2018/19 a network of mental health first aiders will be introduced across the University. In addition work will be undertaken to determine what other proactive measures could be taken.</li> <li>Audit - An audit plan will be developed and delivered based on the risk registers which have been developed. The audits will seek to understand how well key risks are managed.</li> <li>Biological processes - The approach to biological safety will be reviewed during 2018/19</li> <li>Confined spaces - The current approach to the management of confined spaces on site will be fundamentally reviewed during 2018/19.</li> </ul>

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## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Health and Safety and Risk Manager's Report

**Origin:** Neil Budworth

**Date:** 4<sup>th</sup> October 2018

1. Decision Required by Committee	For noting
2. Executive Summary	Summary of activity for noting
3. Committees/Groups previously considering item.	None

# **Review of Progress of the Health and Safety Service**

Prepared by Neil Budworth, Health, Safety and Risk Manager 4<sup>th</sup> October 2018

## **Purpose of Report**

The purpose of this report is to give an update on significant events and achievements to date.

Much of the material normally reported in this paper is covered within the Health and Safety Service Annual report.

## **Crowd Safety at the Student Union**

Following on from the crowd collapses at Returners FND and Hey Ewe events last year a detailed analysis and risk assessments has been conducted. For Returners FND, which is the highest risk event a number of steps have been put into place.

- The event has been made a ticket only event
- An alternative Returners FND has been arranged in collaboration with a nightclub in Loughborough town centre so that the Student Union operates below its maximum capacity. (approx. 4,000 are expected at the student union with approx. 2,500 being directed to Echos in the town centre)
- Appeals have been made to halls to limit pre drinking
- A perimeter will be established at some distance from the Union and stewards will direct individuals without tickets to the alternative event.
- A 'Disney style' queuing system has been installed
- The queue barriers have been replaced with some that are better suited to the type of crowd we are encountering.
- University Security will support the Union staff in managing the queue

Risk assessments are also in place for all other LSU planned events.

In addition a crowd safety analysis has been commissioned from specialists at Manchester Metropolitan University and the report is now being reviewed.

## **Elite Athletes" Centre**

The high altitude rooms in the new Elite Athlete Centre are currently being commissioned. In order to operate the rooms have an oxygen depleted atmosphere. The safety protocols in the operation and maintenance of these rooms have been reviewed in detail, with more stringent controls in place when the room altitudes are to be set above 3,500m.

## **Training**

Efforts continue to ensure that our training offering is both engaging and cost effective.

Initial discussions have started with the School of Science and the Department of Computer Science regarding the development of virtual reality health and safety training.

The aim is to develop training material during the 2018/19 academic year. Benchmarking activity is underway with other organisations who have already started down this route.

The redevelopment of the computer-based training packages continues in collaboration with Warwick University. The Fire module has been reviewed and minor changes will be made over the next two months.

### Permit to Work

Recent incidents have identified potential issue with the current Permit to Work system (a formalised system which is used to manage very high risk activities). A process review has been undertaken with key stakeholders and a number of recommendations have been developed. Meetings are being arranged with the Director of Facilities Services to agree how we now deliver the recommendations.

Neil Budworth  
Health, Safety and Risk Manager

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Non-Ionising Radiation Governance

**Origin:** Julie Turner

**Date:** 28/09/18

1. Decision Required by Committee	Approval required
2. Executive Summary	<p>Currently non-ionising radiation governance is split into 2 sections; lasers and non-ionising radiation except lasers (UV &amp; EMF). The latter has a formal committee which feeds into the HSE committee. Many members of this are also informal laser safety supervisors.</p> <p>It would be more effective to merge the 2 into one, with one non-ionising radiation committee which includes lasers. Formally appointing Laser Safety Supervisors in writing (as currently happens with Radiation Protection Supervisors) to provide more clarity and ownership over this role.</p>
3. Committees/Groups previously considering item.	Laser Safety Advisor (John Tyrer), Laser Safety Supervisors, COO, School Safety Officers

# Health, Safety & Environment Committee

**Subject:** Non-Ionising Radiation Governance

**Origin:** Julie Turner

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## **Background**

Non-ionising radiation governance has grown alongside the legislation over the last 10 years. Laser safety has been largely covered under a laser safety policy, guidance from the Laser Safety Officer and twice-yearly laser safety forums. Each School or area has staff looking after laser safety within that space. In 2015 a non-ionising radiation excluding lasers committee was formed to ensure the safety and compliance around other forms of non-ionising radiation like electromagnetic fields (EMF) and ultra-violet radiation in conjunction with the new EMF legislation. This committee also meets twice yearly, and the membership and terms of reference were approved by the HSE committee.

## **Governance issues and approval**

Through the recent HSE inspection of lasers within the university and the growing research it became apparent that clearer governance around laser safety was needed and that the staff on the ground responsible for laser safety needed more empowerment and ownership of this additional role. These positions are not formally appointed and therefore many are unclear of what they can do to ensure laser safety compliance. As their duties are not formally written down in the policy many are unsure of what is expected of them.

Many of these workers are also having to attend both the non-ionising radiation committee for EMF compliance and the laser safety forums.

Through consultation with key stakeholders a review of the current governance procedures took place and the following recommendations were made for the HSE committee to approve:

- Merge the laser safety forums into the Non-Ionising Radiation committee which can formally report to the HSE committee (if needed)
- Formally appoint Laser Safety Supervisors in writing by the Chief Operating Officer
- Amend Laser safety policy to include terms of reference and membership of committee, improved governance and duties of the laser safety supervisors
- Formal training for Laser Safety Supervisors in the management of laser safety

Amended terms of reference and membership would be submitted to the next HSE committee.

## Health, Safety and Environment Committee



**Paper Title:** Update from the Deputy Health, Safety and Risk Manager on progress in developing the H&S Risk Register

**Origin:** James Stapleton – Deputy Health, Safety and Risk Manager **Date:** 27<sup>th</sup> September 2018

1. Decision Required by Committee	<b>To note the update to the development of the H&amp;S Risk Registers</b>
2. Executive Summary	<p>The University H&amp;S Service has been working with departmental colleagues since 2016 to understand their own risks and to subsequently manage them. This is a regular update to the Committee on progress made (the previous update was provided in June 2018).</p> <p>Headlines:</p> <ul style="list-style-type: none"> <li>• 24 H&amp;S Risk Registers completed – the last risk register workshop (Occupational Health) is scheduled to take place on 24<sup>th</sup> May 2018</li> <li>• Schools and Professional Services have been contacted about their progress regarding their local action plans to manage their risks</li> <li>• The 'top 10' list of the most frequent risks across the whole University is included in this paper. These are being used to produce an overall University H&amp;S Audit Plan.</li> </ul>
3. Committees/Groups previously considering item.	None – only HSEC has been considering this item.

### Update on progression of the H&S Risk Register – action plans

Schools and Professional Services have made good progress in the last 6 months in developing action plans to manage the risks that appear on their H&S Risk Registers. Out of the 24 Schools / Services, 19 have fully developed risk registers and action plans, and the remaining 5 are finalising the production of them now. A list of teams that have produced their action plans, and are now working through them, are listed below:

School of the Arts, English & Drama	Marketing & Advancement
School of Social Sciences	Facilities Development, Facilities Services, Facilities Operations (combined)
School of Science	LU Arts
School of Sport, Exercise and Health Sciences	Sport Development Centre
Loughborough Design School	Occupational Health
School of Business and Economics	Human Resources
Loughborough University London	Research Office
Imago Ltd (separate legal entity)	Library
IT Services	The Studio
Campus Services	

## **H&S Audit Programme – created from the H&S Risk Register**

The University H&S Audit Programme has been written to include the top 10 most frequent risks from the University H&S risk register, plus significant other low frequency but high potential risks.

Audit preparation has commenced on the subjects of Chemical Safety and Events / Fieldwork, which are numbers 1 and 2 respectively on the H&S Risk Register. A current status summary is listed below.

For the Chemical audit, a workshop has been planned to understand which chemicals appear on the inventory. Following this, a question set will be prepared for seeking approval at the Chemical Safety Committee on 8th November 2018. The audit questions will seek assurance against the Policy, and will also be designed to identify any gaps in guidance etc. The H&S Team will then undertake joint audits with each School to get consistency across the University. Each School will then audit annually after this initial joint audit. The results of the audits will be discussed at the Chemical Safety Committee, and relevant information uploaded to the HSE Committee.

For the Events / Fieldwork audit, a question set has been produced to seek assurance against the Policy and Guidance, and the initial pilot audit is planned to take place in November / December 2018.

For all audits, a supportive and transparent approach will be taken by the audit team to encourage Schools and Services to answer the audit questions fully. The resultant audit findings will then allow any policies, guidance or operational compliance to be improved.

**Top 10 H&S risk areas identified by frequency (information collated from the completed 22 local H&S risk registers)**

- Equipment / material / substance use in laboratories by staff and students
- Events, ranging from open days to very small events
- H&S Competence / culture / knowledge and understanding of procedures
  
- Lone working and out of hours working
- Personal safety
- Workload pressures caused by resourcing levels / organisational change, creating staff stress
  
- Provision of University facilities / equipment / assets that are used by 3rd parties
  
- Maintenance of assets
- Travel
- Manual handling

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Update on the Stress and Mental Wellbeing Working Party

**Origin:** Neil Budworth

**Date:** 4<sup>th</sup> October 2018

1. Decision Required by Committee	None – For information
2. Executive Summary	The Stress and Mental Wellbeing Working Party has not met since the last HSE committee. However, the actions agreed by the committee are being progressed and this report provides an update on a number of key activities.
3. Committees/Groups previously considering item.	

## Update on the Stress and Mental Wellbeing Working Party

### *Employee Assistance Programme*

On the 1<sup>st</sup> April the services offered by the Employee Assistance Programme was extended to include up to 6 sessions of face to face counselling where needed and also access to online cognitive behavioural therapy.

These new services are being promoted at every opportunity.

The usage of the EAP web site between April and September is shown below

Visits to site	Number of Guide/ Info Viewings
1866	1116
Guide / Info Name	Number of times Guide accessed during current reporting period
Manager Support	80
Relationships	75
Mental Wellbeing	44
Dealing with different personalities	41
My Homelife	35
MY EAP	33
Support for Managers	31
Introduction	30
My Worklife	27
Weight Management	26
My Wellbeing	24
Your home	22
Change	20
Money and debt	20
Caring	19
The Ten Secrets of Happiness	19
Developing your skills	17
Cardiovascular Risk	16
Frequently Asked Questions	15
Work-Life Balance	15
Children	13
Workplace Conflict	13
Conflicts with Colleagues	12
Loss and bereavement	12
The 5 Stages of Loss	12
Women's health	12
Assertiveness	11
Bullying and Harassment	11
Resilience	11
Time Management	11
A self-help guide for people who have experienced a traumatic event	10

The Employee Assistance Helpline continues to receive a reasonable number of calls, but the call level is below that which was initially anticipated. Very few employees are progressing to face to face counselling, with a number being triaged to the NHS as unsuitable for counselling for directed to self help material.

The Director of HR, Director of Students Services, Head of Counselling and Disability Services and the Health, Safety and Risk Manager are to meet to agree the next steps.

Mental Health First aiders are now being trained across the University and Nadine Skinner has recently qualified as a Mental Health First Aid Trainer, which will help matters.

A meeting of the Stress and Mental Wellbeing working party will be arranged before the next HSE committee to review progress and the developments in the field of mental wellbeing.

Neil Budworth October 2018

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Sustainability Annual Report

**Origin:** Sustainability Manager

**Date:** 27<sup>th</sup> September 2018

1. Decision Required by Committee	To receive
2. Executive Summary	This report provides an update on our performance over the last year and covers: 1.0 Governance 2.0 An overview of progress against objectives in the Sustainability Action Plan 3.0 Waste and recycling figures 4.0 Energy management figures 5.0 Sustainable Travel 6.0 Biodiversity 7.0 Demonstrator Campus 8.0 Learning in Future Environments
3. Committees/Groups previously considering item.	Sustainability and Social Responsibility Sub Committee Senate Council



## Executive Summary

The University takes its responsibility for the environment seriously, and understands the need to respond to the challenges we face globally around issues such as climate change, human wellbeing, food, water and energy security. Loughborough seeks to respond to these opportunities by leading in Environmental sustainability, building on the work of our research and enterprise activities and aspiring to make the campus a living laboratory demonstrating operationally our mission to provide a sustainable Campus. For the purpose of implementing its *Building Excellence Strategy*, the University defines Sustainability as: “*Action by the University, and its staff and students that considers environmental impact from a social, economic and environmental perspective following the principles of inclusivity, integrity, stewardship and transparency, “embedding sustainability into all our activities, operations and processes”.*”

This report provides an update on our performance over the last year and covers:

- 1.0 Governance
- 2.0 An overview of progress against objectives in the Sustainability Action Plan
- 3.0 Waste and recycling figures
- 4.0 Energy management figures
- 5.0 Sustainable Travel
- 6.0 Biodiversity
- 7.0 Demonstrator Campus
- 8.0 Learning in Future Environments

## Origin

Sustainability and Social Responsibility Sub Committee

## Strategic objective met

The University is committed to acting in a socially responsible way that maximises its positive impact and minimises its negative impact on society and the communities in which it is based. This is reflected in the University’s strategy *Building Excellence* which states that “**we will embed sustainability and social responsibility considerations into all of our processes, operations and developments**” and also “**will work closely with local partners to enhance the social, cultural and economic wellbeing of the communities and regions in which we reside**”.

This also underpins the core value 3 identified in the Higher Education Code of Governance Committee of University Chairs report which states the University “**must rigorously assess all aspects of the institutions sustainability in the broadest sense, using an appropriate range of mechanisms which include relevant key performance indicators not just for financial sustainability of the institution but also for its impact on the environment.**”

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## 1. Governance and Strategy

Led by the Sustainability & Social Responsibility Sub Committee (SSRSC) and chaired by the Chief Operating Officer the committee reports into the Health, Safety and Environment Committee ultimately reporting through to Council.

The Sustainability [action plan](#) provides a set of strategic principles, congruent with Building Excellence 2020, and a rationalised and agreed set of KPIs for sustainability.

## 2. Sustainability Action Plan

This outlines how we will deliver this aspect of the Building Excellence strategy, linking with the four themes, and connecting all areas (i.e. Teaching, Research, Enterprise and Operations). Examples of progress against aims and objectives can be seen below:

### 2.1 Teaching

Working in partnership with the Centre for Academic Practice a baseline study has been undertaken to assess the content of sustainability in the curriculum at LU. This has been done using a model from Cardiff University and findings were reported to Learning & Teaching Committee in November 2017.

As many aspects of the sustainability action plan align with and enhance the graduate attributes sustainability resources have been put forward for use with the Personal Best project.

Work continues to promote the “living laboratory” theme with a number of examples of using the campus for students to learn and research are evident in our Holywell Research Forest, Fruit Routes Project, water course and pond surveying work, phone apps and design school projects, transport collision research group and travel planning support and the Forest School.

### 2.2 Research

Loughborough has 5 research beacons that reflect the major research strengths of the University. This includes Changing Environments and Infrastructure, Health & Well Being and Energy and Secure and Resilient Societies. We are pioneering the development of new approaches to renewable and clean energy generation to develop and deliver substantial, affordable, durable and environmentally benign energy options for present and future generations. This includes

- New and renewable energy technologies
- Networks, integration and storage
- Intelligent energy
- Cleaner fossil fuel generation
- Nuclear energy and nuclear waste management

Some examples are provided below:

**Changing Environments & Infrastructure** - Developing landslide early warning systems. Slope ALARMS is a novel landslide detection system developed at Loughborough University and in collaboration with the British Geological Survey. Its patented, award-winning technology measures acoustic emissions caused by soil movement. A new sensor, Community Slope SAFE, has been developed offering life-saving, real-time monitoring of unstable hillsides for communities in low and middle-income countries.

**Centre for Renewables Energy Technology (CREST)** playing a key role in helping society face the global challenges of food security, energy and environmental issues. Research activities at CREST cover a range of technical applications, including wind power, solar PV, energy in buildings, grid connection and integration, and energy storage (including hydrogen).

**National Centre for Combustion and Aero Thermal Technology** Set to open in early 2019, the National Centre for Combustion and Aerothermal Technology (NCCAT) will act as the UK’s primary hub for research

and development of future low-emission aero gas turbine combustion technologies. Beyond aerospace applications NCCAT will provide wider exploitation potential in the automotive and energy sectors, as well as areas such as power generation, marine propulsion, and thermal management applications.

WEDC is of the world's leading education and research institutes for developing knowledge and capacity in water, sanitation and hygiene (WASH) for low and middle-income countries.

**PRME** is an example of how sustainable research is being promoted and communicated in Loughborough University's School of Business and Economics is as a signatory to the Principles for Responsible Management Education [PRME](#).

The University continues to explore how the application of the six PRME principles detailed below can be replicated across the other schools and services on campus.

Developing student capability as responsible leaders, incorporating the values of global social responsibility into our activities and curricula, enabling learning processes for responsible leadership, engaging in research for sustainability, working with our commercial and educational partners, and facilitating dialogue on critical issues related to global social responsibility and sustainability.

As a research-led school SBE Research Centres and Research Interest Groups are the principal focus of activity with numerous research projects focusing on sustainability and responsible leadership. SBE engages with not for profit organisations such as Action Homeless through research, staff volunteering, student projects and internships. Ethical practice is a theme embedded into academic programmes, which incorporate masterclasses and thought leadership events on ethics and sustainability.

Finally, at corporate level and as a member of the Environmental Association of Universities and Colleges, the University aims to ensure that our own organisational practices should serve as examples of the values and attitudes we convey to our students.

### **2.3 Enterprise**

Creating a demonstrator campus is a long-term ambition. Evidence can be found of activities that support this. The campus provides an exceptional learning environment for our students and this is enhanced by the enterprise activities. There is increasing evidence of campus cluster activity bringing together academic colleagues from different areas to work together. Opportunities to link teaching and operations continue to be explored and promoted by the Sustainability Team. Fruit Routes is an example where this has been successful. LUSEP presents a great opportunity as we develop this biodiverse area of campus. It also creates challenges with travel and transport that will require innovative solutions.

### **2.4 Operations**

Our environmental performance is managed through the ISO 14001 accreditation, which is an externally verified environmental management system. Over the last year the scope has been widened to include imago and the London Campus both of which will be externally audited later this year.

The 2016 external audit feedback confirmed the management review records appear very comprehensive and detailed. Education for sustainable development has been given significant thought.

The University has clearly refined and improved its internal audit process to get optimum benefit of findings, corrective actions and improvements. Legal compliance is addressed through the compliance audits, and these in turn are cross referenced as evaluation of compliance evidence in the Register of legislation.

Communications, and the various groups and stakeholders who send/receive communication have been identified. The web site is used extensively for external communication. The University is very transparent in its sustainability communications.

A review of objectives and targets is carried out annually and significant impacts monitored.

## **3 Waste and Recycling**

We continue to maintain high recycling rates, as shown below. Our target is 75% recycling and 5% to landfill.

	2009/10	2015/16	2016/17
<b>Total Waste</b>	1799 tonnes	1989 tonnes	2296 tonnes
<b>Total Recycled</b>	28.53%	75.0%	76.1%
<b>Waste to Energy</b>	0%	19.39%	18.5%
<b>Landfill</b>	71%	5.61%	5.4%

The end of hall clear out in 2017 generated 2,919 bags of unwanted items for donation to the British Heart Foundation, raising £40,866 for charity and diverting 23.4 tonnes from our waste stream.

#### 4 Carbon Management

The absolute emissions and emissions relative to student numbers for 2016/17 were 6.3% and 22.9% lower than the 2005 baseline, respectively. This reduction has been achieved despite longer operating hours on campus (to meet student demand), and a growth in the physical footprint of our estate.

	2005/06	2016/17
<b>Absolute Carbon Emissions</b>	29,503tCO <sub>2</sub> e	27,633tCO <sub>2</sub> e
<b>Emissions per FTE student</b>	1.99tCO <sub>2</sub> e	1.54tCO <sub>2</sub> e

The University Carbon Management Plan was published in 2010 and set out a target reduction in “absolute” scope 1 and 2 carbon emissions of 43% by 2020, compared to a 2005 baseline. It is clear that the target reduction of 43% will not be achieved. The absolute emissions take no account of a number of key factors that directly impact on energy consumption and carbon emissions across the campus including:

- Development of the estate since the base year
- Increase in number of students
- Increase in the demand for 24 hour access to facilities
- Increase in energy intensive research
- Increase in student demands to enhance the “student experience”
- Increase in the standard and use sports pitch lighting

New Targets for Energy and Carbon Emissions have been agreed. The emissions relative to student are a more meaningful metric in terms of reporting carbon emissions and performance. **A new target of a 30% reduction in emissions relative to student numbers by 2020, compared to a 2005 base line has now been agreed. A new target of a 15% reduction in water consumption relative to student numbers by 2020, compared to a 2005 base has also now been agreed.**

#### Self-generated energy

Four Combined Heat and Power (CHP) units have been installed to provide ‘on-site’ heat and power generation; these have a combined electricity generating capacity of 3.1MWe and form an integral part of our ‘low carbon’ thermal and electrical infrastructure. 32% of the University’s annual electricity load was produced locally by the CHP Units in 2017. The Central Park CHP has saved £2.28m since August 2011.

#### 5 Travel & Transport

The current Travel Plan continues to promote the Health & Wellbeing of staff, students and tenants, by encouraging ‘active’ travel on campus, improving the road network to reduce congestion and providing a safe environment for pedestrians and cyclists.

- 10% of staff influenced by the strategy to change their mode of travel.
- 50% less parking permits issued to students with 1% reduction in student numbers over the same period.
- An increase in the use of electric or hybrid vehicles.
- An increase of 4.5% more staff now cycling.
- Over 2 million on campus trips on the Kinch bus since April 2012
- 24% reduction in CO<sub>2</sub> emissions from commuter travel

## **6 Biodiversity**

An application has been submitted this year to obtain Green Flag status for the University campus. The scheme recognises and rewards well managed parks and green spaces, setting the benchmark standard for the management of recreational outdoor spaces across the United Kingdom and around the world. Results will be announced in June.

## **7 Demonstrator Campus**

The Sustainability Team continues to engage with academics and students making use of the campus, its buildings and operations, to promote active learning. There are a number of examples<sup>1</sup> where synergies exist between teaching, research and operational activity, giving students access to Education for Sustainable Development via a set of learner attributes that are delivered through the formal and informal curriculum. The aim is to create a “living laboratory” to allow students to live and study sustainably, whilst learning - moving from theory and research to practice. We believe this is a key plank in Building Excellence and will provide students with an exceptional learning environment.

## **8 LiFE**

LiFE is a strategic management tool that can be used to identify gaps and areas of improvement as well as showing examples of sector leading or good performance. This will be the last time we compete this index in this format. It has undergone some significant changes over the last 2 years. The EAUC in partnership with HEFCE, ARUP and AUDE have merged it with the newly developed Green Scorecard to create a Sustainability Leadership Scorecard. This includes a direct link to EMR data. LU was part of the expert review group and the new tool will be launched later this year.

It will cover sustainability issues beyond the estates function. It allows a coordinated whole-institution approach to sustainability providing reports that can be used to communicate the critical drivers within the institution, set targets and monitor progress. Its functionality is much improved, and the new tool is more robust. There are numerous ways to manipulate the data and results link to the UN Sustainable Development Goals. The continued aim is to provide a useful management and developmental tool for reporting at a strategic level.

### **LU Results to date**

#### **2015**

6 Silver (60-79)  
3 Bronze (39-59)  
5 No Award (0-40)  
Overall Bronze score for all priority areas.

#### **2016**

8 Silver with Leadership and Staff Engagement & HR moving up from Bronze to Silver  
3 Bronze with Sustainable Construction & Renovation and Student Engagement moving up from No Award  
3 No Award in Learning & Teaching, Sustainable ICT and Procurement & Supplier Engagement.  
Overall 2 Bronze and 2 Silver for the priority areas.

#### **2018**

2 Gold with Biodiversity and Resource Efficiency & Waste moving up from Silver  
7 Silver with Sustainable Construction and Refurbishment moving up from Bronze  
4 Bronze with Procurement & Supplier Engagement and Sustainable ICT moving up from No Award  
1 No Award for Learning & Teaching  
Overall 2 Bronze and 2 Silver for the priority areas

### **Progress to Date**

It is apparent that improvement has been made across a number of areas. Some framework leaders have through the completion of the index improved the embedding of SSR into their respective areas. Other areas of improvement have come from an increased understanding of applicability through

#### **1.1**

<sup>1</sup> Including SSPGHS, Design School, School of the Arts, ACBE, SBE, SMART - Sustainable Manufacturing and Recycling Technologies

discussion.

The dashboard aligns with areas of weakness and opportunity in the Environmental Management System.

The core areas where improvement has been seen are:

Biodiversity

Resource Efficiency & Waste

Procurement & Supplier Engagement

Sustainable ICT

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Sustainability Managers Report

**Origin:** Sustainability Manager

**Date:** 27<sup>th</sup> September 2018

1. Decision Required by Committee	To receive
2. Executive Summary	Update on: University Environmental Management System Audit Schedule Travel Survey Results Green Flag
3. Committees/Groups previously considering item.	Sustainability and Social Responsibility Sub Committee

## **Strategic objective met:**

- 1.1 In providing high quality educational, research and workplace facilities we recognise that many of our activities have environmental impacts which are, or have the potential to be, significant. We therefore recognise the importance of protecting the environment and **embedding sustainability in all we do and this is reflected in the University's Vision to 2020 which states "we will embed sustainability and social responsibility into all of our processes, operations and developments"**. Accordingly we are committed to implementing environmentally responsible standards and practices as part of an Environmental Management System, to mitigate and manage our impacts in a program of continual environmental improvement.

### **Committee Action Required: To RECEIVE paper**

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## **1.2 Environmental Management System**

The following provides a summary of the internal and external auditing plans as part of the ISO14001 2015 accreditation. Our next external audit is scheduled for the 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> October 2018.

### **Auditing Requirements**

The ISO14001 standard requires us to undertake a number of audits each year, these audits can be summarised as:

- Internal compliance audits – these are audits undertaken by the sustainability team of areas across the campus in accordance with Appendix A. These audits look at activities in the areas indicated, compliance with legislation and compliance with the systems and procedures of the EMS
- Internal system audits – these are audits on the EMS itself and is compliance with the ISO14001 standard. These are traditionally done as peer audits and we then audit in return. This enables our system to be independently audited and for us to learn from auditing other systems.
- External system and compliance audits – these are audits undertaken by our external auditors NQA. These are rigidly determined to comply with the requirements of the standard and for the next few years these have been set out as follows:
  - 2018 Surveillance year 1 – Loughborough Campus and Imago 4 days
  - 2019 Surveillance year 2 – Loughborough Campus 4 days + Loughborough London ½ - 1 day
  - 2020 Re-accreditation – Loughborough Campus and Imago 5 days + Loughborough London 1 day

As part of these audits each year a Senior Leadership need to be interviewed. All audit schedules are subject to change

## **1.3 Travel & Transport**

The 2018 staff and student survey results show that significant steps have been taken towards achieving the targets set out in the 2015 travel plan.

- 6.1% reduction in SOV
- 2.9% increase in active travel modes (walking & cycling)

- 2% increase in public transport
- Over the last two surveys 15% of staff have stated they have been influenced by the car park management strategy to change their mode of transport of drive a lower emission vehicle.

A lot of issues were raised throughout the survey showing us there are clear areas that staff and students want us to focus on.

Areas for improvement mentioned in open comments with higher frequency:

- Enforce the permit system properly.
- Free minibus/Park & Ride service from the station or off campus area e.g. Junction 23.
- Allow more flexible working.
- Make the Kinchbus more reliable & more frequent especially out of term-time.
- More frequent/quicker/cheaper local bus services.
- Improve cycle/active travel support & infrastructure e.g. cycle paths, showers & changing, covered cycle stands etc.

## 1.5 **Green Flag Management Plan**

This Management Plan details the balance between the priorities and policies pertinent to the University and a timescale for putting them into practice. It illustrates the contribution the University is making towards the 'Green Environment' and sets out the wider strategic aims the University has so that protecting our environment is embedded into university culture. The University was successful in gaining this accreditation in August 2018. Copies are available from [environment@lboro.ac.uk](mailto:environment@lboro.ac.uk)

## Health Safety and Environment Committee



Loughborough  
University

**Paper Title:** University Fire Officers report for the period 01/05/18 to 31/08/18

**Origin:** Mr R M Harrison, University Fire Officer

**Date:** 11/9/2018

1. Decision Required by Committee	None. Report to be received and noted
2. Executive Summary	Small fire Fine Art, Loughborough University update following Grenfell. Annual service of portable Fire Fighting Equipment (FFE)
3. Committees/Groups previously considering item.	None



## 1. Small fire Fine Arts building (Beckett Studio) 21/6/18

### Incident

A small fire occurred in an internal plastic dust bin in the Beckett Studio.

### Timeline

05:47hrs The Bold alarm signal activated in the security gatehouse indicating a fire alarm at the Fine Arts Building. Security dispatched immediately to investigate.

05:52hrs (Approx.) Security entered building. Fire discovered

05:57hrs fire extinguished (1 x 6lt Foam extinguisher)

05:52hrs (Approx.) Area made safe fire alarm silenced.

### Findings

Following further investigation it became apparent that during the clean up following the degree show a student needed to clear up a pool of carbon containing cooking oil. This was done by using rags and paper towels all of which were disposed in an internal plastic general waste bin. Overnight the oil-soaked rag/paper spontaneously ignited leading to a fire early in the morning. The fire was quickly detected and extinguished. It is assumed the building was empty from approximately 18:00hrs Wednesday 20/06/18 and would not have been accessed until 06:00 on the morning of the fire.

### Key Lessons

The impact of the fire was minimised due to :-

- The newly installed fire alarm detection system (installed April 2018) provided early warning of the fire
- The prompt action of the LU Security staff in extinguishing the fire safely.

The two factors protected the University's assets and business continuity was not affected. The incident serves to justify the cost of the fire detection system. Had this fire detection system not been installed the fire would have had a significant time to grow before being discovered.

### The Following Actions Have Been Recommended to Prevent a Reoccurrence

- The use of metal lidded bins in technical areas.
- Ensuring that risk assessments are in place and agreed procedures followed
- Considering the impact of any changes to a method of work to see if the safety risks have changed
- Monitoring housekeeping standards and keeping areas clear of combustible material.



## 2. Loughborough University actions following the Grenfell Tower Tragedy

Facilities Management have received two tenders from external fire design specialists to survey and report on the external materials affixed to a number of our buildings. Currently we are still awaiting an update.

## 3. Annual service of portable Fire Fighting Equipment (FFE)

The annual servicing of firefighting equipment is now complete, and equipment should now have a blue tamper tag/disc attached.

We have however encountered issues with the service provided by the external servicing company DFP Services Ltd. There have been significant issues in relation to records and invoicing / charging. In view of this the activity will be in sourced over the next few months.

## 4. Fire Alarm Activations and Fire & Rescue Service call-outs statistics January 2017 – April 2017.

	May 2018	June 2018	July 2018	August 2018	Total
<b>Number of Activations</b>	29 Residential 0 Dining Halls 17 LU Building	31 Residential 0 Dining Halls 25 LU Building	10 Residential 0 Dining Halls 19 LU Building	14 Residential 0 Dining Halls 16 LU Building	84 0 77
<b>Activations involving F&amp;RS</b>	None	None	None	None	0
<b>Genuine Fires</b>	Sir David Davies (W2 Lab) 9/5/18	Fine Arts (Beckett Studio) 21/6/18	None	None	2

## Loughborough University Buildings (Academic & None-Academic):

1 Angela Marmont	1 Bridgeman Building	25 Burleigh Court
2 Charnwood/Garendon	1 EHB	1 Fine Art
1 Frank Gibb	2 James France	2 John Ferguson
6 Link Hotel	2 Mathew Arnold	1 Netball/Badminton
1 Paula Ratcliff	3 S Building	3 Sir David Davies
2 Sir Richard Morris	1 Sport Park	12 Stewart Mason
2 Stewart Miller	1 Unsteady Fluids	1 Student Services
1 Test house	3 Wolfson	1 West Pk Teaching

You will note that there's a number of false alarms in Burleigh Court, these are all related to the refurbishment works being carried out, 90% of these didn't incur occupants being evacuated as the duty manager at reception identified that the signal was from the contractors area so the alarm was silenced and the cause was investigated all of which confirmed activation cause was dust created by the contractors..

## Dining Halls:

0 Cayley/Rutherford D/Hall	0 Faraday/Royce D/Hall	0 David Collett D/Hall
0 Village Restaurant D/Hall	0 William Morris D/Hall	0 Towers D/Hall

## Halls of Residence (University Managed)

0 Butler Court	2 Cayley	1 David Collett	22 Falk / Egg
11 Faraday	7 Royce	8 Rutherford	20 Telford
0 Towers	0 University Lodge	13 UPP Blocks	2 Whitworth

## Halls of Residence (Not managed by the University) Unite:

### Note regarding Unite premises

During this reporting period these are the alarm activations with a known cause/reason

Harry French (6)

Holt (0)

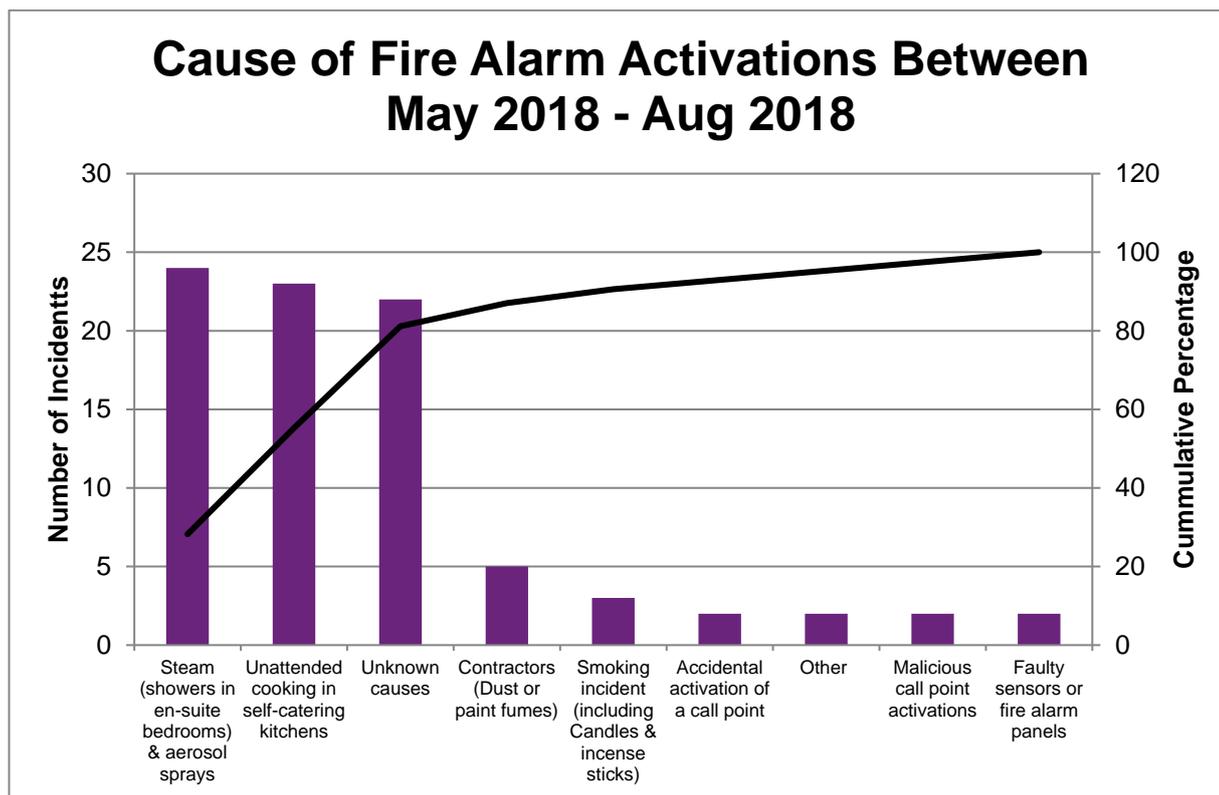
Waterways (0)

William Morris (16)

There were 2 instances of fire alarms that didn't have a known cause.

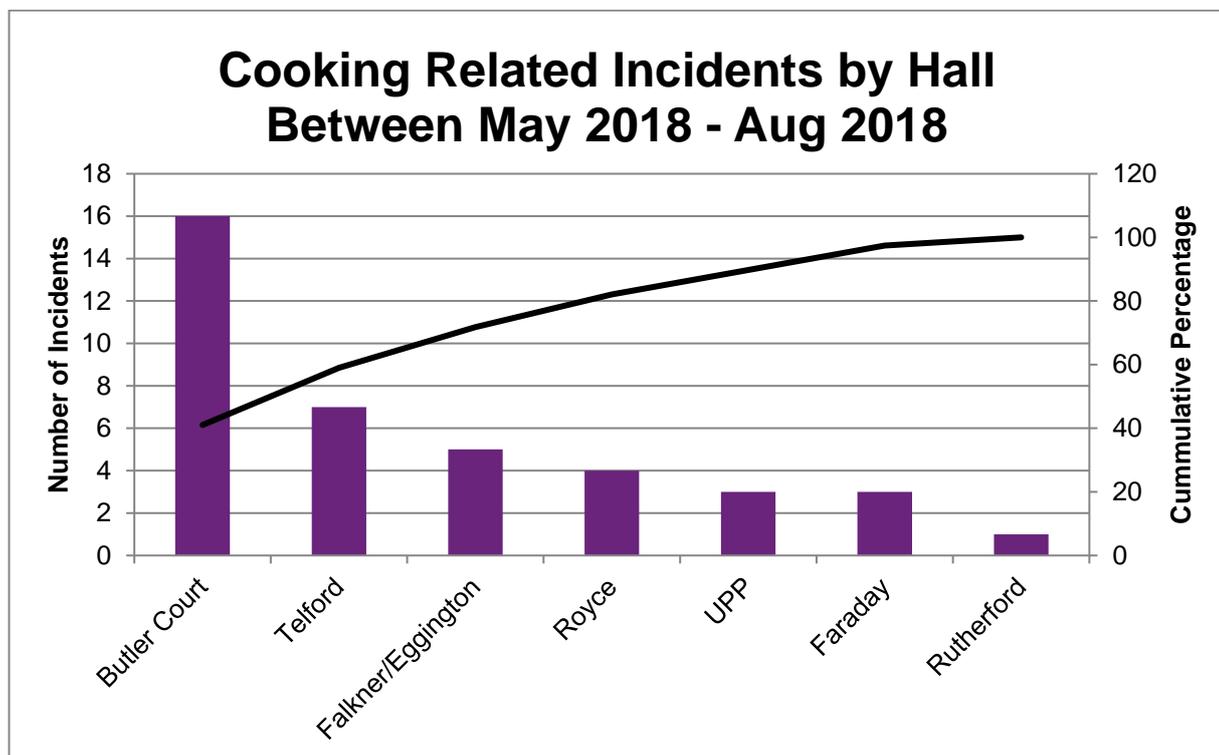
(All above information gathered from period (1/05/18 –31/08/18) Mr R M Harrison –Fire Safety Officer, University Health & Safety Service

**The Major Causes of Fire Alarm Activations in LU Halls of Residence:**



Deodorant/Steam in showers = 24, Unattended cooking = 23, unknown = 22, Smoking = 0, Other = 3  
 Accidental activation of Call Point = 2, Malicious call point activation = 2, Contractor working in building = 5, Faulty sensor or fire alarm panel = 2, Smoking = 3

**Cooking Related Incidents in LU Halls of Residence:**



Falk/Egg = 5, Cayley = 0, Faraday = 3, Royce = 4, Telford = 7, Rutherford = 1, Towers = 0, David Collett = 0, Whitworth = 0, UPP = 3

**Health Safety & Environment  
Committee**



**Loughborough  
University**

**Paper Title:** Incident data for the period 1 April – 30 June 2018

**Origin:** Hugh Weaver

**Date:** 17 October 2018

1. Decision Required by Committee	To note the information contained within the report
2. Executive Summary	To keep the HSEC informed of workplace incidents including injuries, dangerous occurrences and near misses
3. Committees/Groups previously considering item.	HSEC and Council as required

## Incident Data Notes

### Introduction

This report has been prepared for the meeting of the Health, Safety and Environment Committee on 17 October 2018 and includes:-

- Trend data based on frequency rates (incidents per 1,000 staff or per 10,000 students) for incidents which fit the classification as incidents which must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Trend data based on frequency rates (incidents per 1,000 staff or per 10,000 students) for all non- sports related incidents.
- Absolute numbers of incidents reported to the HSE under RIDDOR.
- Analysis of incident by incident type, presented as a pareto graph.
- Analysis of incidents by location, presented as a pareto graph.

The incident data being generated by the SHE incident reporting system is proving to be more accurate, can be consistently presented and overall the system is easy to interrogate for the purposes of reports.

### General comments

This report still contains data which is historic, which was logged and generated before the introduction of the SHE Incident reporting system). Since its launch on 1 December 2017 the system has been used to record workplace accidents and near misses at the University. Overwhelmingly, system users have found it easy to use and the feedback has been positive. No hardcopy incident or first aid treatment report form was received.

The implementation of the SHE system has resulted in faster more consistent reporting, it has eliminated bottlenecks and eliminated the proliferation of unregistered spreadsheets.

The rapid reporting through the system has also facilitated more meaningful incident investigations.

It has been noted by “super administrators” of the system in the University Health and Safety Service (UH&SS) that some data is still not being completed but this is a minor issue, easily rectified when administrators process the reports. Records assigned for action on line managers, supervisors etc, resulting from reports are being generated and actioned successfully.

During the initial reporting periods it became clear that certain Departments and Services required additional system administrators. Line managers, Supervisors who previously saw Incident reports were no longer seeing them. This situation has now been rectified by auditing those who required licences and the UH&SS has now acquired sufficient licences. A total of 67 “User” licences remains the operational number and so far no additional licence requirements have been identified.

“Super User” training for all SHE administrators has been organised and provided by the UH&SS.

The scheduled maintenance and upgrade of the system by SHE was successfully undertaken in March 2018. The update did not create, as expected, additional functionality. This functionality included the ability to create new reporting forms for

recording chemical, radiation, biological and fire incidents. Instead, SHE introduced a new module "Advanced IQ"), which is not financially viable for us at the moment. The existing system for reporting these incidents remains in use. Further investigations are being made with a specialist systems architect from SHE to see if the existing system can be utilised for one or all of these forms. Further information to follow in future reports.

#### Specific matters to note

There was one RIDDOR reportable injuries during the reporting period, (1 April – 30 June 2018).

There was a significant increase in the Incident rate – 12 months to March 2018 (Minus Near Misses and Non-Occupational Sports injuries)

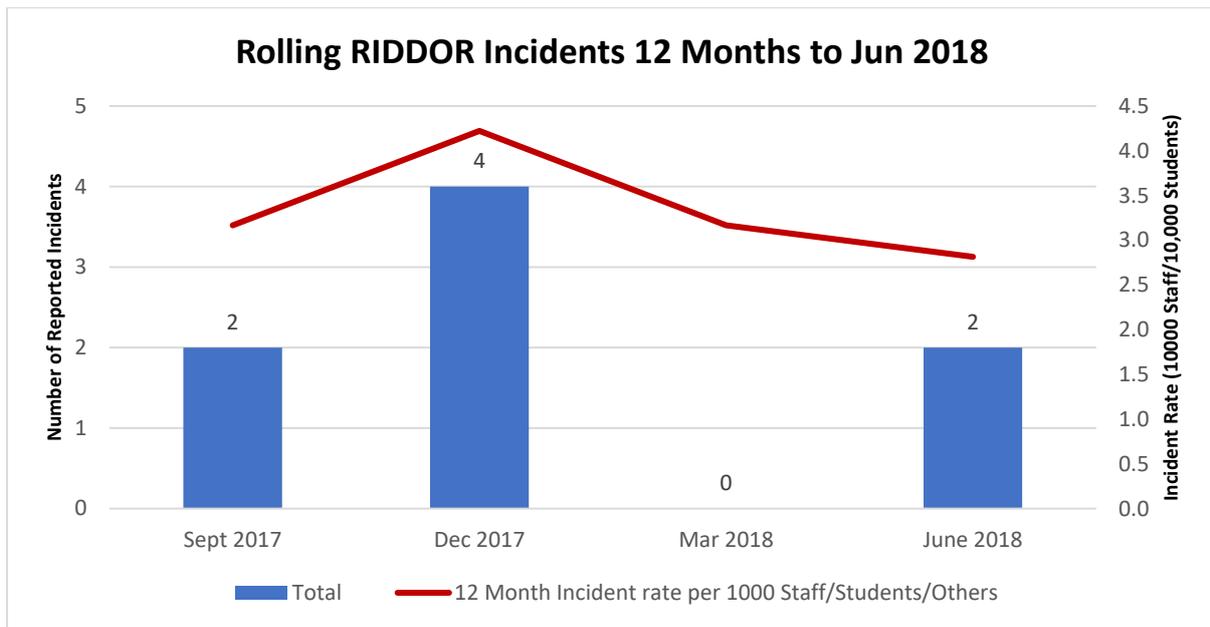
The UH&SS, IT Services and SHE are working together to put processes in place in order to ensure that incident reports containing personal data generated, stored and used by the UH&SS comply with the GDPR legislation. The UH&SS will ensure that any data is maintained on a lawful basis, e.g. for a legal obligation.

There has been an overall rise in the number of incidents and near misses reported over the last year. It is thought that this is primarily due to the increased awareness and availability generated by the new reporting system. We can expect this trend to continue until we have at least 1 year of post launch data.

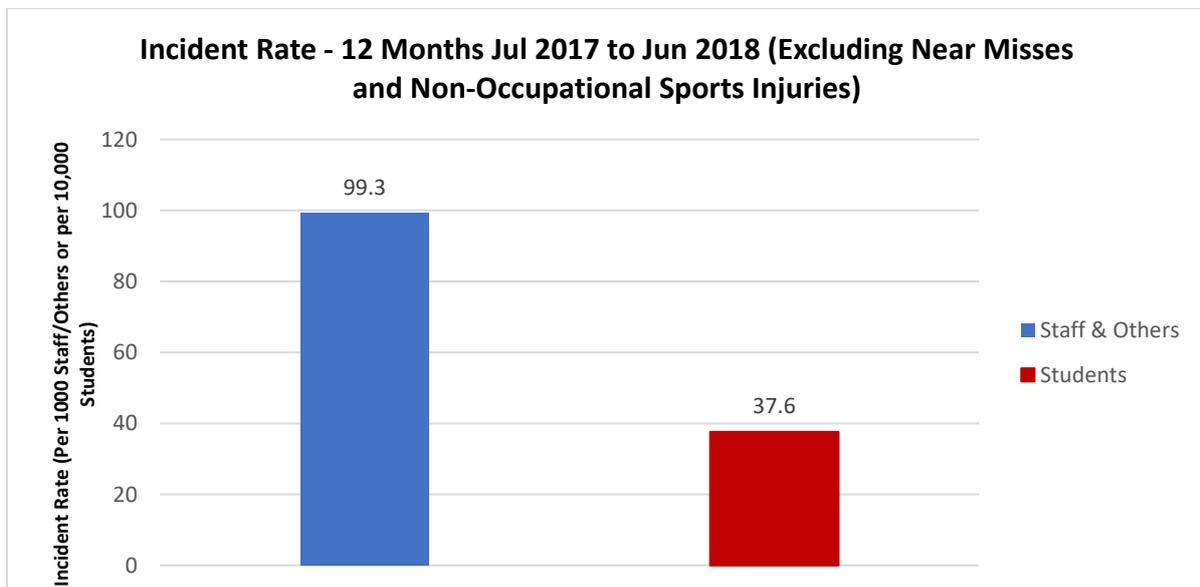
The incident trends previously identified have continued with the biggest causes of accidents continuing to be Slips, Trips and Falls, Manual Handling and traffic related issues.

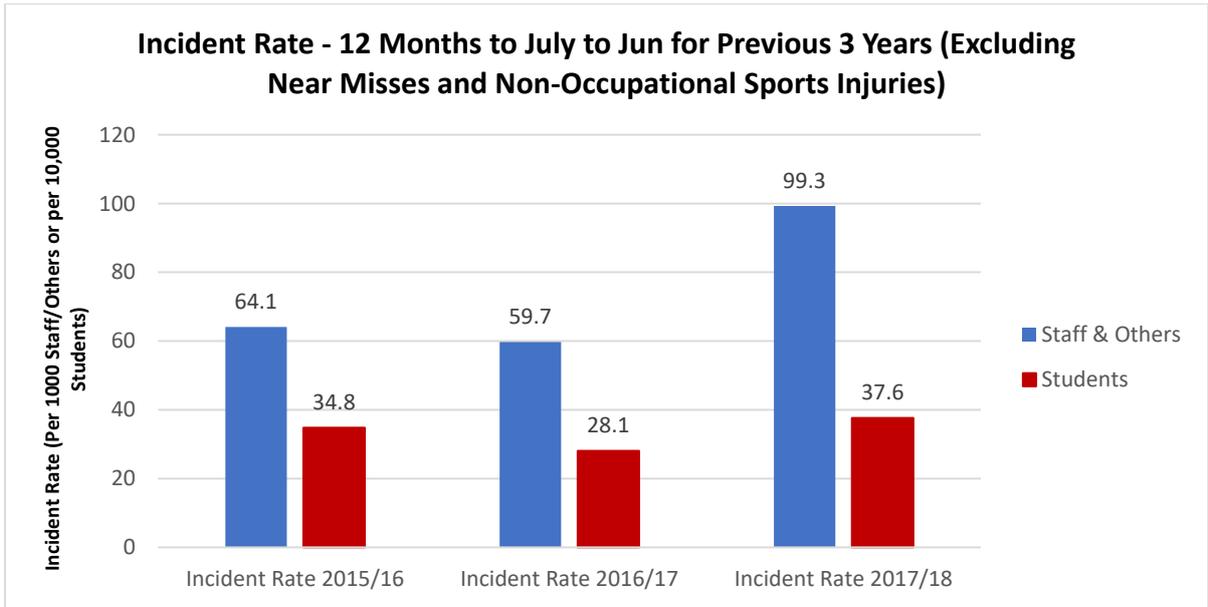
The operational units with the highest number of incidents continue to be Campus Services and Facilities Management. This is partly due to the higher number of staff in these areas and partly due to the more physical nature of the roles.

Column data is reported incidents for each quarter, red line is incident rate for each quarter.



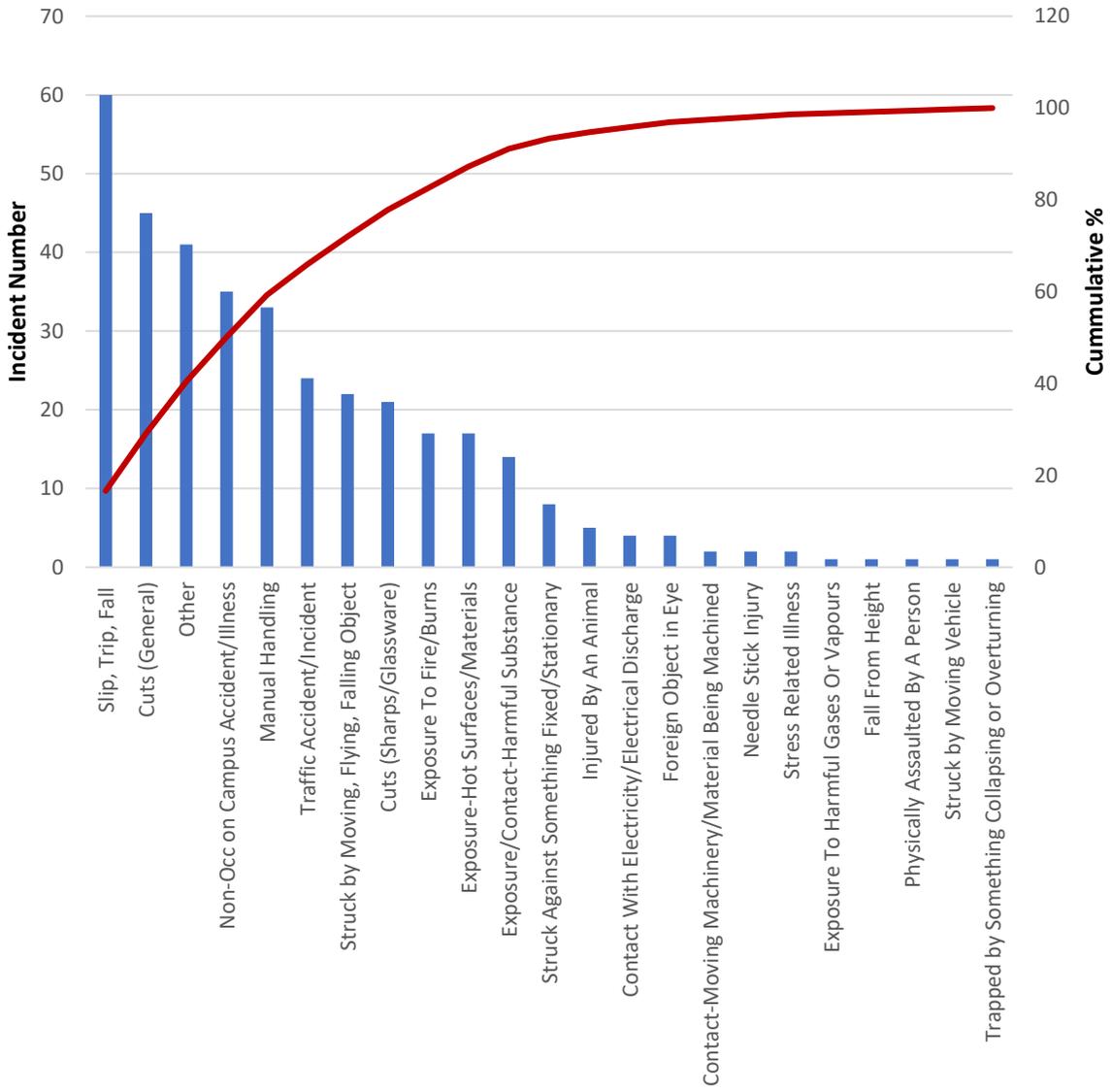
Column data is reported incidents for 12 months to stated date, red line is incident rate for the same 12 months.



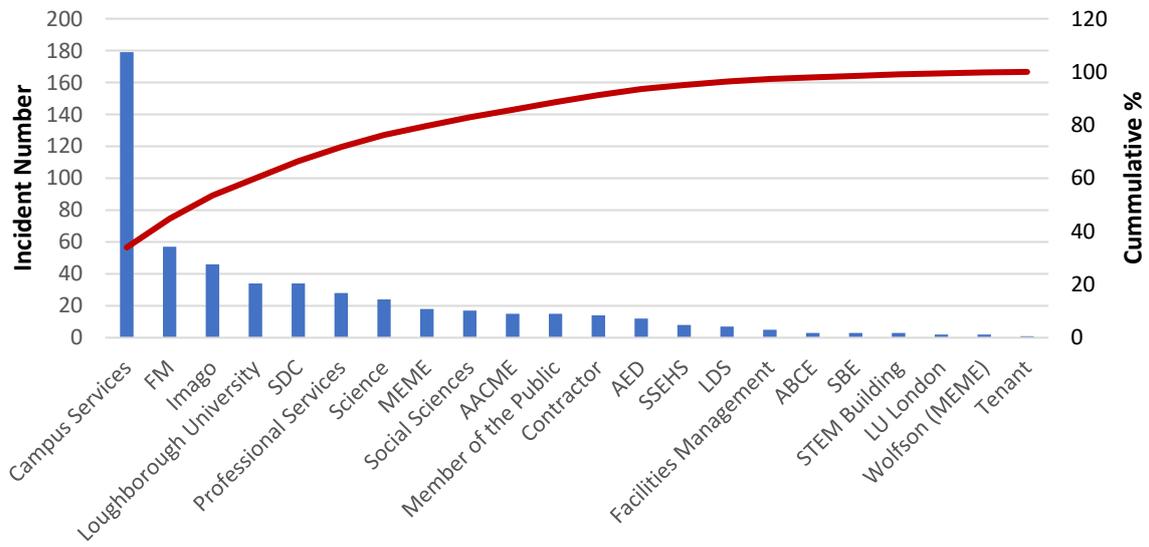


Data shows incident rate for period July to following June for each time period.

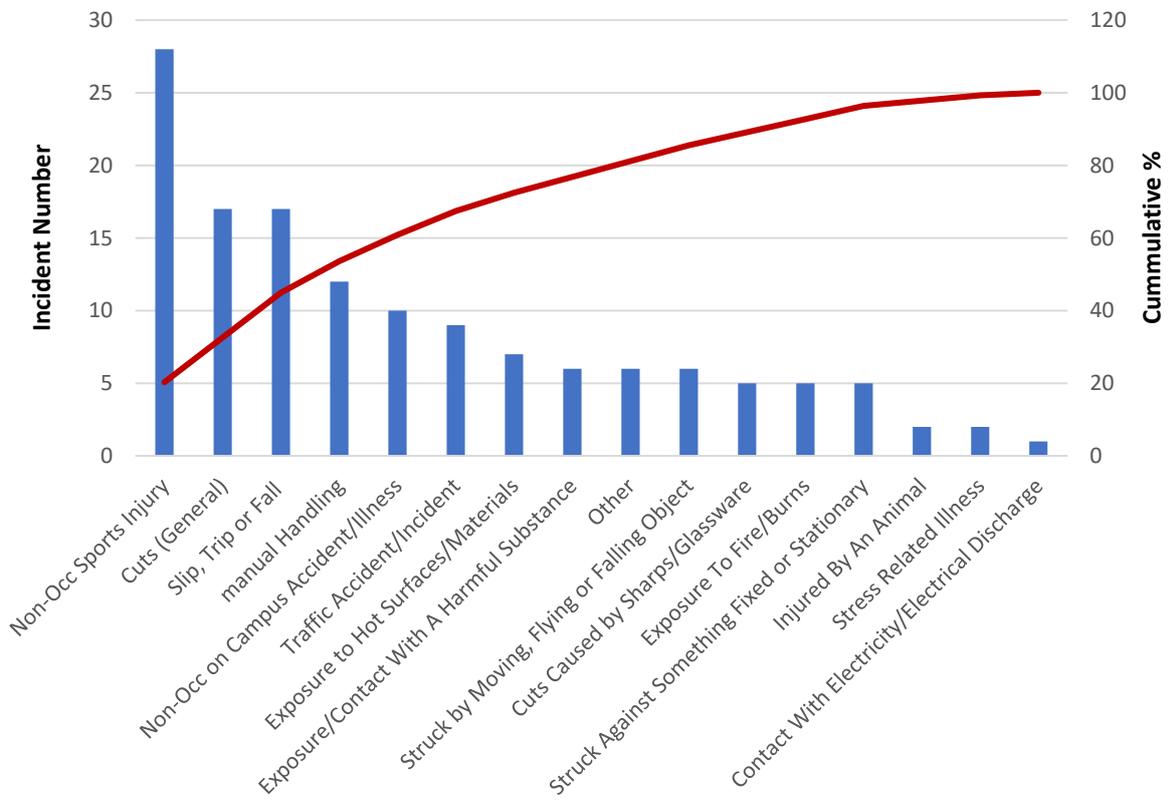
### Pareto Analysis Incident Type 12 Months July 2017 to Jun 2018 (Excludes Near Misses and Non-Occupational Sports Injuries)



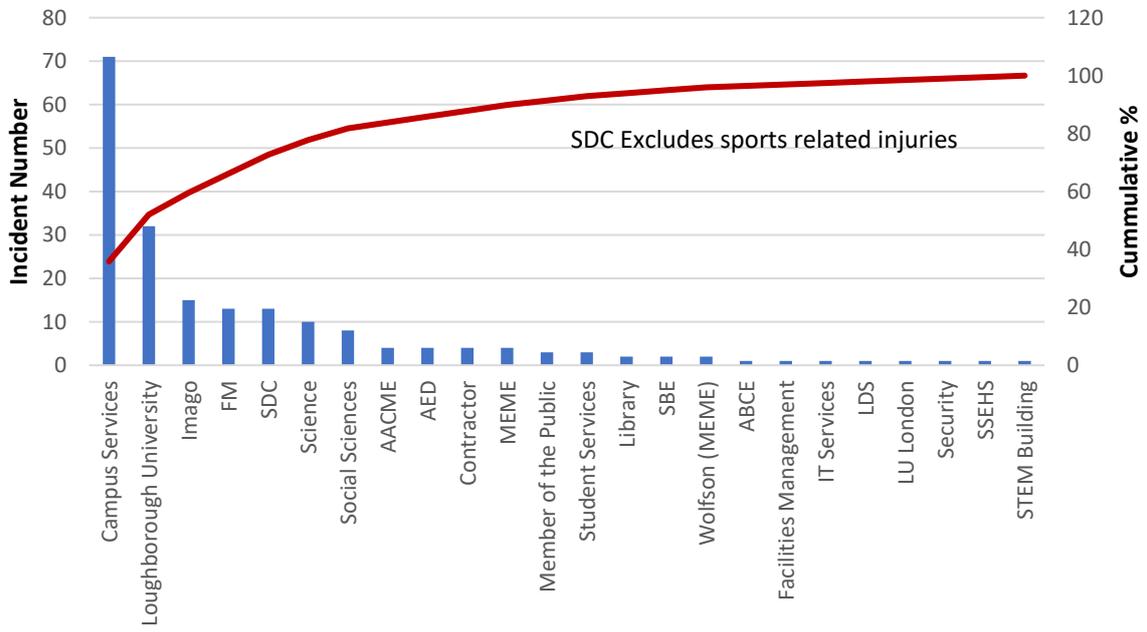
**Pareto Analysis Incident by Location 12 Months July 2017 to Jun 2018  
(SDC Excludes Non-Occupational Sports Injuries)**



**Pareto Analysis Incident by Type Q2 Apr - Jun 2018 (Excluding Near Misses)**



## Pareto Analysis Incident Location Q2 Apr - Jun 2018



## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Environmental Policy

**Origin:** Sustainability and Social Responsibility Sub Committee

**Date:** 27<sup>th</sup> September 2018

1. Decision Required by Committee	To endorse the University Environmental Policy There are no changes to the policy.
2. Executive Summary	In order to maintain the Campus wide accreditation to the Environmental Management System ISO 14001 -2015 the University is required to have an up to date published environmental policy. The policy is a key driver for the institution to improve its environmental performance.
3. Committees/Groups previously considering item.	Sustainability and Social Responsibility Sub Committee

# ENVIRONMENTAL POLICY



Loughborough  
University

**Loughborough University has two inspiring campuses in the UK, educates in excess of 16,000 students, employs over 3,000 members of staff and has 1,700 tenant partners.**

In providing high quality educational, research and workplace facilities we recognise that many of our activities have environmental impacts which are, or have the potential to be, significant. We therefore recognise the importance of protecting the environment and embedding sustainability in all we do and this is reflected in the University's Vision to 2020 which states "we will embed sustainability and social responsibility into all of our processes, operations and developments". Accordingly we are committed to implementing environmentally responsible standards and practices as part of an Environmental Management System, to mitigate and manage our impacts in a program of continual environmental improvement.

**This Environmental Policy sets out the principles by which we will embed sustainability and the Environmental Management System (EMS) across our campuses. They are:**

- The development of the EMS in response to the identified environmental impacts and risks, in order to continually improve environmental performance.
- The integration of environmental management into our day-to-day operations, ensuring environmental issues are addressed whilst continuing to provide a high standard of education and training to all our students.
- The awareness of and compliance with all relevant legislation, regulations, codes of practice and local or special requirements.
- The promotion of awareness and understanding of environmental issues to staff and the provision of environmental training where appropriate.
- The promotion of awareness and understanding of environmental issues to students through our communications, and by encouraging the integration of sustainability into the curriculum.
- The promotion of improved environmental performance among key stakeholders and interested parties through communication of our environmental policies and procedures.
- The exchange of initiatives and best practice within the local community, local authority and other Further and Higher Education institutions.

**By embedding sustainability we aim to mitigate and manage our environmental impacts by:**

- Reducing carbon emissions in line with the carbon management plan, particularly through the efficient use of energy.
- Improving resource efficiency in accordance with the hierarchy of Prevention, Reuse, Recycling and Recovery to prevent Disposal. The prevention of food waste is a key requirement.
- Reducing water consumption and improving water efficiency.
- Preventing pollution through emissions to air and discharges to water.
- Implementing procedures for sustainable construction, refurbishment and maintenance of buildings.
- Purchasing sustainable goods and services where practicable in accordance with Purchasing Procedures and the Sustainable Procurement Policy.
- Encouraging the adoption of sustainable methods of transport for staff, students and visitors whilst on, visiting or commuting to the campus and when representing the University.
- Respecting and enhancing biodiversity as part of the Landscape Strategy.

By undertaking regular environmental reviews to assess current levels of performance, we are able to develop annual objectives and targets to mitigate and manage our significant environmental aspects. These form part of the Sustainability Action Plan which can be seen on the University website.

The Vice-Chancellor has day to day responsibility for the running of the University and as such has responsibility for Environmental performance. All staff and students share this responsibility and are therefore required to adopt and adhere to the principles of this Environmental Policy and the standards and procedures of the Environmental Management System. Tenants and partners of the University also share certain responsibilities and are expected to adopt and adhere to the same principles standards and procedures where appropriate.

Robert J. Allison  
Vice-Chancellor and President  
Loughborough University



# Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Health and Safety Policy for Approval

**Origin:** Health, Safety and Risk Manager

**Date:** 4<sup>th</sup> October 2018

1. Decision Required by Committee	HSE Committee are asked to approve the amendments to the University Health and Safety Policy
2. Executive Summary	<p>At the previous HSE committee the Health, Safety and Risk Manager was asked to consider a number of modifications to the policy, to align responsibilities and also to consider removing reference to one role in particular.</p> <p>Following due consultation these changes have been made and the committee are asked to approve the revised policy.</p>
3. Committees/Groups previously considering item.	Wide consultation across Schools, Professional Services and Union colleagues.

# UNIVERSITY HEALTH AND SAFETY POLICY STATEMENT AND ARRANGEMENTS

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# Loughborough University Health and Safety Policy

## 1. Introduction by the Vice Chancellor

Health and Safety is a vital ingredient in a successful organisation. A good health and safety culture is an essential element in making colleagues feel valued and respected. The things needed to drive good health and safety underpin good management and serve as a stepping stone to excellence.

The University is required under the provisions of the Health and Safety at Work Act 1974 (The Act), to produce a statement of policy with respect to the health and safety of everyone who uses our premises or may be affected by our undertakings off-campus. However, this is only a starting point, and the University will continually strive to achieve the highest practical standard rather than rely on the legal minimum. The University also expects managers at all levels to actively pursue increasingly higher standards of health and safety management.

The University recognises the importance of its employees and students each appreciating the extent of their individual responsibilities and co-operating fully in ensuring that the Health and Safety Policy and Procedures are observed.

This document is intended to bring the University's statement of health and safety policy to the attention of all its employees and students and to provide details of the organisation and arrangements for carrying out that policy, as indicated by the Act. The health and safety policy statement is supplemented by individual procedures covering a range of topics and everyone must ensure they are aware of the safety precautions appropriate to the area in which they work. As Vice Chancellor I recognise that I carry day to day responsibility for the health and safety of all persons affected by the undertakings of the University.

I would encourage you to adopt at all times a positive attitude towards health and safety requirements and to promote a healthy and safe working environment for ourselves, our students and others affected by the work of Loughborough University.



Professor Robert J Allison  
Vice Chancellor

June 2018

## 2. The Health and Safety Policy Statement

It is the policy of Loughborough University under the University Council to:

1. Regard legal compliance as the lowest acceptable standard of management with regard to health and safety. Please note that for the purposes of this policy document the term 'health and safety' will be deemed to include all aspects of occupational health.
2. Regard health and safety as a core management function.
3. Develop a clear structure which identifies health and safety responsibility at all management levels across the University.
4. Promote an attitude of safe working by employees and students in all aspects of the University's work underpinned by appropriate disciplinary procedures.
5. Encourage discussion and consultation between management, employees and students on safety, health and environment matters and establish a Health, Safety and Environment Committee for this purpose.
6. Maintain a safe and healthy working environment and safe methods of operation.
7. Ensure the provision and maintenance of premises, plant and equipment to a safe level
8. Ensure the provisions of appropriate resources to meet health and safety issues.
9. To bring to the attention of all staff and students, their responsibilities to ensure the health and safety of themselves and any other persons affected by their actions or omissions.
10. Provide all necessary information, instruction, training and supervision, to ensure the health and safety of employees at work.
11. Provide as appropriate and ensure the correct use of, approved safety equipment and protective clothing and to ensure no charge will be levied on any employee in respect of anything carried out or provided in pursuance of any specified requirements of relevant statutory provisions.

Ensure immediate and accurate reporting and investigation of occupational ill-health issues, accidents and incidents.

12. Ensure the provision of an appropriate number of specialist safety staff with responsibilities for safety and health and to ensure appropriate contingency arrangements are made during the absence of such staff to meet the relevant statutory requirements.
13. Develop a system of inspection, monitoring and auditing procedures which will allow the identification of risk and ensure that acceptable standards of risk management are being achieved across the University.
14. Review this Health and Safety Policy not less than once every two years.
15. Make specific arrangements on sites controlled by the University to ensure that contractors are carrying out their responsibilities for Health, Safety and Environment to a standard acceptable to University management.
16. Ensure that the health and safety of all staff, students, contractors, visitors and any others who may be affected by our undertakings is safeguarded, so far as is reasonably possible.

**The University Council acknowledge ultimate responsibility for Health and Safety management within Loughborough University. This responsibility will be discharged on behalf of the University Council on a day to day basis by the Vice Chancellor.**

### **3.1 University Council**

The University Council, under the requirements of the Health and Safety at Work etc Act 1974, is responsible for issuing a written statement covering the general policy with respect to Health and Safety at work of employees, students and others affected by the undertakings of the University.

The University Council shall ensure that they receive sufficient information on the status of University health and safety management systems to satisfy themselves that all statutory requirements are being met. To this end they will commission an annual health and safety report to be undertaken by the Health and Safety Manager.

While statutory compliance will be accepted as a baseline standard, the University Council will ensure that the University is constantly moving towards best possible health and safety practice.

Recognising that the University is a large, complex and rapidly developing organization and that regulatory changes occur, if areas are identified which fall below statutory compliance Council will require an action plan to be produced which brings the University back into compliance as quickly as reasonably practicable and will require reports on the progress of any such plan.

### **3.2 Vice Chancellor**

The Vice Chancellor is responsible for achieving the objectives of the University's Health and Safety Policy, namely to:

Ensure that managers know and undertake their individual responsibilities regarding health and safety, and that the requirements of health and safety legislation and University policy are met

Advise the University Council of the resources required to comply with statutory requirements and make adequate arrangements

Ensure adequate consultations between management, specialist advisors and employees' representatives prior to the introduction of any change which may affect the health and safety of employees

Make the necessary arrangements to ensure that trades union safety representatives who are appointed under statutory regulations can carry out the duties required of them

Ensure the establishment and maintenance of a suitable health and safety programme to:

- eliminate accident potential as far as is reasonably practicable
- conform with the statutory duties and University codes of practice

Ensure that adequate communication channels are maintained to promulgate information concerning health, safety and environment

### **3.3 Academic Leadership Team**

Under the direction of the Vice Chancellor, the members of the Academic Leadership Team are responsible for achieving the objectives of the Health and Safety Policy. As an integral part of their management responsibilities they will;

Receive regular monitoring and audit reports on the suitability and effectiveness of health and safety management systems throughout the University

Ensure adequate follow-up procedures are in place to address Schools which fail to achieve a basic level of health and safety management as identified through accident reports and health and safety inspections/audits

Ensure that they and all personnel for whom they are responsible know and undertake their managerial responsibilities regarding health and safety, and that all personnel are adequately trained to discharge those responsibilities

Promote the implementation of the University Health and Safety Policy by establishing an adequate programme to:

- ensure that risk assessments are conducted and that adequate control measures are introduced and maintained
- conform with the statutory duties and University codes of practice, and to formulate suitable procedures to report occupational ill-health issues/accidents/incidents, communicate information and identify, report and eliminate hazards

Ensure the health and safety arrangements are fully discussed, seeking specialist advice where necessary, with regard to:

- current working programme
- planning new operations or methods of work
- designing or acquiring new buildings, plant and equipment

Arrange consultations with employees and their representatives in the work place to ensure that progressive and positive methods are adopted to promote health and safety and to provide arrangements for the participation of employees' representatives in the development of such measures

Provide such information, instruction, training and supervision as may be necessary to ensure the health and safety of those under their control

Keep under constant review the effectiveness of the University's policy and advise the Vice Chancellor of any changes they consider necessary on matters in breach of statutory requirements which cannot be effectively dealt with by them

### **3.4 Chief Operating Officer**

The Chief Operating Officer (COO) is responsible to the Vice Chancellor on a delegated basis for the general oversight and development of health and safety policy and for ensuring co-ordination of such policies and practice across the University. The COO has responsibility for ensuring that the arrangements to manage health and safety in accordance with University policy are effective. The COO has line management responsibility for the Health and Safety Manager in order to oversee health and safety compliance and performance.

### **3.5 Deans of Schools**

**Overall legal responsibility for ensuring the safety of staff, students and others who may be affected by School activities resides with the Dean of School.** Deans of Schools have oversight of resources devolved from the Vice Chancellor. As such, they have a duty not only for the application of these resources, but that they are applied safely.

Deans of School should satisfy themselves that the Departments within their area of responsibility have suitable and sufficient arrangements in place to meet all statutory requirements.

1. The provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health.
2. Arrangements for ensuring, so far as is reasonably practicable, safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances.
3. The provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of their employees.
4. So far as is reasonably practicable as regards any place of work under the employer's control, the maintenance of it in a condition that is safe and without risks to health and the provision and maintenance of means of access and egress from it that are safe and without such risks.
5. The provision and maintenance of a working environment for their employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work.

To deliver these statutory requirements, Deans are expected to:

- Produce a School health and safety policy which sets out the local organisation and arrangements to meet all relevant statutory and University policy requirements.
- Establish a health and safety committee (s) for the School (or Departments within the School if appropriate). Attend the School health and safety committee or receive minutes from Departmental committees.
- Receive twice yearly audit reports from the Operations Manager in the School.
- Ensure that procedures for producing suitable and sufficient risk assessments are properly integrated into School's management systems.
- Ensure that the health and safety training needs are identified and that suitable training is provided. (See **Appendix 4**; "Loughborough University Staff Training Matrix").
- Ensure that either a School Safety Officer (to act for the whole School) and/or Departmental Safety Officers are appointed. In the absence of a nominated officer this role shall default to the Dean of School.
- Allocate the necessary resources, both in terms of time and financial resources, to staff appointed to carry out a health and safety role, particularly with regard to their School Safety Officer.
- Bring to the VC's attention, any health and safety matter that cannot be dealt with at School level.
- Devise and implement phased order of priority plans for expenditure of finance or effort to solve health and safety problems in the School which cannot be resolved at one particular time.

### 3.6 Directors and Heads of Professional Services

**Overall legal responsibility for ensuring the safety of staff, students and others who may be affected by their activity resides with the Director or Head of Service.**

Directors and Heads of Professional Services have oversight of resources devolved from the Vice Chancellor. As such, they have a duty not only for the application of these resources, but that they are applied safely. Directors and Heads of Professional Services should satisfy themselves that their area of responsibility has suitable and sufficient arrangements in place to meet all statutory requirements.

1. The provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health.
2. Arrangements for ensuring, so far as is reasonably practicable, safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances.
3. The provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of their employees.
4. So far as is reasonably practicable as regards any place of work under the employer's control, the maintenance of it in a condition that is safe and without risks to health and the provision and maintenance of means of access and egress from it that are safe and without such risks.
5. The provision and maintenance of a working environment for their employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work.

To deliver these statutory requirements, Directors and Heads of Professional Services are expected to:

- Set out the local organisation and arrangements to meet all relevant statutory and University policy requirements.
- Establish a health and safety committee or agree with the University Health, Safety and Risk Manager alternative consultation arrangements. Attend the health and safety committee established for their area, or, if alternative arrangements are made take such steps to ensure that they are kept informed of relevant information and actions.
- Receive twice yearly audit reports for the service or department.
- Ensure that procedures for producing suitable and sufficient risk assessments are properly integrated into service or department management systems.
- Ensure that the health and safety training needs are identified and that suitable training is provided. (See **Appendix 4**; "Loughborough University Staff Training Matrix").
- Ensure that an individual is nominated to act as a health and safety lead in the area of responsibility.
- Allocate the necessary resources, both in terms of time and financial resources, to staff appointed to carry out a health and safety role, particularly with regard to their health and safety lead.

- Bring to the Chief Operating Officer's attention, any health and safety matter that cannot be dealt with at function or departmental level.
- Devise and implement phased order of priority plans for expenditure of finance or effort to solve health and safety problems in the area of responsibility which cannot be resolved at one particular time.

### **3.7 Operations Manager**

The Operations Manager (OM) works closely with the associated Dean or Head of Professional Service to ensure that Key Performance Indicators (KPI's) are achieved.

The School's OM is responsible for;

- Ensuring that 6 monthly internal health and safety audits are conducted and the results are forwarded to the University Health and Safety Manager .
- Ensuring that the Health and Safety Committee meets at least 3 times per year.
- Ensuring that all accident/near miss events are reported to the University's Health and Safety Manager .
- Ensuring that action is taken to identify and remove causes of accidents /near miss events.
- Reviewing procedures for producing risk assessments to ensure that risk assessments are suitable and sufficient and up to date.
- Bringing to the attention of the Dean or Head of Professional Service any breach of statutory requirement or other health and safety concern which cannot be resolved.

### **3.8 University Health Safety and Risk Manager**

The Health and Safety and Risk Manager has a central co-ordinating role in relation to general health and safety matters and acts as advisor to the University on health and safety strategy and the requirements and interpretation of relevant legislation. The Health Safety and Risk Manager has a vital role in the development of the University's health and safety policy and plan, and the development of a health and safety management system .

The Health Safety and Risk Manager will ensure the effectiveness of health and safety management structures through regular auditing of these systems.

The Health Safety and Risk Manager will present, through the University Health, Safety and Environment Committee, to the University Council an annual report on the status of the University Health and Safety Management systems and procedures.

The Health Safety and Risk Manager is responsible to the COO for all University facing health and safety matters

The Health Safety and Risk Manager will be the nominated 'competent person' on behalf of Loughborough University, as required by the Management of Health and Safety at Work Regulations 1999.

### **3.9 Radiological Protection Officer**

The Radiological Protection Officer provides advice on all aspects of radiological protection in the University, with particular reference to the statutory requirements relating to the Ionising Radiation Regulations 2017, together with various codes of practice.

The Radiological Protection Officer will co-ordinate arrangements for the safe ordering, storage,

handling, use, transporting and disposal of radioactive substances.

The Radiological Protection Officer will act as the responsible officer for licensing purposes, for use of scheduled substances under the Drug Precursor Regulation (EC) NO 273/2004.

The Radiological Protection Officer will act as a link to the contracted services of the Radiological Protection Advisor and reports to the University Health and Safety Manager.

### **3.10 Deputy University Health Safety and Risk Manager**

The Deputy University Health Safety and Risk Manager acts as deputy to the University Health Safety and Risk Manager and also acts as 'competent person' under the Management of Health and Safety at Work Regulations, in the absence of the University Health Safety Manager.

Specific areas of responsibility include;

- responding to requests for service from Schools / Departments, providing support and information to SSO's / DSO's,
- investigating accidents and liaising with the University's insurers, and,
- organising and providing health and safety training for staff.(See **Appendix 4**; "Loughborough University Staff Training Matrix").

The Deputy University Health, Safety and Risk Manager reports to the University Health, Safety and Risk Manager.

### **3.11 University Occupational Health Advisor**

The University Occupational Health Advisor, in consultation with the Occupational Health Physician, shall advise the University on workplace or work-related health matters.

The Occupational Health Advisor will develop, on behalf of the Health, Safety and Environment Committee, University occupational health policy.

The Occupational Health Advisor will carry out monitoring and auditing of occupational health issues to ensure compliance with University policy.

The Occupational Health Advisor is the link to the contracted services of the Occupational Health Physician and reports to the Director of Human Resources.

### **3.12 University Fire Officer**

The University Fire Officer will provide professional fire safety advice as needed to staff and students across the University. Other duties include:

The University Fire Officer will act as 'competent person' under the Regulatory Reform (Fire Safety) Order 2005.

The development and implementation of a rolling programme of fire risk assessments as required by the Fire Precautions (Workplace) Regulations 1997 (as amended 1999).

Provision of advice to the University concerning appropriate standards for fire precautions in buildings and the development and maintenance of effective fire prevention strategies.

Development of compliance and control strategies as required by the relevant statutory provisions.

Monitoring Departmental and University fire safety arrangements and making recommendations as necessary.

The University Fire Officer will be responsible to the Health, Safety and Risk Manager.

### 3.13 Director of Human Resources

The Director of Human Resources is responsible for ensuring appropriate measures are in place to monitor workplace sickness levels. Where these monitoring systems indicate work-related ill health issues, these will be brought to the attention of the Health and Safety Service.

### 3.14 School / Departmental Safety Officers

Either a School Safety Officer or individual Departmental Safety Officers shall be appointed by the Dean or Head of Professional Service to act for their respective Departments. The School / Departmental Safety Officer will report to the Dean or Head of Professional Service on all health and safety related issues. (For a list of the typical duties of a School/Departmental Safety Officer, see **Appendix 3**).

When appointing persons as a School / Departmental Safety Officers, serious consideration should be given to the amount of time necessary to adequately carry out the associated duties and the person's existing duties. Where necessary, some or all of the person's existing duties should be transferred to another person/post.

Persons selected to be School / Departmental Safety Officers should be sufficiently experienced, be willing to accept the role and be willing and able to be trained (when necessary) to an acceptable level of competence in safety issues, relevant to their Department. They should also be of sufficient competency and experience to be able to carry out their duties with recognised authority.

### 3.15 All Supervisory Staff

All supervisory staff (for example Senior Academic staff, Administrative Managers, Principal Technical Managers, Team Leaders etc) will:

- Be fully familiar with the University and local Health and Safety Policy and understand and apply it within all areas of their responsibility
- Ensure staff are trained to enable them to carry out suitable and sufficient risk assessments, where required. (See **Appendix 4**; "Loughborough University Staff Training Matrix").
- Ensure that staff operate in accordance with the University and local health and safety policy, as relevant to their work
- Ensure that they and their staff are trained in the principles, operations and emergency procedures necessary for health and safety
- Ensure the competence and training of their appointees to allotted tasks
- Ensure that safe working practices within a safe working environment are used by all staff

### 3.16 All Employees

The Health and Safety at Work etc Act 1974 states that **EVERYONE** has a responsibility for safety. It is important that everyone appreciates the extent of their responsibilities, namely, that they:

Shall make themselves familiar with the Health and Safety Policies of the University and of the School/Departments in which they are employed, and shall be fully familiar with

sections of these policies which directly affect their particular activities

Shall accept individual responsibility:

- to take all reasonable care for the health and safety of themselves and of any other person who may be affected by their acts or omissions
- to co-operate with the University so far as is necessary to enable it to comply with its legal duties
- to undertake as required all health and safety training which is deemed necessary by their line manager to secure the health, safety and welfare of their employees or anyone else affected by their actions while at work

Shall report to supervisory staff any occupational ill-health issues/accidents/incidents or dangerous occurrences, whether or not injury is sustained, and any unsafe practices; and shall report systems of work or conditions which they consider may create risks to their own health and safety or damage to equipment and premises

Shall not, intentionally or recklessly, interfere with or misuse anything provided by the University in the interests of health, safety or welfare

Shall conform to all instructions, written and oral, given to ensure their personal safety and the safety of others.

Shall at all times make full use of appropriate personal protective clothing and appropriate safety equipment and devices provided.

Shall maintain tools and equipment in good condition, reporting any defects to their supervisor.

### **3.17 All Students**

All students:

Shall at all times, whilst they are on University premises or taking part in University activities, follow the Health and Safety Policy and comply with any health and safety instructions given to them

Shall not, without the consent of the member of staff in charge of the areas or activity, introduce any equipment for use on University premises, alter any fixed installations, alter or remove health and safety notices or equipment, or otherwise take any action which may create hazards for persons using the premises or employees of the University

Shall at all times, whilst in residence in University property, comply with all fire, safety and security procedures as laid down in the conditions of residence

Shall not, intentionally or recklessly interfere with or misuse anything provided by the University in the interests of health, safety or welfare

Shall conform to all instructions, written and oral, given to ensure personal safety and the safety of others

Shall use protective or specialist clothing as required and shall use all safety equipment available

Shall maintain tools and equipment in good condition, reporting any defects to their supervisor

Shall report all occupational ill-health issues/accidents/incidents, whether or not injury is sustained, to their supervisor or the member of staff in charge of the activity or facility.

#### **4. Implementation of University Health and Safety Policy**

This section provides details of the implementation of the University Health and Safety Policy.

##### **4.1 The Health, Safety and Environment Committee**

The terms of reference of the University Health, Safety and Environment Committee are:

To act on behalf of, and to advise, Senate and Council and senior management on matters of health, safety and environmental policy, structure and communications; and to recommend any action necessary to ensure the health and safety of staff, students and members of the public (including contractors and visitors to University premises);

To develop and agree the strategic approach to be adopted in relation to Health, Safety, Environmental and Sustainability management:

To receive and act on reports, both written and verbal, on the health, safety and environmental performance and plans of schools and professional services:

To keep under review the University's legal and statutory obligations with regard to health, safety and environmental regulation compliance and to identify through regular monitoring and bring to the attention of senior management and/or Senate and Council areas where compliance is at risk or not being achieved;

To receive reports on health and safety and environmental audits, accident statistics, communications with enforcing authorities, and from relevant sub-groups, and to make recommendations to relevant University management of any corrective action required;  
To receive aggregated absence statistics and reasons for such absences on a similar basis;  
Specifically to receive reports from sub-committees which have been established to ensure compliance with legal requirements; eg the Radiological Protection sub-committee:  
Where appropriate to seek out and promote areas of good practice;

To receive updates on changing legislation and to review and assist in the development of policies and procedures to enable the University to meet all statutory requirements;  
To ensure all levels of University management are aware of their safety and environmental obligations and through the receipt of regular monitoring reports to ensure these obligations are being discharged appropriately;

To set up and oversee sub-groups of the Committee and to commission reports from these sub-groups as is necessary to assist the Committee in the development of policy and procedure. To produce terms of reference for environmental management and sustainability sub-group(s) of the Health, Safety and Environment Committee;

To monitor staff training and development programmes as they relate to health, safety and environmental issues to ensure appropriate training is provided to enable all managers safely to discharge their duties;

To receive reports and review personal safety for staff, students and visitors on University premises, particularly where it could impinge on health and safety;

To receive reports on the progress of the University Environmental Management System;  
To report after each meeting to Senate and Council on health, safety and environmental

activities and provide Senate and Council with the information required to discharge their duties under the Health and Safety at Work Act (1974), the Management of Health and Safety at Work Regulations (1999) and the Register of Environmental Legislation.

Composition of the Health Safety and Environment Committee is attached as **Appendix 1**.

#### **4.2 Loughborough University Health, Safety and Environment Consultative Committee Terms of Reference**

To act as a consultative forum, normally meeting three times each academic year, for the consideration and discussion of draft health, safety, environment, sustainability and social responsibility policies and procedures;

To receive reports on health, safety and environmental audits, accident statistics, communications with enforcing authorities, and from relevant groups, and to make recommendations to relevant University management of any corrective action required;

To discuss reports of significant accident and incident investigations carried out, which could have an impact University wide;

To seek out and promote areas of good practice;

To receive updates on changing legislation and to review and assist in the development of policies and procedures to enable the University to meet all statutory requirements;

To provide the main focus for consultation with staff on health, safety, environment, sustainability and social responsibility issues which have University-wide application;

To promote co-operation between the University and its employees on all matters relating to their health, safety, environment, sustainability, social responsibility and wellbeing;

To receive a report at each meeting from the Health, Safety and Risk Manager and the Sustainability Manager, providing an overview of the work in progress including areas of strategic interest.

To consider and comment as appropriate on:

- Corporate Health, Safety Environmental and Sustainability Policy
- University-wide safety and environmental guidance notes
- Safety and Environmental Training

To consider Health, Safety, Environmental and Sustainability issues raised by members or drawn to the Committee's attention where they have University-wide implications or, when they affect only one part of the University, it has not been possible to effect a resolution at the local level;

To receive an annual report from the Health, Safety and Risk Manager and the Sustainability Manager which will constitute the annual report on Health and Safety

To review the adequacy of safety and health communication and publicity in the workplace

Composition of the Health Safety and Environment Committee is attached as **Appendix 2**.

#### **4.3 University Ethical Advisory Committee**

From time to time the University Ethical Advisory Committee will deal with proposals for activities which have health and safety issues associated with them. To ensure good communications and to avoid issues falling between two committees a member of the University Health, Safety and

Environment Committee will sit on the University Ethical Advisory Committee. Similarly a member of the University Ethical Advisory Committee will be requested to serve on the University Health, Safety and Environment Committee.

#### **4.4 Academic and Professional Services Health and Safety Structures and Policies**

For the purposes of health and safety management any subsidiary of Loughborough University or any company in which officers of Loughborough University may be legally regarded as the 'controlling mind', will be regarded as a 'Department' under this policy document.

The Head of Department is responsible to the Dean of School or relevant member of the Academic Leadership Team for the day-to-day management of health and safety issues in their areas of managerial responsibility. See also: **Section 3, Statement of Responsibilities**.

The Director or Head of Professional service will have a defined line management structure and duties (but not responsibility) can be delegated through the line management structure.

The primary vehicle for all Health, Safety matters is likely to be a School / Departmental Health and Safety Committee. The Departmental Health and Safety Committee may or may not be formally constituted, depending upon the size and nature of the work of the Department.

**It is a formal requirement of the University Health and Safety Policy that all Departments have a designated Departmental Safety Officer; the duties of the Departmental Safety Officer being appropriate to the size and activities of the Department.**

Schools / Departments are required to formulate health and safety policies, intended to produce a safe working environment and to support and encourage staff to adopt safe working practices. This policy must reflect the University Health and Safety Policy and explain in practical terms how it will carry out the responsibilities placed upon it by the University Health and Safety Policy. (See also: **Section 3, Statement of Responsibilities**).

School / Departmental Health and Safety committees and the Departmental Safety Officers, who report to the Head of Department, will oversee health and safety matters within that area; liaising with the University Health, Safety and Risk Manager as required.

#### **4.5 Tenants, Contractors and Partnerships**

It is the responsibility of those University officers entering into any arrangement or agreement on behalf of Loughborough University to ensure all health and safety responsibilities are clearly specified as an integral part of the arrangement. This must include arrangements for two-way communications of hazard identification, risk assessments and emergency procedures; particularly for activities on campus.

Where University staff will be working under the control of external agencies their line manager will be responsible for ensuring that a satisfactory assessment of all foreseeable risks has been carried out prior to the commencement of the activity.

### **5. Further Reading**

- 5.1 University Safety and Health Association (USHA) Leadership and management of health and safety in higher education institutions

### **6. Document Management Table**

<b>Version</b>	<b>Owner</b>	<b>Revised by</b>	<b>Summary of revision</b>	<b>Date of revision</b>
Version 1	UH&SS	UH&SS		Dec 2006
Version 2	"	"		Oct 2009
Version 3	"	"	Update to reflect new University management structure	Oct 2011
Version 4	"	"	Training matrix inserted	Feb 2014
Version 5	"	"	Changes to job titles, Update of training matrix and inclusion of Departmental and School safety officer training matrix	Jan 2017
Version 6	"	"	Changes to reflect the revised Health, Safety and Environment Committee structure and the new Ionising Radiation Regulations 2017 Removal of Head of Department duties and alignment of Dean and Director of Professional Services duties	June 2018

## **Appendix 1 Composition of the University Health, Safety and Environment Committee**

The membership of the committee is as follows :-

Chair :- Deputy Vice-Chancellor

Chief Operating Officer

Deputy Chief Operating Officer

A Dean selected on a rotating basis

An Operations Manager selected on a rotating basis

Two Lay members, one of whom shall be a member of Council

Student Union Representative

One representative from each of the recognised Trades Unions (3 in total)

### **Ex officio members**

Health, Safety and Risk Manager

Sustainability Manager

Human Resources Director

## **Appendix 2 Composition of the University Health, Safety and Environment Consultative Forum**

- Chair to rotate between the Health, Safety and Risk Manager, the Sustainability Manager and a nominated Union representative.
- A maximum of three representatives from each of the recognised Trades Unions (max 9 in total)
- School Safety Officers from two schools
- A Dean to act as link to ALT
- Two School Operations Managers
- A representative of the Human Resources Team
- LSU Health and Safety Manager
- The LU Occupational Health Advisor
- A senior representative from Facilities Services
- A senior representative from Campus Services
- A senior representative from SDC

The University Fire Officer; Radiological, biological and Chemical Manager and Environmental Manager will attend the consultative committee as required.

### Appendix 3 Typical Duties of School / Departmental Safety Officers

- Undertake health and safety training to an appropriate level of competence, thus enabling them to discharge their duties. (See Appendix 5 for guidance)
- Be fully familiar with the University's Health and Safety Policy and assist the Dean to develop, implement and periodically review a local policy and procedures.
- Provide health and safety advice to the Dean and other members of staff.
- Undertake regular health and safety inspections (with Trades Union Safety Representatives, as necessary) and report findings.
- Ensure that occupational ill-health issues/accidents/incidents and near misses are reported and investigated (with direct involvement as necessary). Communicate findings of investigations and ensure that recommended action is carried out.
- Ensure the necessary provision of health and safety training (including induction) to staff within the School/Department either by direct involvement or by monitoring provision. (**See Appendix 4**; "Loughborough University Staff Training Matrix").
- Disseminate health and safety information and reports to appropriate staff and students.
- Monitor that adequate precautions are taken in relation to any special hazard in or about to be introduced into the School / Department, with advice from the University Health and Safety Service where appropriate.
- Monitor that all plant, equipment and processes within their area are maintained in a safe condition and in compliance with appropriate statutory requirements.
- Maintain adequate health and safety records where appropriate.
- Monitor housekeeping within the School / Department to ensure that a high standard is maintained.
- Monitor that adequate, suitable protective clothing and equipment is available and used as required.
- Ensure that systems are in place to provide and maintain adequate first aid facilities.
- Monitor that safe working practices based on risk assessment are adopted, especially for postgraduate work (in view of the fact that postgraduate students generally work without direct supervision).
- Act with the delegated authority of the Dean on health and safety matters of urgency.  
participate in audits carried out by the University Health and Safety Service as necessary.





**Appendix 5 Departmental and School Safety Officer Training Matrix**  
**Safety Officer Training Matrix - 2017**

MODULE / COURSE	LENGTH	REFRESH PERIOD	HIGH RISK	MEDIUM RISK	LOW RISK
<b>Module 1</b>					
Safety Officer general H&S awareness; H&S mngt, risk assessment, role of Safety Officer, role of H&S Service, role of H&S Committees, occ. Health, inspections, audits, accident investigations, risk assessments and First Aid	2.5 HRS	Not refreshed	M	M	M
<b>Module 2 - Introduction</b>					
Introduction to modules in section two	2.5 HRS	Not refreshed	M	M	M
<b>Module 3 – Occupational Safety</b>					
Accident and Near Miss Reporting	2 HRS	Not refreshed	M	M	M
Asbestos Awareness	ON LINE	Annually	M	RA	RA
Biological Safety	3 HRS	Every 5 years	RA	RA	RA
Construction Small Works	2.5 HRS	Not refreshed	M	M	M
COSHH Awareness	2 HRS	Every 3 years	M	RA	RA
COSHH Chemical Safety	3 HRS	Every 4 years	M	RA	RA
COSHH Risk Assessment	2 HRS	Every 3 years	M	RA	RA
COSHH Spill Management	1.5 HRS	Not refreshed	M	RA	RA
Fire Safety Awareness	ON LINE	Every 5 years	M	M	M
Laser Safety Awareness	4 HRS	Every 2 years	RA	RA	RA
Management and Risk Assessment of Manual Handling Operations	2.5 HRS	Not refreshed	M	M	RA
PUWER	1 DAY	Not refreshed	RA	RA	RA
Radiation Legislation and Protection	3 HRS	Not refreshed	M	RA	RA
Risk Assessment Awareness	2 HRS	Not refreshed	M	M	M
Workplace Noise General Awareness	1.5 HRS	Not refreshed	M	M	RA
<b>Module 4 – Accredited Courses</b>					
BOC Safe use of Laboratory Gases	ON LINE	Not refreshed	RA	RA	RA
BOC Safe Decanting of Liquid Nitrogen	2.5 HRS	Not refreshed	RA	RA	RA
BOC University Connecting Regulators	2.5HRS	Not refreshed	RA	RA	RA
IOSH Managing Safely	4 DAYS	Every 3 years	M	M	M
In-Service Inspection and Testing of Electrical Equipment (PAT)	2 DAYS	Not refreshed	RA	RA	RA
NEBOSH Certificate	12 DAYS	Not refreshed	RA	RA	RA

**Key**

**M** - Mandatory training

**RA** – Need based on risk assessment by School/Department

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Biological Safety Policy

**Origin:** Julie Turner

**Date:** 24/08/18

1. Decision Required by Committee	Approval of the new biological safety policy
2. Executive Summary	<p>A revised biological safety policy needs approval. This policy has combined 3 previous old policies (biological safety, blood borne viruses and pathogens excluding BBV) into 1 updated policy. This new policy includes all relevant biological safety legislation including Genetically Modified Organisms and Human Tissue Act.</p> <p>This has been through thorough consultation including stakeholders from all relevant Schools and approved by GM/Biosafety committee.</p>
3. Committees/Groups previously considering item.	GM/Biosafety committee (including relevant stakeholders from all Schools involved with Biological work)



## **UNIVERSITY MANAGEMENT POLICY**

### **Loughborough University (incl. London campus) Health and Safety Policy**

#### **Biological Safety Policy**

**Reference No. TBC**

**Version No. 1: Approved by the HSE Committee on**

**Effective from:  
Review required before:**

**Author: Julie Turner**

# LOUGHBOROUGH UNIVERSITY

## Biological Safety Policy

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## 1.1 PURPOSE

It is the policy of Loughborough University to ensure that all work involving the use of biological material is subject to the standards of control necessary to prevent, or where this is not possible to minimise, risks to human health, safety and the environment.

Effective biological safety management requires consideration of the safe, responsible, sustainable and economical use of biological material – from procurement, storage, use, transport and through to disposal. All aspects of biological material use are governed by a comprehensive set of legislation to ensure the risks posed by substances which may be harmful to health or to the environment are suitably controlled.

## 1.2 SCOPE

This policy applies to all work (handling, use, transportation, storage and disposal) involving Genetically Modified Organisms (GMO), microorganisms, cell cultures, parasites, human or animal tissue (including blood, urine and other body products) or plant material which gives rise to a risk of infection, allergy or toxicity or have a detrimental effect on the wider environment.

The policy applies to:

- All staff, students (both postgraduate and undergraduate) and personnel (e.g. contractors and visitors) at workplaces under the control of Loughborough University.
- All ACDP Hazard groups (1-4) biological material classified as hazardous under Control of Substances Hazardous to health (COSHH) Regulations 2002
- All materials that may contain biological materials (including blood, bodily fluids)
- All genetically modified organisms as classified under the Genetically Modified Organisms (Contained Use) Regulations 2014
- Animal pathogens covered under Specified Animal Pathogen Order 2008
- Controlled or prohibited plants, plant products or plant seeds under section 1-6 of the Plant Health Order 2015
- Biological Material that are covered under Schedule 5 of the Anti-Terrorism, Crime and Security Act 2001
- All work carried out with Waste Water

Please note there are additional policies/procedures for biological material that falls under the Human Tissue Act and Ethics Approval. Please see the University HTA Licence Compliance Quality Manual and University Ethics guidelines for further information

[HTA Licence Compliance Quality Manual](#)

## **2. KEY LEGISLATIVE REQUIREMENTS**

### **2.1 Control of Substances Hazardous to Health Regulations (COSHH) 2002**

### **2.2 Genetically Modified Organisms (Contained Use) Regulations 2014**

### **2.2 Other Key Legislation**

- Specified Animal Pathogen Order 2008
- Plant Health Order 2015
- Anti-Terrorism, Crime and Security Act 2001
- Animal By-Products (Enforcement) (England) Regulations 2013
- The Controlled Waste (England and Wales) Regulations 2012
- The Hazardous Waste (England and Wales) Regulations 2005
- Pollution Prevention and Control Act 1999
- Environmental Protection Act (EPA) 1990 Part II (Waste on Land)
- The Hazardous Waste (Miscellaneous Amendments) Regulations 2015

## **3. DUTY HOLDERS**

### **3.1 Deans of Schools/Heads of Professional Services**

Deans of Schools/Heads of Professional Services shall:

- Ensure that systems are in place to control the purchasing or acquisition of any biological material.
- Ensure that systems are in place to comply with this policy.
- Ensure that adequate resources are made available to implement this policy.  
In particular:
  - Allocate sufficient resources to install and maintain effective control measures in accordance with statutory requirements
  - Provide training for staff to comply with this policy
- Seek confirmation from School/Service staff that arrangements are still effective
- Appoint responsible person to manage biological safety if warranted within the School (Responsible Person) or School Safety Officers
- Ensure training and competencies for all relevant staff and student
- Ensure safe disposal of all biological material

### **3.2 School/Department Safety Officers or Responsible Person (RP)**

SSO's/DSO's/RP shall monitor the effectiveness of any control measures and make recommendations to the Dean of School/Head of Service as necessary. In particular:

- Monitor that all biological material is introduced into the School/Service in accordance with local procedures and that an inventory of biological material is kept
- Assist in training of all staff, students and visitors

- Audit risk assessments documentation to verify that suitable and sufficient assessment are in place and up to date and that the biological material is in the correct hazard group/GM class.
- Ensure that all work involving biological material at a classification of hazard group 2 (including unscreened blood) is sent to the University Biological Safety Officer for final approval before work commences.
- Ensure all work involving genetically modified organisms or novel work with biological material in classes 1 and 2 is subject to peer review by members of the GM/Biological Safety Committee before work commences.
- Ensure no work is carried out using hazard group 3-4 biological material or GMO2 or above.
- Hazard signs are maintained, and security arrangements are implemented to prevent unauthorised access.
- All biological material is autoclaved or treated by another validated waste treatment method immediately prior to its disposal.
- Suitable personal protective equipment (PPE) is provided where appropriate and is maintained to a good order. Reusable items are regularly examined for faults, damage, wear and tear.
- Ensure that LEV (for example microbiological safety cabinets) equipment is used appropriately, that members of staff are trained in their safe use and that problems with LEV performance are promptly reported to the Facility Services. LEV found to be operating below the standard appropriate for the type of use it is being put to, are to be taken out of use pending repair.
- Verify that plant, equipment and engineering controls are maintained in accordance with the agreed schedule
- Ensure safe disposal of all biological material
- Ensure equipment, work areas are decontaminated, and appropriate clearance permits are completed prior to decommissioning and transferring to alternative locations (see University Biological Safety Officer for advice)
- Emergency procedures are set out to deal with exposures to biological material within their School's including puncture wounds, spillages or airborne release.
- Liaise with occupational health service to arrange health surveillance as required.
- Report accidents of near misses involving exposure to biological material to the UH&SS and the University Biological Safety Officer

### **3.3 Line Managers/Academic Supervisors**

Staff who are responsible for managing the activities carried out by students, staff or volunteers are considered as laboratory or academic supervisors. As such they have a duty to ensure the health and safety of the students/staff they supervise and have responsibilities where their students/staff handle biological material.

Line managers are responsible for the health and safety of the staff/students they manage and others who may be affected by their work.

Line Managers/Academic Supervisors will ensure:

- The risks posed by the use and handling of biological materials are assessed before starting and action is taken to prevent or control exposure so far as reasonably practicable
- If the work involves Human Tissue, to stop prior to work commencing and seek further guidance from the HTA team within the School or University Designate Individual. <http://www.lboro.ac.uk/committees/human-tissue-authority-licence/>
- Personnel they manage/supervise are competent to work with the material and have been provided with sufficient information and training on the risk posed by the biological material they use and the control measures in place
- Equipment is used correctly and maintained in an efficient state and good working order.
- Risk assessments are reviewed and updated regularly (every 2-3 years), when significant changes occur or following an incident.
- Ensure using the hierarchy of control to facilitate the risk assessment process.
- Ensure equipment and work areas they are responsible for are decontaminated are use or when being removed from laboratories.
- Ensure that on completion of a project or when staff/students they manage leave the School/Service all biological material they are responsible for are either disposed of appropriately using University Clinical Waste procedures or responsibility is transferred to another responsible person. Transfer must be Information must be given to DSO/SSO

### **3.4 University Biological Safety Officer/Health & Safety Service**

The University Biological Safety Officer (UBSO) shall:

- Produce, and as often as necessary, review the Biological Safety Policy and associated guidance documents
- Monitor compliance with this policy
- On request provide information and guidance to staff/students on working with biological material or potential biological material
- Review and authorise all Hazard group 2 biological risk assessments
- Approve containment level of laboratory
- Support Deans/Heads of Professional Services in their duty to provide sufficient training to comply with this policy.
- Attend University GM/Biological Safety Committee and escalated reports to the University Health, Safety and Environment Committee as necessary

### **3.5 GM/Biological Safety Committee**

The GM/Biological Safety Committee shall:

- Review information and ensure that adequate discussion takes place to ensure appropriate control measures and containment is in place
- Review policy, guidance documents and protocols to ensure compliance to all relevant Biological/GM legislation
- Peer review risk assessments and aid in the classification of genetic modification work
- Review Audits undertaken across the relevant areas within Schools.

- Ensure systems and procedures align accordingly with the Human Tissue Act and association HTA committee
- Report to the Health, Safety & Environment Committee
- See Appendix 4 for membership and terms of reference

### 3.6 Environmental Manager

Arrange for disposal of clinical waste through a central facility. For further information see the Sustainability website and the Hazardous/Clinical Waste Disposal Procedure or call the University Environmental Manager on 228083. <http://www.lboro.ac.uk/services/sustainability/waste/recycling-guidance/>

### 3.7 Occupational Health Service

The Occupational Health Advisor shall:

- Advise on the need for vaccination prior to work commencing. Currently all laboratory staff who work with human biological material or hepatitis B virus are advised to be vaccinated against hepatitis B.
- Advise given to staff intentionally or non-intentionally (Waste Water workers) working with human pathogens for example tetanus (found in soil)
- Maintain a record of immunisation
- Advise on appropriate prophylactic treatment where personnel have been exposed to a hazardous micro-organism
- Advise given on needlestick injuries
- Advise where additional measures may be required to protect the health of individuals working with biological materials

### 3.8 Facilities Services/Campus services

**Campus Services shall:**

- Plan for disposal of clinical, non-sharps waste arising from student's residents in halls
- Ensure students are reminded of their personal responsibility to dispose safely used sharps, in liaison with their own GP and the local authority
- Make staff have received suitable training e.g. in relation to what actions to take in the event of needlestick injury, or on finding used sharps.
- Ensure staff maintain grounds and gardens are given advice and guidance where applicable on biological safety specially pathogens found with soil.

**Facilities Services** must ensure that the following staff are trained and provided with suitable advice on biological safety and waste water work:

- Staff maintaining grounds and gardens
- Staff who may be exposed to human waste during their duties
- Staff who may enter drains during their duties

### 3.9 Employees, students and visitors

Employees and students shall:

- Attend training as requested by the SSO/DSO
- Ask for approval prior to purchasing biological material.
- Carry out prior biological and GM risk assessments and update this as required.
- Co-operate with the University to implement any control measures identified in the COSHH/GMO (Contained Use) risk assessments
- Report any defects or deficiencies in these measures (e.g. problems with PPE, or concerns regarding the effectiveness of LEV's)
- Dispose of biological materials in accordance with School arrangements

## 4 GENERAL REQUIREMENTS AND GUIDANCE

### 4.1 Purchase and acquisition

The following requirements relate to both the purchase and acquisition of all biological material.

Biological material may only be procured and delivered through the University system by current members of staff and post graduate research students for use in legitimate university activities. Each School/Service must have a procedure in place to manage the authorisation, purchase, acquisition, recording and receipt of this material in line with the relevant legislation. **Currently only biological material hazard groups 1 and 2 can be purchased and GM class 1.**

Staff purchasing/acquiring biological material that require licences or registration must liaise with their SSO/DSO and the University Biological Safety Officer to ensure the university has the correct licence and the appropriate authorities are notified. If ordering on a gresso use code P\_LYG for biological material and P\_LYH for genetically modified material.

Prior to acquiring new cell lines or biological material, line managers/academic supervisors must ensure that a suitable biological (and if appropriate) GMO risk assessment is completed according to the requirements outline under the specific regulations.

When acquiring previously held substances, line manager/academic supervisors must ensure an up to date risk assessment exists to cover the task for which the material is to be used for.

With biological material it is important to understand the provenance of the material. Therefore, when acquiring from other organisations it is important to get as much detail on the material (origin, what has been done to it, sequence, virulence information, screening etc).

All biological material procured or gifted into the university must be accompanied by a Material Transfer Agreement (MTA).

**Please note any biological material that falls under the Human Tissue Act must go through the correct governance process. If the biological material is HTA**

**relevant or if you believe it maybe, please contact either your School's Persons Designated (PD) or the University Designated Individual (DI) for HTA.**

## **4.2 Inventory, Labelling and Storage**

It is a requirement to know where all your biological material is stored and therefore some type of inventory is required. This listing should be electronic, backed up and secure.

Storage vessels (freezers, fridges or cryotanks) should be labelled with biohazard labels and secured where possible.

Inventories of regulated biological material such as HTA relevant or GMO's must be formally audited by the School/Service at least annually to ensure traceability. Audits must be documented, and the results kept for 3 years.

## **4.3 Risk assessments**

All work involved with biological material needs to be risk assessed. This is to ensure safety for the employees/students and the environment but also compliance with all the regulations. The risk assessments will allow the user to understand the hazard group, GM class, whether it is HTA relevant and what containment level it must be.

The risk assessment must consider:

- Hazard group of biological material
- Provenance, cell species, tissue and cell line type
- Route of infection
- Risk factors (Enhanced virulence, low multiplication of infection)
- Infective dose (Dose of biological agent required to cause initial infection in host)
- Containment level
- Controls required
- Possible incidental exposures
- Blood borne viruses/Allergens
- Occupational health and health surveillance requirements
- Emergency arrangements

For risk assessment approval process see Appendix 1 and 2.

## **4.4 Transport and transfer of biological materials to other organisations**

All biological material transferred between laboratories within Loughborough University should only be carried where absolutely necessary. It is important to avoid the need to carry them through communal areas or circulation routes. Where this cannot be avoided transport must be such as to avoid or reduce the risk of spillage.

All material must be transported within secondary containment, with adequate absorbent material and the associated risk assessment must include contingency plans for if the materials spills on route. Please refer to local School procedures or Biological Safety general guidance document for further information.

If you wish to transport biological material outside the university then you must consult your School's SSO/Biological Responsible Person for advice. Transport of biological material is covered by the Carriage of Dangerous Goods and use of Transportable Pressure Equipment Regulations 2009. Speak to the UH&SS for more information.

Staff or students wishing to transfer biological material to another organisation must arrange a formal Materials Transfer Agreement (contact Research Office for further details). **Please note if the biological material is HTA relevant you must contact the Designate Individual before proceeding.**

#### **4.5 Disposal and Decontamination**

It is important for Schools/Services to consider the waste disposal route before purchasing or using biological material for the first time. A suitable waste disposal route must be identified. All biological material must be disposed of in a way to ensure complete deactivation. For GMO's the disposal method must be validated.

Biological/GM risk assessments must provide information relating to appropriate decontamination procedures.

All equipment which has been used in conjunction with biological material must be decontaminated and assessed for any residual risk posed before it is released for maintenance, repair or disposal. Please speak to the University Biological Safety Officer for clearance certificates.

Extractions clearance certificates must be approved and issued by UH&SS.

See guidance document on Waste Disposal, Disinfection and Decontamination of biological material for more guidance.

#### **4.6 Emergency Arrangements**

In the event of a serious incident, arrangements must be in place to make hazard information readily available to individuals (including security and external emergency services) attending the incident to enable the appropriate action to be taken.

Where there is serious risk to health, immediate steps should be taken to mitigate the effects, provide information to those who may be affected and restore the situation to normal.

Emergency procedures and arrangements should have been identified by the risk assessments; this should consider what to do in the event of fire, first aid and spills/unintended release of a biological material.

See guidance document on Incidental exposure to biological material.

#### **4.7 Training, instruction and supervision**

All staff and students must have suitable instruction and training to enable them to work with biological material safely. Instruction should include:

- Information on the biological material
- Risk to health presented using the biological material
- Relevant workplace exposure limits
- Relevant safety data information
- Biological/GM Risk assessment training
- HTA training (if applicable)
- Precautions to take to prevent or reduce exposure
- Correction operation and use of equipment and control measures
- Correct disposal route
- Emergency procedures and spill response

An appropriate level of supervision should be determined by risk assessment. Everyone working with the biological material should be able to demonstrate they are competent to use them safely.

Training needs must be reviewed on a regular basis or when there are significant changes to the work.

### **5. SPECIFIC REQUIREMENTS**

#### **5.1 Control of Substances Hazardous to Health Regulations (COSHH) 2002**

COSHH determines biological material as the following:

- Biological agent with an approved classification (i.e. known bacteria/viruses)
- Cell cultures
- Parasites that live within their host
- Bodily fluids including blood or urine

#### **Hazard Groups and Containment**

Biological agents can be classified into 4 groups based on the hazard to human health. See ACDP Approved List of Biological Agents for classification.

Hazard Group 1	Unlikely to cause disease
Hazard Group 2	May cause disease, low hazard, spread unlikely, and Prophylaxis/treatment available
Hazard Group 3	Severe disease possible, hazardous, spread possible, Prophylaxis/treatment available
Hazard Group 4	Causes severe disease, serious hazard and high risk of spread, prophylaxis/treatment not normally available.

The required degree of containments for biological material varies depending on the hazard group to which the biological material belongs. The 4 hazard groups require

increasing levels of containments, designated as containment levels (CL) 1-4 (Schedule 3 COSHH). Containment level 2 and above must be signed off by UH&SS.

Biological material that has not been assigned a hazard group must be risk assessed accordingly. However, the following must always be treated as hazard group 2 or above:

- Human tissue/bodily fluids
- Unscreened cell lines
- Genetically modified cell lines
- Primary cells
- Untreated soil

**Please note laboratory workers cannot work on their own bodily fluids.**

COSHH risk assessments must be reviewed regularly, following any significant change, incident or where the results of any relevant exposure monitoring indicate that existing control measures are not effective.

Suitable measures must be implemented to prevent exposure to substances hazardous to health or where this is not reasonably practicable, ensure exposure is adequately controlled.

Schools/Services must ensure any engineered control measures (e.g. MSC's) are in efficient state, good repair and are within any applicable examination and testing period before use. PPE issued to staff/students must be suitable for the purpose intended, fits correctly, is stored properly and is regularly checked.

### **Notifications for COSHH**

COSHH requires the University to notify the HSE for the following:

- First use of biological agents in Hazard Groups 2, 3 or 4.
- Subsequent use of any of the agents listed in Part V of Schedule 3 to COSHH.

## **5.2 Genetically Modified Organisms (Contained Use) Regulations 2014**

The Genetically Modified Organisms (Contained Use) Regulations 2014 regulates the safe use of genetically modified organisms (GMOs) in containment. The regulations cover both the human health and environmental risks from work involving GMOs which includes modified cell cultures. For larger GMOs (animals/plants) these regulations only cover the risks to human health with the environmental risks being covered by provisions in the Environment Protection Act (EPA) and its subordinate regulations.

No-one may commence any activity involving GMOs (including but not limited to, their use; culture; storage; transport; destruction; or disposal) or introduce GMOs into the environment without first consulting with the University Biological Safety Officer, undertaking a risk assessment of the activity that has been peer reviewed by the GM/Biosafety committee.

**Loughborough university only has a licence for class 1 GM work.** Therefore, all GM risk assessment must be approved through the GM/Biosafety Committee to ensure the work falls into this classification.

All class 1 GM work must be carried out in a containment level 2 laboratory.

## 6 FURTHER REGULATIONS

### 6.1 Specified Animal Pathogen Order 2008

Some biological material although only classified with an ACDP hazard group 1 may be pathogenic (harmful) to animals. It is therefore necessary to ensure the biological material you require is not classified as a Specified Animal Pathogen.

Specified Animal Pathogens in groups 2-4 will required approval from the University biological safety officer and a DEFRA licence.

SAPO Group	Classification Criteria	Containment level
1	Disease-producing organisms which are enzootic (native in animal in EU) and do not produce notifiable disease	1
2	Disease-producing organisms which are either exotic (outside EU) or produce notifiable disease, but have a low risk of spread from the laboratory	2
3	Disease-producing organisms which are either exotic or produce notifiable disease and have a moderate risk of spread from the laboratory	3
4	Disease-producing organisms which are either exotic or produce notifiable disease and have a high risk of spread from the laboratory	4

### 6.2 Plant Health Order 2015

Plant Health Order is concerned with controlled or prohibited plants, plant products or plant pest (Schedule 1-6).

To order, receive or work with any items covered under the Plant Health Order a Plant Health Licence will be required

Procedures must be in place to identify activities which involve the use of category 1 or 2 precursor chemicals as outlined in EC regulation number 273/2004 and obtain a relevant licence for category 1 precursors, application to the Home Office prior to work with those substances commencing. Therefore before work can begin with these chemicals the chemical safety officer must authorised to ensure the University has the correct licence.

### 6.3 Anti-Terrorism, Crime and Security Act 2001

Under Schedule 5 of the Anti-Terrorism, Crime and Security Act (ATCSA) 2001 list biological material that is restricted further. Any work with biological material list under Schedule 5 Part 7 (Pathogens and toxins) requires notification to the Home Office (carried out by University Biological Safety Officer) and visits from a Counter Terrorism Security Advisor (CTSA).

Schedule 5 includes micro-organisms, nucleic acid sequences associated with pathogenicity/or GMOs and toxins.

<https://www.gov.uk/guidance/secure-hazardous-materials-to-help-prevent-terrorism>

## **7. TECHNICAL REFERENCES AND FURTHER READING**

### **UH&SS guidance documents**

<http://www.lboro.ac.uk/services/health-safety/policies/guidance/>

Biological Safety General guidance

Waste Disposal, Disinfection and Decontamination of biological material

Incidental exposure to biological material

Blood Borne Viruses guidance

Needlestick injuries

COSHH guidance

Procurement of Hazardous Material

HTA

[HTA Licence Compliance Quality Manual](#)

### **Sustainability – Waste (Resource) Management**

<http://www.lboro.ac.uk/services/sustainability/policy/waste/>

Hazardous waste disposal procedures

Emergency spill response

### **Legislation**

Control of Substances Hazardous to Health 2002

Genetically Modified Organisms (Contained Use) Regulations 2014

Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009

Specified Animal Pathogens Order 2008

Plant Health Order 2015

Anti-Terrorism, Crime and Security Act 2001

Animal By-Products (Enforcement) (England) Regulations 2013

The Controlled Waste (England and Wales) Regulations 2012

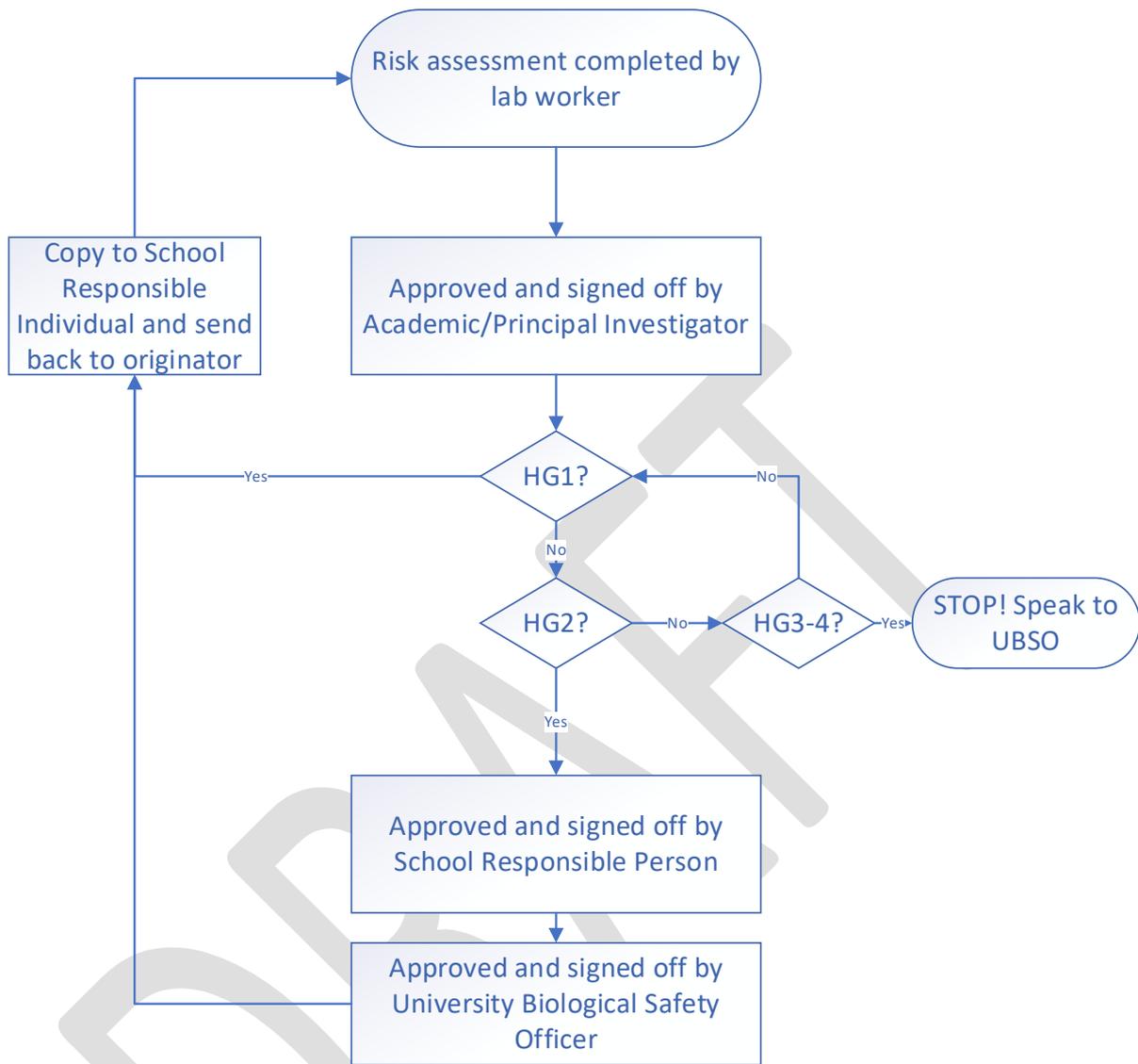
The Hazardous Waste (England and Wales) Regulations 2005

Pollution Prevention and Control Act 1999

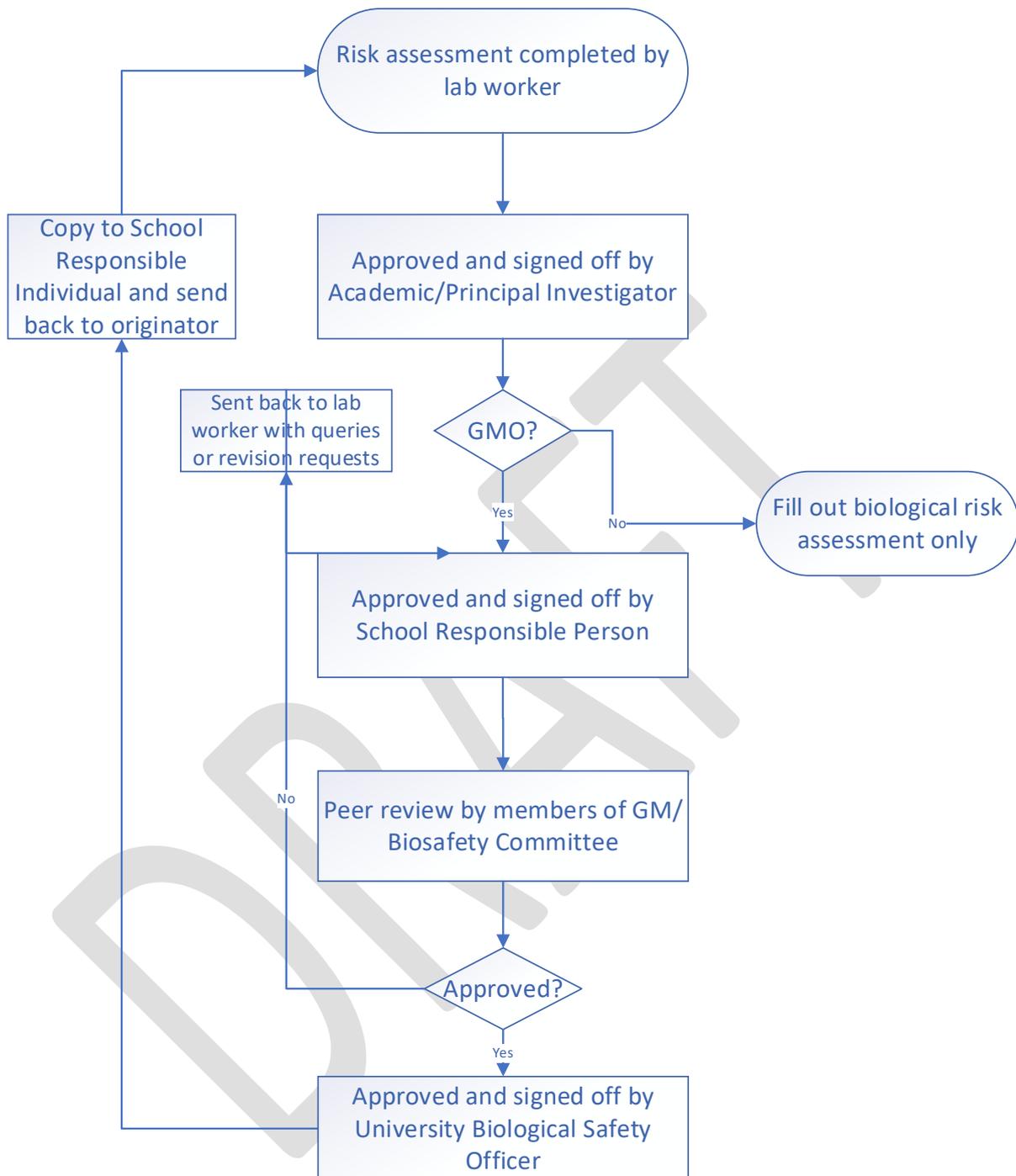
Environmental Protection Act (EPA) 1990 Part II (Waste on Land)

The Hazardous Waste (Miscellaneous Amendments) Regulations 2015

Appendix 1 Biological Risk Assessment Sign off flowchart



Appendix 2 GM Risk Assessment Sign off flowchart



## Appendix 3 Terms of Reference and Membership to GM/Biosafety Committee

### **Committee Membership**

The GM/Biological Safety committee met for the first time on 21<sup>st</sup> March 2016. It was recognised that although the committee will meet twice a year on general principle, the committee may need to meet more regularly at first to align all the compliance involved with Biological, Genetic Modification and Human Tissue Act legislation into a consistent university wide system.

Member of the GM/Biological Safety Committee consists of:

Chair:

University Biological Safety Officer:  
Designated Individual of HTA licence  
Health, Safety & Risk Manager  
Environmental Manager

### **School Representation:**

Wolfson School x 3  
SSEHS x 3  
Civil & Building x1  
School of Science x2

### **Terms of Reference**

Review information and ensure that adequate discussion takes place to ensure appropriate control measures and containment is in place  
Review policy, guidance documents and protocols to ensure compliance to all relevant Biological/GM legislation  
Peer review risk assessments and aid in the classification of genetic modification work  
Review Audits undertaken across the relevant areas within Schools.  
Ensure systems and procedures align accordingly with the Human Tissue Act and association HTA committee  
Report to the Health, Safety & Environment Committee

## Appendix 4 Key

ACDP	Advisory Committee on Dangerous Pathogens
CL(1-4)	Containment Level
DI	Designated Individual
GMO	Genetically Modified Organisms
HG(1-4)	Hazard Group
HTA	Human Tissue Act
LEV	Local Exhaust Ventilation
MSC	Microbiological Safety Cabinet
MTA	Material Transfer Agreement
PD	Person Designate
RP	Responsible Person
SSO	School Safety Officer
UBSO	University Biological Safety Officer
UH&SS	University Health & Safety Service

DRAFT

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Asbestos Policy Update

**Origin:** Paul Walker

**Date:** 07/09/18

1. Decision Required by Committee	To note the information contained within the report to allow the old policy to be replaced
2. Executive Summary	<p>The Original Policy was written in 2016 and was due for review this year which has now been carried out.</p> <p>The areas that have changed are around departmental titles which have changed the original policy, Update of the training requirements, changes around the new Asbestos Register which came on line in early 2017.</p> <p>The emergency plan has also been updated to reflect changes in procedure.</p> <p>The changes have been minor in the context of the policy and mainly consist of housekeeping changes.</p> <p>The policy has been consulted on by Facilities Services (David Howell) &amp; Facilities Development (Shaun Green) these two departments are the departments that deal with all asbestos onsite.</p> <p>The Asbestos Policy will now go on a 3-year review process as the process at Loughborough has now become established and Guidance with this subject area is also static.</p>
3. Committees/Groups previously considering item.	No other Committees have considered the changes.

**UNIVERSITY MANAGEMENT POLICY****Policy for the Management of Asbestos *DRAFT FOR APPROVAL*****Reference No. SAF16-P35****Version No. 5****Effective from                      August 2018**  
**Review required before        August 2021****Author     Paul Walker – University Compliance Engineer**

<b>APPROVED</b>	<b>SIGNED</b>	<b>DATE</b>
Loughborough University Health and Safety Committee		

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## **1.0 Policy Statement**

It is the goal of Loughborough University to operate a safe environment for all users of the campus. This includes ensuring that we manage asbestos in a responsible way to encourage best practice and all Departments and Schools to work as one team through the use of a single asbestos policy.

The University shall, through cooperation, aim to remove all asbestos where possible, focusing on high risk or deteriorating asbestos. Asbestos shall be encapsulated where it is known but not of immediate risk and circumstances make it impractical to remove.

The University will have a complete and fully updated Electronic Asbestos Register to ensure that we can provide up to date information regarding the location of asbestos within our buildings for the protection of all persons working in or visiting the campus.

### **Scope**

This policy applies to exposure to asbestos arising from all workplace activities. All duties under the Control of Asbestos Regulations apply to the protection of employees, students and visitors to Loughborough University.

**Note:** As the Loughborough University London campus buildings were constructed post 2000, no asbestos is contained in any part of the building fabric.

## **2.0 What is Asbestos?**

Asbestos is a naturally occurring mineral that has been used widely in construction in buildings around the world. It is split into three types: –

Blue – Crocidolite: which includes Anthophyllite, Actinolite, Tremolite and Crocidolite. These were banned for construction purposes in the United Kingdom 1985.

Brown – Grunerite: This was banned for construction purposes outright in the United Kingdom in 1985

White – Chrysotile: This was banned for construction purposes by the United Kingdom in 1999.

It was used in a wide range of areas throughout the construction of buildings over the years until health concerns started to be discovered.

### **3.0 Where could I find Asbestos?**

Asbestos is found in many unexpected places so it is vital to check the register prior to any works to understand if any asbestos containing materials (ACM) are present. Some examples of where asbestos can be found are listed in Appendix 9.

### **NEVER ASSUME! ALWAYS CHECK THE ASBESTOS REGISTER! DETERMINE THE LOCATION OF ASBESTOS!**

A link to the register is provided below:

<http://web.lucion.co.uk/>

### **4.0 Health issues related to Asbestos**

Asbestos does have the potential to cause harm if damaged or disturbed and there is the potential for a release of fibres. The three main diseases are:-

- a) Asbestosis
- b) Lung Cancer
- c) Mesothelioma

The diseases can take many years to develop and are often fatal.

### **5.0 Types of Works**

#### **Licensed, Notifiable Non-Licensed Work and Non-Licensed Works**

The three main areas in regard to working with asbestos are listed below.

- a) Licensed works which include but not limited to removal of pipe lagging, long term work to asbestos insulation board (AIB), loose insulation removal and removal of sprayed coatings.

**Work in this category can only be carried out by an HSE licensed and approved contractor and needs to be notified 14 days in advance to the relevant regulatory authority.**

- b) Notifiable non-licensed work (NNLW) which consists of but not limited to large scale removal of textured coating, minor short duration works, gasket removal, and removal of roof sheets and rainwater products (**CAR2012 regulation 3**).

- c) Non-licensed works such as asbestos containing toilet cistern removal, work to floor tiles and other areas where the material is bound together in a tight matrix (**CAR2012 regulation 2**).

## **What kind of work with ACM can the University Facilities Services (FS) team carry out?**

There are some works the Facilities Services team can carry out subject to having the correct level of competence and equipment to carry this out.

The works are:-

- Notifiable non-licensed work such as gasket removals, removal of textured coatings and short duration works.
- Non-licensed works which may include removing damaged floor tiles removal of asbestos cement products where required.

The Facilities Services team cannot carry out any **licensed works** without exception; this can only be carried out by specialist licensed contractors.

**No School or Professional Services other than Facilities Services are permitted to undertake any asbestos works!**

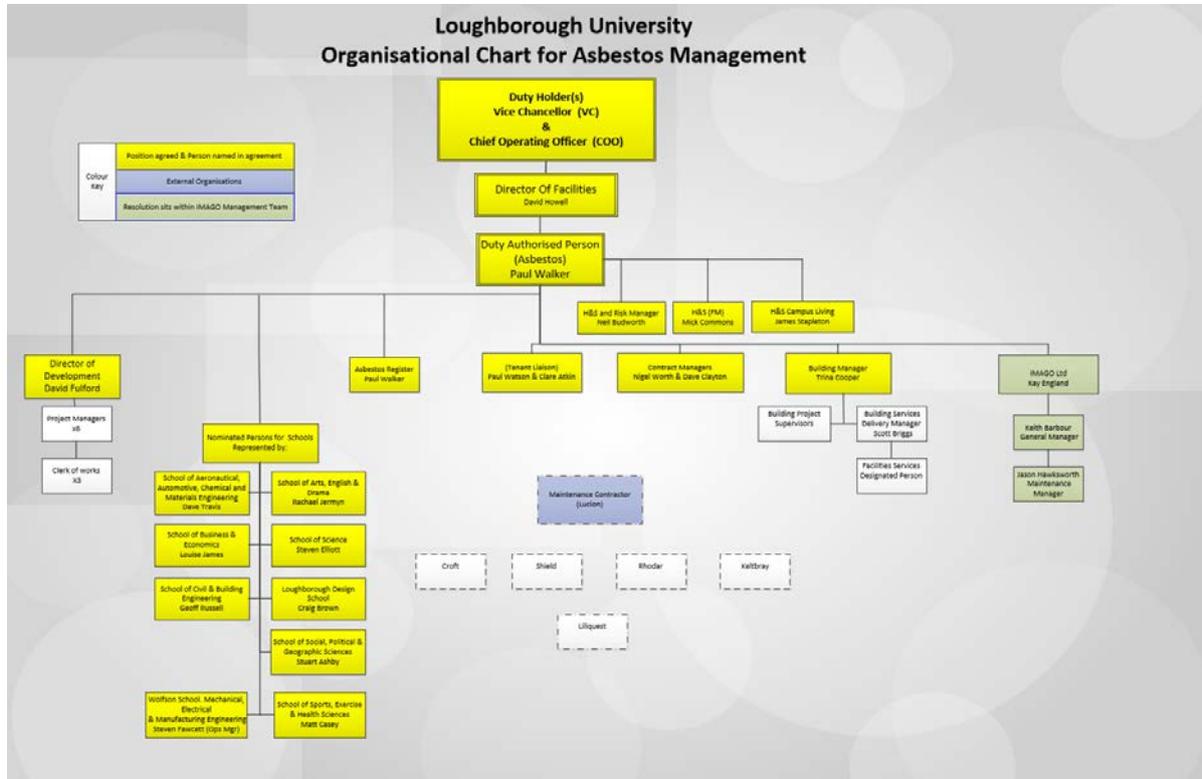
Competence requirements to carry out the works are listed in CAR2012 regulation 10.

Requirements in regard to training are located in Appendix 6.

**NEVER CARRY OUT WORKS THAT YOU HAVE NOT BEEN TRAINED TO DO!**

## 6.0 Roles and Responsibility

### 6.1 Chart showing Corporate Governance in regard to asbestos at Loughborough University



### Governance structure for management of H&S within Loughborough University - Definitions of Nominated Staff

#### Duty Holder: COO (senior person responsible)

The Chief Operating Officer (COO) is the Statutory Duty Holder and, as the senior person responsible, has overall accountability for all aspects of the management of health and safety within the University organisation.

#### Designated Person: Director or Dean

A person appointed by Loughborough University who has managerial authority and responsibility for the control of health and safety legislation within their area, they are also responsible for appointing authorised people for compliance subjects within their area.

#### Auditor / Verifier of Authorised Persons

An individual or company with the required knowledge, training and experience with necessary independence from local management to

undertake independent audits within the organisation and propose remedial action if required.

### **Duty Authorised Person:**

A person, either employed by the University or another organisation, with the required knowledge, training and experience, appointed by the Designated Person in writing, to take managerial responsibility for the implementation of policy and procedures for a specific area of health and safety legislation.

There is a single asbestos DAP for the University: -

- a) To ensure day to day compliance in regard to asbestos.
- b) To review as necessary the university management plan.
- c) To assist and offer advice in regard to asbestos across all areas of the University.
- d) To ensure the Asbestos Register is up to date.
- e) To carry out audits of asbestos works as required.

### **Authorised Person:**

A person, either employed by the University or another organisation possessing proficient technical knowledge and having received appropriate training, appointed by the Duty Authorised Person in writing to take responsibility for the Implementation of the policy and procedures as specified of a specific area of H&S legislation.

Professional Services that need to manage ACM shall appoint an Asbestos Authorised Person to ensure ACMs are safely managed.

### **Competent Person:**

The operative / individuals, either employed by the University or another organisation, recognised by the Authorised Person as having the competence to undertake the task and follow the relevant process/procedure. This person undertakes the task at the place of work such as the removal or encapsulation of ACM.

## **6.2 Responsibilities of Schools/Professional Services**

### Compliance

At all times the Schools must comply with the Loughborough University Management of Asbestos Policy. Schools will not be expected to manage any asbestos removal works. The Schools though should understand

regulations that relate to asbestos and ensure that relevant staff have the required level of training to ensure that staff, students and contractors working in their area are working safely. This will mean relevant staff attending an asbestos awareness course and then carrying out an E- learning refreshers to ensure that there is a level of understanding regarding work involving ACM's being carried out in their area, and to understand what to do if asbestos gets damaged.

### **Duties of Deans of Schools/ Directors of Professional Services**

The responsibilities in regard to asbestos that come under the Dean of the School/ Director of Professional Services are summarised below.

- a) To ensure relevant personnel that come into contact with ACM's have an understanding of how to manage ACM's.
- b) To appoint an Authorised person within their area of control who is suitably qualified to oversee asbestos awareness.
- c) To ensure that relevant personnel are aware of the location of ACM's in their area and how to report ACM's in poor condition.
- d) To inform their staff of ACM works in their area and comply with the contractors requirements.

### **Control of Contractors**

Asbestos removal contractors are the responsibility of the FD/FS Project Manager. It is the responsibility of Directors of Professional Services and Deans of Schools to contact the FD/FS Project Manager if they have any concerns over the performance of the asbestos removal contractor working in their area.

### **Training – i.e. Asbestos Awareness**

It is the responsibility of the of the Deans of Schools to ensure that all staff are suitably trained regarding asbestos within their own area to ensure that they have given the relevant information regarding asbestos.

### **Facilities Development (FD) & Facilities Services (FS) Responsibilities Overview**

When planning any work on site the potential presence of asbestos should always be considered and the Asbestos Register consulted.

If no information is available, then the presumption must be that asbestos is present and a pre-refurbishment survey should be undertaken either on a general or targeted basis before work commences.

Additionally, prior to any work commencing that has the potential to disturb asbestos containing materials a full risk assessment and method statement must be produced.

As part of the preparation for the work it is necessary to ensure that FD/FS obtain full information on the level of training of the staff undertaking the work, to ensure that it is sufficient for the work they are being asked to carry out.

As part of the assurance process, a selection of the risk assessments and method statements will be audited.

When work is physically carried out, it is very important there is a detailed description of any material removed, together with a full audit trail through risk identification, method statement and removal through to the waste transfer note. This is so the origin of the waste can be traced. This information shall be provided by the contractor.

The detailed information should be sent through to [p.walker@lboro.ac.uk](mailto:p.walker@lboro.ac.uk) to update the register.

If major works have taken place, then a re-inspection survey should always be carried out.

In all cases, information post-works shall be collated to allow for accurate updating of the Asbestos Register.

Details of all works that are being planned or carried out that have the potential to disturb asbestos should also be sent through to [p.walker@lboro.ac.uk](mailto:p.walker@lboro.ac.uk).

The FD/FS Project Manager has the responsibility to manage the works and to review all documents including Risk Assessments, Method Statements and notifications that must be submitted to the Health and Safety Executive (HSE). The Asbestos DAP has a responsibility to support the FD/FS Project Manager to discharge their duties effectively.

(Details are located in Appendix 11)

### **Schools' Relationship to FD/FS**

Facilities Services/Development organise all works that involve ACM's. The FD/FS Project Manager shall inform the School of all works that are carried out within their area, especially those that involve asbestos or has the potential to disturb asbestos.

## **Contractors' Health and Safety Induction**

Contractors working in Schools should have a site specific induction that is carried out at the FM building and have a contractor pass issued. This ensures that Loughborough University has the assurance that all contractors have been made aware of the working practices with the aim of protecting our students, staff and all users of the campus.

(Construction (Small Works) Policy and Code of Practice in the Loughborough University Health and Safety website and the contractors handbook)

[\\ws6.lboro.ac.uk\FM-COMPLIANCE\Asbestos\Contractor Handbook.pdf](http://ws6.lboro.ac.uk/FM-COMPLIANCE/Asbestos/Contractor%20Handbook.pdf)

### **Summary of responsibilities of Schools: -**

- Appoint an Appointed Person (AP) in regard to asbestos for their area of control.
- Allocate the necessary resources, both in terms of time and financial re-sources to deal with asbestos within their area.
- Provide the necessary information, instruction and training to enable staff to perform their job in a safe manner and avoid disturbing ACM.
- Ensure that any matter brought to their attention in regard to asbestos is given prompt and appropriate attention.
- Encourage and support the attendance of appropriate members of the Department on relevant internal and external health and safety training events in regard to asbestos.
- Liaise with the FD/FS Project Manager to ensure all contractors engaged by the Department are adequately supervised and conduct their work in accordance with current legislation.
- To provide all necessary person protection equipment (PPE) to those who work with asbestos.

## **7.0 Asbestos Register**

### **7.1 How to access**

The Asbestos Register can be accessed through the NexGen portal with a valid log in using any web capable platform such as computer, iPad/tablet or phone.

The register can be accessed via the link below: -

<http://web.lucion.co.uk/>

## 7.2. Who has access?

Anyone who has a NexGen log in can access the register. Contractors shall either be provided with a copy of the relevant building asbestos management report where the fabric of the building is going to be worked or be provided with the instructions below.

Contractors can be provided with access to the register directly. A link is provided (see below) to a NexGen access guide which can be forwarded to the contractor by the Project Manager to gain valid log for the duration of any works.

[\\ws6.lboro.ac.uk\FM-COMPLIANCE\Asbestos\LoughboroughUni-NexgenAccess \(1\).pdf](\\ws6.lboro.ac.uk\FM-COMPLIANCE\Asbestos\LoughboroughUni-NexgenAccess (1).pdf)

## 7.3. Who Manages the Asbestos Register?

The register is controlled and updated by the University Compliance Engineer who is responsible for any additions or alterations that may take place through work carried out on site.

Contact details are given below:-

[p.walker@lboro.ac.uk](mailto:p.walker@lboro.ac.uk)

## 7.4. Where it is stored

The register is a web-based system called NexGen.

<http://web.lucion.co.uk/>

## 7.5. Re-inspections

Re-inspections are regularly carried out by trained Facilities Services staff. Once completed, they are passed to the University Compliance Engineer to update the register.

## **8.0 Emergency Procedures**

### **8.1. Daytime Work Hours**

During work hours of 8am to 5pm, a call should be made to the Loughborough University FM Helpdesk on (01509) 222121 who will notify the relevant people to deal with any asbestos related incident.

### **8.2. Out of Hours**

If asbestos is found or damaged out of hours, then a call should be made to Loughborough University Security on 222141 who have a supply of bags and an emergency procedure to follow.

### **8.3. Emergency Bag**

In the event of an incident there is an emergency bag located within the FM Building in room E1.03 which contains emergency equipment.

The Emergency Procedure to follow is listed below:-

1. Security Control receives a phone call from a member of staff or contractor, explaining that an asbestos incident has occurred and where the incident has taken place. Security control explain that the emergency grab bag is being taken to the location of the incident and that the contaminated person needs to follow the instructions inside.
2. Once in the general location, **the Security Officer shall not enter the contaminated area. They shall not make physical contact with the contaminated person.** The Security Officer shall place the grab bag in a contamination free area. In practical terms, this may mean leaving the grab bag outside the affected area, depending on individual circumstances.
3. The contaminated person collects the grab bag and begins using its contents. The flow chart inside the grab-bag explains what the contaminated person must do. (Appendix 3)
4. The Security Officer then secures the area with barrier tape having removed it from the emergency bag prior to leaving it for the contaminated person to prevent people entering the area. and then reports back to Security Control that this has been completed but remains on site to communicate with the contaminated person using a mobile phone or through security control.
5. Security control notify the University Health & Safety team through the contact details that are on record who will then take charge of the incident.

## 9.0 Version Control

VERSION	DESCRIPTION OF CHANGE	CHANGED BY	DATE
4	Conversion of existing FM Asbestos Annex X to form new University Asbestos Policy	PW	29/04/16
5	General update of new department names, staff changes, training update and emergency procedure update	PW	02/08/18

## **10.0 Appendices**

Appendix 1	Abbreviations
Appendix 2	Contacts
Appendix 3	Reporting of Asbestos Incidents
Appendix 4	Flow of Records Flow Chart
Appendix 5	Asbestos Labelling Policy
Appendix 6	Training
Appendix 7	Equipment
Appendix 8	Legislation
Appendix 9	Where can asbestos be found?
Appendix 10	Asbestos decision flow chart
Appendix 11	Asbestos Procedures
Appendix 12	Record Keeping

## Appendix 1: Abbreviations

**AP** – Authorised Person

**ACM** – Asbestos Containing Material

**AIB** – Asbestos Insulating Board

**AMS** – Asbestos Management System

**CAR** – HSE Control of Asbestos Regulations 2012

**COO** – Chief Operating Officer

**DAP - Duty** Appointed Person

**DCU** – Decontamination Unit

**FS** – Facilities Services

**FD** – Facilities Development

**LU** – Loughborough University

**PM** – Project Manager

**PPE** - Personal Protective Equipment

## Appendix 2: Contacts

### 1. Facilities Services Contacts

NAME	ROLE	DEPARTMENT	CONTACT
David Howell	Director of Facilities Services	Facilities Services	Tel: 01509 228084 Email: <a href="mailto:D.Howell@lboro.ac.uk">D.Howell@lboro.ac.uk</a>
Trina Cooper	Maintenance Projects Engineer	Facilities Services	Tel: 01509 222129 Email: <a href="mailto:C.M.Cooper@lboro.ac.uk">C.M.Cooper@lboro.ac.uk</a>
Scott Briggs	Building Fabric service Delivery Manager	Facilities Services	Tel: 01509 222127 Email <a href="mailto:S.A.Briggs@lboro.ac.uk">S.A.Briggs@lboro.ac.uk</a>
Helpdesk		Facilities Services	Tel: 01509 222121 Email: <a href="mailto:fmhelp@lboro.ac.uk">fmhelp@lboro.ac.uk</a>

### 2. Facilities Development

NAME	ROLE	DEPARTMENT	CONTACT
David Fulford	Director of Facilities Development	Facilities Development	Tel: 01509 01509 223665 Email: <a href="mailto:D.R.Fulford@lboro.ac.uk">D.R.Fulford@lboro.ac.uk</a>
Martin Channell	Development Manager	Facilities Development	Tel: 01509 228071 Email: <a href="mailto:M.V.Channell.lboro.ac.uk">M.V.Channell.lboro.ac.uk</a>
Peter Goldsworthy	Projects Portfolio Manager	Facilities Services	Tel: 01509 635653 Email <a href="mailto:P.Goldsworthy@lboro.ac.uk">P.Goldsworthy@lboro.ac.uk</a>

### 3. Health & Safety Service Contacts

4.

NAME	ROLE	DEPARTMENT	CONTACT
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Neil Budworth	Health, Safety and Risk Manager	LU Health and Safety Service	Tel: 01509 222180 Email: <a href="mailto:n.budworth@lboro.ac.uk">n.budworth@lboro.ac.uk</a>
Hugh Weaver	Deputy Health and Safety Manager	LU Health and Safety Service	Tel: 01509222183 Email: <a href="mailto:H.C.Weaver@lboro.ac.uk">H.C.Weaver@lboro.ac.uk</a>
James Stapleton	Deputy Health, Safety & Risk Manager	LU Health and Safety Service	Tel: 01509 222104 Email <a href="mailto:J.D.Stapleton@lboro.ac.uk">J.D.Stapleton@lboro.ac.uk</a>
Mick Commons	FM H & S Coordinator	LU Health and Safety Service	Tel: 01509 222117 Email <a href="mailto:M.J.Commons@lboro.ac.uk">M.J.Commons@lboro.ac.uk</a>
Paul Walker	Compliance Engineer and Asbestos DAP	LU Health and Safety Service	Tel: 01509 228074 Email: <a href="mailto:P.Walker@lboro.ac.uk">P.Walker@lboro.ac.uk</a>

#### 5. Schools and Selected Professional Services

NAME	ROLE	DEPARTMENT	CONTACT
Simon Fawcett	Operations Manager	MEME	Tel: 01509 227025 Email: <a href="mailto:s.fawcett.lboro.ac.uk">s.fawcett.lboro.ac.uk</a>
Norma King	Operations Manager	Science	Tel: 01509 222483 Email <a href="mailto:c.n.king@lboro.ac.uk">c.n.king@lboro.ac.uk</a>
Tom Carslake	Operations Manager	AACME	Tel: 01509227206 Email: <a href="mailto:T.B.Carslake@lboro.ac.uk">T.B.Carslake@lboro.ac.uk</a>
Adam Crawford	Operations Manager	Civil & Building	Tel: 01509 222639 Email: <a href="mailto:A.R.Crawford@lboro.ac.uk">A.R.Crawford@lboro.ac.uk</a>
Steve Warren	Operations Manager	Arts English & Drama	Tel: 01509 228992 Email <a href="mailto:S.R.Warren@lboro.ac.uk">S.R.Warren@lboro.ac.uk</a>
Anne Finocchio	Operations Manager	Business & Economics	Tel: 01509 223133 Email <a href="mailto:A.Finocchio@lboro.ac.uk">A.Finocchio@lboro.ac.uk</a>
Ruth Casey	Operations Manager	SSHES	Tel: 01509 226359 Email: <a href="mailto:R.M.Casey@lboro.ac.uk">R.M.Casey@lboro.ac.uk</a>
Judy Billington	Operations Manager	Design School	Tel: 01509 226094 Email: <a href="mailto:J.A.Billington@lboro.ac.uk">J.A.Billington@lboro.ac.uk</a>
Suzanne Dexter	Operations Manager	School of Social Sciences	Tel: 01509 228355 Email: <a href="mailto:S.Dexter@lboro.ac.uk">S.Dexter@lboro.ac.uk</a>

#### 4. Loughborough University Approved Asbestos Consultant

Lucion Environmental  
Unit 5  
Cosford Business Park  
Central Park  
Lutterworth  
LE17 4QU

William Vennard  
Regional Manager  
Tel 01455 248602  
Tel: 07899 792588  
Email: [william.vennard@lucionservices.com](mailto:william.vennard@lucionservices.com)

Russell O'Reagan  
Operations Manager  
Tel 01455 248602  
Tel: 07850 650882  
Email: [russell.oreagan@lucionservices.com](mailto:russell.oreagan@lucionservices.com)

## Appendix 3: Reporting of Asbestos Incidents

### 1. Reporting of incident

If after following all laid down procedures there is an incident that involves asbestos, this should be reported immediately to the person supervising the works. The area should be cleared and secured to ensure there is no spread of contamination to other areas. For out of hours issues please see the emergency procedures section. If an incident requires the HSE to be contacted, this is responsibility of the Loughborough University Health and Safety department.

### 2. Potential contaminated areas.

All buildings where asbestos is present are subject to regular inspections by suitably qualified persons. This will be to monitor the condition of the asbestos based material. If damage is found or dust detected the area should be locked off and labelled and local works teams are notified through a laid down reporting protocol to ensure access is restricted to that area.

A programme should then be put in place by the Facilities Services team to have the area either cleaned and the asbestos damage repaired or preferably removed by a suitably licensed contractor. Wherever possible, the area should be subject to a full environmental clean and air test before the area is handed back to the Loughborough University.

The area will be deemed free of risk of contamination from asbestos on receipt of the asbestos clearance certificate. A communication needs to be sent out to all relevant people who may have a need of access to that area at that point.

If this area is classed as a critical area, such as emergency lift controls etc., an access plan should be put in place which should list the requirements for access under those emergency circumstances.

Once contamination has been identified there should be an expectation of the works being carried out in the shortest time possible taking into account the needs of ensuring the works are complete.

**If in doubt, ask!**

# Emergency Procedures Flowchart

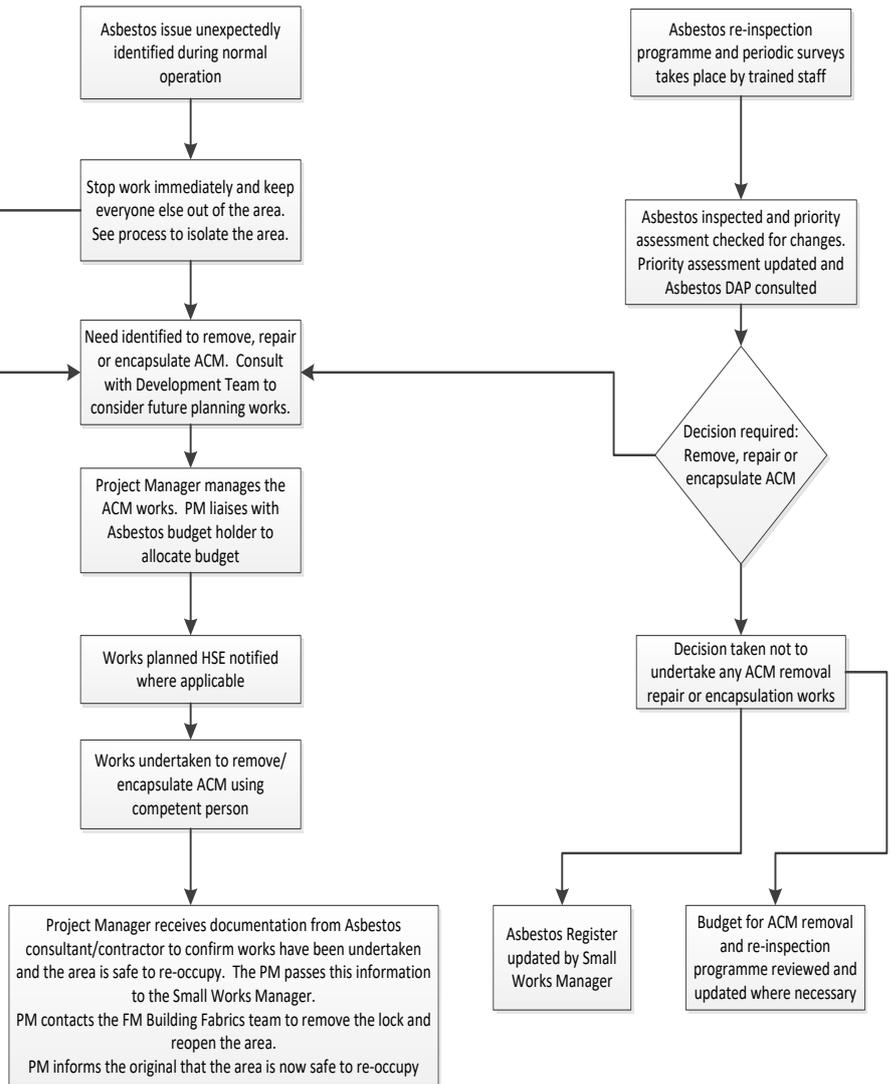
**Annex X Appendix 3 (rev. Mar 2015)**  
 Flowchart explaining the process for monitoring the discovery, removal or remediation of ACM

START at either of these 2 points (unexpected discovery, or re-inspection programme)

**PROCESS FOR ISOLATION OF AREA FOLLOWING DISCOVERY OF ACM – to be actioned as soon as knowledge obtained.**

1. The relevant Project Manager (PM) or area owner is notified that asbestos containing materials (ACM) have been found or are suspected in the area.
2. PM sends a standard email immediately to Building Fabric section using the email Building-section@lboro.ac.uk to arrange for the area to be locked off with a hasp and staple and 'Asbestos Warning' tape (with where necessary a standard warning sign saying 'Keep Out' and the note copied to the following persons; Mechanical, Building and Electrical Service Asset care Managers, Assistant Supervisors, Asset Care Manager, FM H & S Safety Team, Asbestos DAP, Asbestos Deputy DAP, plus any necessary relevant school contact with a brief explanation of the extent of the issue.
3. The FM Building fabric team installs a lock to the area with warning signs
4. Confirmation to be sent back to the PM by building section that the locking has been completed. This prevents access to the room for all persons – the room to remain to all persons
5. The PM to call the Asbestos Consultants to undertake analysis tests on the suspected ACM.

The isolated area is to remain locked off until the PM confirms remedial works are completed and a reassurance air test passed.



## **Appendix 4: Flow of records**

It is important that we keep all records up to date and allow the free flow of information to ensure all documents are constantly reviewed and updated.

For updating the Asbestos Register please send all information to [p.walker@lboro.ac.uk](mailto:p.walker@lboro.ac.uk)

## **Appendix 5: Asbestos Labelling Policy Across the Loughborough University Campus**

To prevent unnecessary concern regarding ACMs, minimal risk asbestos in public areas will not be labelled. High risk items such as asbestos boarding will have an asbestos sticker applied. Non-public areas such as plantrooms, will apply asbestos labels to all known asbestos without exception. It is the responsibility of the Loughborough University representative to ensure all who come in contact with a building which is known to contain asbestos of the labelling policy that is in place.

Where works have been carried out where previous stickers etc. have been disturbed or removed it remains the responsibility of the person who is supervising the works to ensure that all the appropriate warning labels are in place. No work should be signed off unless this has been carried out.

Where asbestos has been removed or a new building has been built there should be No Asbestos labelling applied to remove all doubt when follow up works are carried out, this should be in plant room areas or where there could be a suspicion of asbestos type materials being used across the site. The Information will be recorded also on the main University Asbestos Register, so a building can be designated asbestos free.

This will work in tandem with the gasket labelling policy where a label is put on when gaskets have been changed to confirm the absence of any asbestos material within that area. This should be uniform across site and only where there has been a written guarantee that no asbestos is present.

All projects that are carried out at Loughborough University should have this written in their plan of works that are sent out to contractor at the tender stage that No Asbestos signage will be required on all asbestos free installations to ensure that this forms the backbone of our asbestos management moving forward some examples are shown below.

<http://www.thesafetysupplycompany.co.uk/p/1038137/asbestos-tape---adhesive---asbestos-free---50mm-x-33m---as-wa234.html>

<http://www.thesafetysupplycompany.co.uk/p/8968378/25-x-50-asbestos-free->

[material---500-labels-on-a-roll---sm-3211.html](#)



Example of a 'No asbestos present' sticker.



Example of an "Asbestos Present Sticker

## Appendix 6: Training

### 1. Who should receive training?

Training should be carried out at regular frequencies as directed by the University H&S Service and as regulations change. As a guide Asbestos Awareness training should be delivered annually, although this is not a legal requirement, to complete a formal course but is directed by the policy that refreshers are undertaken using Electronic (or E) learning for Asbestos Awareness which is used at the University. All training should be carried out as directed by the training policy.

All new starters where a requirement has been highlighted are required to carry out the E learning Asbestos Awareness course within their first month of employment at the University followed by a formal course within 18 months of employment. The exception to this would be proof of qualification from prior employment.

Non-technical staff will receive a toolbox talk as part of the induction process.

The University has a duty of care to demonstrate that we have a full robust management plan in place for the management of asbestos.

Asbestos awareness training is to be aimed at anyone who could encounter asbestos within a building including the following but not limited to the following:

- a) The person who manages the building
- b) People who regularly use the building – LU Staff

- c) Directly employed trades staff
- d) All general maintenance staffs
- e) Building caretakers and janitorial staff

## 2. Type of training

Loughborough University has a duty of care to its staff and students to ensure all parties are trained to the level of work they are undertaking. Training is offered as follows:

Asbestos Awareness

Notifiable non-licensed work (removal of gaskets etc)

Licensable work with asbestos

Management of Asbestos Contractors (aimed at Project Managers)

Directly employed staff of Loughborough University **will not** be required to carry out licensed works.

While training is deemed necessary, an appointed training provider can be found through one of the following organisations (HSE Managing and Working with Asbestos Regulation 10)

ACAD – Asbestos Control and Abatement Division

ARCA – Asbestos removal contractors association

BOHS – British Occupational Hygiene Society

IATP – Independent Asbestos Training Providers

UKATA – United Kingdom Asbestos Training Association

## 3. Frequency of refresher training

Training will be carried out on an annual cyclical basis as follows:

On line (induction only)

Half day taught course

Three years, on-line refresher training

Half day taught course

All other training will be carried out as directed by the Control of Asbestos Regulations 2012.

#### 4. Contractor training records

Contractors, employed by the University to carry out removal works on our behalf, will be required to have the correct level of competency for the work to be undertaken. The responsibility lies with the relevant Project Manager who should ensure and monitor:

That before commencing any works, contractor competency has been proven.

Contractor competency should be regularly reviewed (at least annually) to ensure that all competencies are in date.

Any contractor found to be carrying out works on site, that do not have the correct level of competency, will be asked to stop work immediately and may potentially be removed from the University approved contractors list. The relevant Project Manager will also be put forward for retraining.

### **Appendix 7: Equipment**

#### 1. Responsibilities for providing equipment

It is the responsibility of the employer to provide all equipment to carry out the task they are being asked to carry out as well as that laid out in current guidance which can be found in the asbestos essential guidance document. This should be in good working order and provided with all relevant service sheets, user instructions to allow safe operation and prevent the release of asbestos fibres.

It is a requirement that all operatives are suitable trained for using any equipment they are required to use and that this training is regularly reviewed.

#### 2. Maintenance of equipment

It is the responsibility of all to ensure that all equipment is regularly maintained and inspected to the manufacturer instructions and HSE requirement to ensure it is fit for purpose this will be recorded and needs to accompany the equipment at all times.

All records for servicing and inspections will be kept in accordance to current guidelines and for duration of time as required by the Loughborough University policy.

Anyone who undertakes maintenance and servicing works to equipment

must be competent to carry out that task competencies need to be reviewed before working on any equipment.

### 3. Personal Protective Equipment PPE

As with all areas of use for PPE it is to be used and maintained to Manufacturer's instructions, it needs to be checked for damage and if repairs are necessary these will be carried out as per the maintenance instructions for that piece of equipment. All equipment needs to be cleaned after use.

All PPE that is used should be only worn by the person that it was issued to.

All respiratory equipment needs to be face fitted by a suitably qualified person, at the University all face fit tests are carried out by Hugh Weaver to a single user and certification kept and reviewed as laid down in guidance.

## **Appendix 8: Legislation and Guidance**

### **1. General list of Legislation**

- a) Control of Asbestos Regulations 2012
- b) Health and Safety at Work Act 1974
- c) Hazardous Waste England and Wales Regulations 2005

### **2. General list of Guidance Documents**

- a) HSE HSG 227 – Managing Asbestos in Premises
- b) Asbestos Essentials Task Manual
- c) HSG 143 Managing and Working with Asbestos
- d) HSG 264 “Asbestos” The Survey Guide
- e) HSG 210 – Asbestos Essentials

## Appendix 9: Where Could I Find Asbestos?

Asbestos is found in many unexpected places so we should always be aware of the areas that we are working and check the register prior to any works or when in doubt.

Typical areas are listed below:

- a) Thermal lagging to pipe and duct work
- b) Window sills
- c) Corrugated and flat roofing sheets
- d) Flue pipes from boilers
- e) Textured coatings such as Artex
- f) Embossed wallpaper
- g) AIB insulation sheet boards which is used most commonly for fire breaks, wall and ceiling boarding and linings of older fume cupboards etc. (**Regulation 2 of CAR 2012**)
- h) Fuse carriers in electrical fuse boards
- i) Gaskets used in flange connections
- j) Vinyl floor tiles
- k) Sprayed Limpet fire proofing
- l) Asbestos cement ducting sometimes found in fume cupboards
- m) Reinforced plastic and resin composites such as some toilet cisterns

The list above is for illustration only and is not a full narrative of the only areas asbestos can be found.

All the relevant information in regard to building fabric is contained in the Loughborough University Asbestos Register.

**NEVER ASSUME! ALWAYS CHECK THE REGISTER!**

<http://web.lucion.co.uk/>

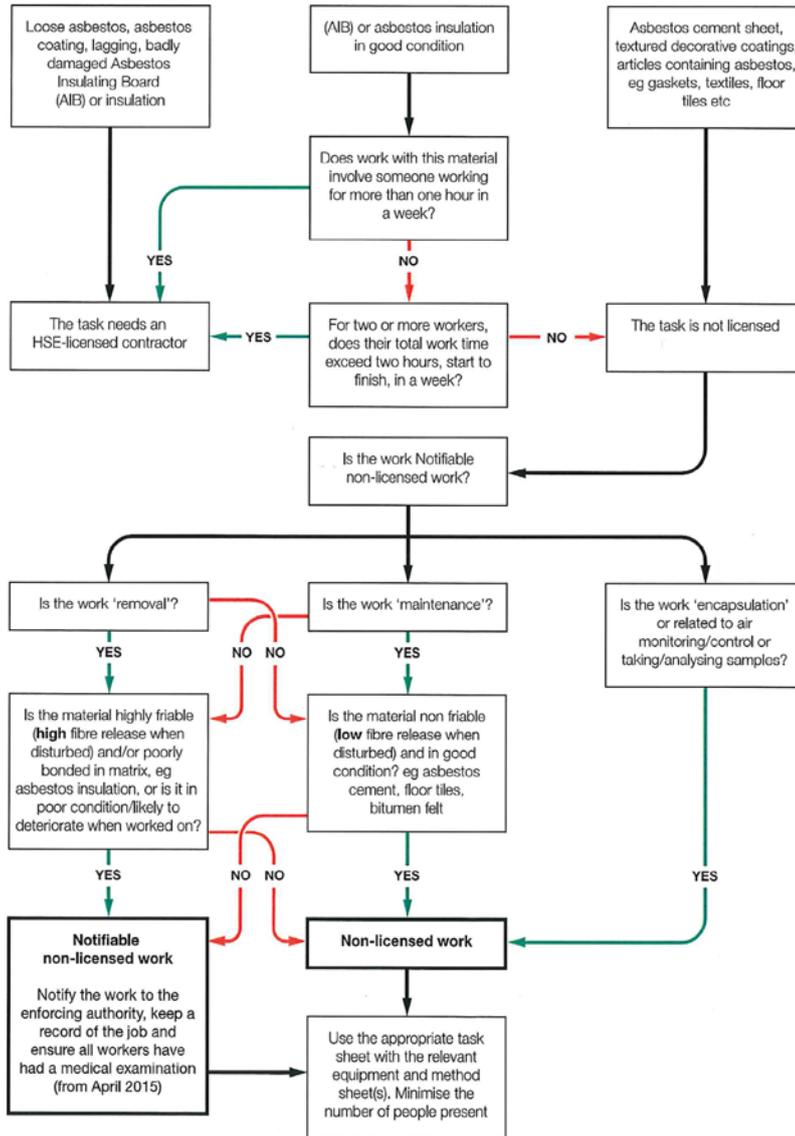
# Appendix 10: Decision flow chart.



Health and Safety Executive

## Decision flow chart

Use this simple flow chart to help you decide who needs to do the work:



## Appendix 11: Loughborough University Procedures

### 1. Procedure for notifying HSE

Loughborough University have a process in place where all licensed works are notified to the HSE by the Project Manager in charge of the works. This includes notifiable non-licensed works. This enables a full audit trail of works. This is done within the requirements of the 14 day HSE notification procedure.

<https://extranet.hse.gov.uk/lfserver/external/asb5>

### 2. Overview of LU Procedures

a) If the existing Asbestos Registers or any Asbestos Register produced from any Refurbishment and Demolition Asbestos Survey indicate the presence of Asbestos Containing Materials within or adjacent to the proposed work site, the Project Manager in charge of any proposed work shall, as part of the Risk Assessment for the work, determine if the Asbestos Containing Materials are likely to be disturbed in the course of the work or if it is in a hazardous condition. The DAP for asbestos should be contacted at [p.walker@lboro.ac.uk](mailto:p.walker@lboro.ac.uk) when work is being planned to carry out work that has the potential to disturb asbestos.

b) The Project Manager shall then take the following course of action:

Find an alternative means of undertaking the work without disturbing the asbestos. Regardless of any other alternative approaches, where any asbestos containing material is found to be in a hazardous condition, it should be dealt with in accordance with Control of Asbestos Regulations 2012.

c) To produce a safe system of the work prior to work commencing, the employer must firstly undertake a suitable and sufficient risk assessment which should include a full and detailed method statement which needs to approve by the Project Manager. To ensure that any permits that are required are considered, including the new asbestos permit.

d) Where individual items incorporating, or suspected of containing, asbestos containing materials are removed, such as gasket materials or fibre caulking; such materials shall be handled by suitably trained FS staff or specialist contractors working on their behalf and stored securely in the FS Yard by safely double bagging it until appropriate disposal is arranged by a specialist waste contractor or it is removed from site as part of contractor works and full documentation provided so the Asbestos Register can be updated.

e) Any appointed consultant shall provide a written plan of work and obtain competitive quotations from approved asbestos removal contractors for consideration by the Project Manager. The appointed contractor may need to give fourteen days notice of any proposed work to the Health and Safety Executive. There is an internal requirement to make the Asbestos DAP aware of all works by email at [p.walker@lboro.ac.uk](mailto:p.walker@lboro.ac.uk) that have the potential to disturb asbestos this will be in writing with a brief overview of the works being carried out and a copy of the plan of works and Risk and Method statement.

f) An order shall be placed by the Project Manager or their authorised line management with the most suitable contractor and the asbestos consultants shall be appointed to monitor the works and undertake all necessary air monitoring or four-stage clearance procedures in accordance with The Control of Asbestos Regulations 2012. A permit to work with asbestos will be required for all works being carried out. Facilities Services have their own internal processes in place. No work shall be undertaken until it is ascertained whether ACMs are present, without exception.

However if asbestos is encountered in the course of any work, either because the survey was incomplete or the information contained within the Asbestos Registers was found to be incorrect, the Project Manager shall follow the procedure described in both **Paragraphs A & C** above.

g) Other than by competent asbestos operatives during planned removal works, should Asbestos Containing Materials be disturbed during any work, regardless of whether fibres are released, the immediate work area shall be evacuated and made safe by the operative or Contractor, in conjunction with the FD/FS line manager or Project Manager. The Health, Safety and Risk Manager or the Health and Safety Coordinator and the Asbestos DAP should also be contacted. A flowchart for dealing with such unplanned exposures is given in **Appendix 3**.

h) In all cases where Asbestos Containing Materials are discovered or removed, this information shall be passed on to the Compliance Engineer to amend and update the appropriate Asbestos Register.

i) It is a requirement that after works are completed, an updated management survey is carried out as part of the scheduled process for completion. The inspection report will be reviewed by the Asbestos DAP and sent through to the Compliance Engineer for updating of the register. As part of the normal process, re-inspections are carried out by Facilities Services to ensure that no works are required due to damage to the asbestos product. If no damage is found, the reports need to be sent to the Compliance Engineer whose duty it is to update the register with this information.

If damage is found, then this needs to be passed to Facilities Services or the relevant Facilities Development Project Manager, so the relevant manager can contact a suitably licensed asbestos company to carry out any remedial works where necessary once works are complete the records need to pass to the Compliance Engineer to be recorded in the Asbestos Register.

When major works take place, it will be necessary to have a re-inspection survey carried out, so the site Asbestos Register is kept up to date and to verify all records are correct.

### 3. Disposal of ACM

Asbestos waste derived from works that are carried out on the Loughborough University buildings will be dealt with in accordance of current HSE guidelines as listed in HSE L143 Regulation 24.

At Loughborough University, all asbestos waste from non-licensed works and non-notifiable licensed works is to be placed in a sealed asbestos waste bin located within the Facilities Services yard. This is for Loughborough University direct labour works team only. All contractor waste from projects and other works is to be managed by the contractor.

All transactions in regard to the disposal of asbestos will produce a waste consignment note which is the responsibility of the Project Manager. This is to be passed on to the Compliance Engineer to be added to the Loughborough University Asbestos Register and needs to be kept in accordance with the University's record keeping policy.

#### **Disposal documents**

The University will ensure that all asbestos waste that is disposed of will be fully documented. Any waste taken from site will require a consignment note of which the University needs to keep a copy for not less than 3 years but also in accordance with the requirement to keep 40 years of records with all the information provided to have traceability of the waste.

The University's up to date hazardous waste code can be obtained from the Loughborough University Environmental Department. University Campus Hazardous Waste code: –

**(AAA843 & School of the Arts NYG675)**

**(University Carriers Licence – CBDL 9501)**

## **Work Plans**

Before any work that has the potential to disturb asbestos, a full plan of work will be submitted to the Project Manager in charge of the works containing but not limited to: –

- a) The duration of any works
- b) The nature of any works
- c) The location and full address of where the works are taking place
- d) All equipment required
- e) A list of PPE to carry out the works
- f) A list of work procedures showing each stage of the works to prevent the spread of asbestos
- g) The location of decontamination area and a plan show the route to and from that area
- h) Emergency procedures
- i) Follow up works if further remedial works are required

No work can commence without a full written plan. This needs to be communicated to the people carrying out the asbestos removal works and a copy available on the work site at all times.

## **Funding**

Asbestos related works are to be funded as follows:-

- a) When feasibility studies for a project are undertaken, the Asbestos Register shall be consulted and the costs of any asbestos related works required shall be included in the project, irrespective of who is funding the project. A refurbishment and demolition asbestos survey may be required and costs associated with additionally identified asbestos containing materials may also have to be considered.
- b) Where Facilities Services projects are being undertaken, the cost of related asbestos works shall be included therein. If Asbestos is found after the works have commenced then a request needs to be made to the Facilities Services Director apart from works undertaken on behalf of the Campus Services or departmental specific work, in which case suitable authority for additional funding should be sought from the appropriate departmental authority.

- c) Where asbestos is discovered after a development project has commenced, a supplementary request for funds needs to be made to the Facilities Development Director apart from works undertaken on behalf of the Campus Services or departmental specific work, in which case suitable authority for additional funding should be sought from the appropriate departmental authority.
- d) Where asbestos is discovered whilst undertaking routine maintenance, funds shall be obtained from the Facilities Services asbestos specific budget allocation.
- e) Where asbestos is discovered during work on departmental equipment, such equipment should be rendered safe whilst suitable funding is obtained from the Head of Department.

#### 4. PPE

There is an expectation that any contractor employed to work on the Loughborough University campus will provide all the appropriate PPE to their staff carry out the works they are requested to carry out it is also their responsibility to ensure that all PPE should be worn. This should be listed on the Risk Assessment Method Statement that is provided for the work they are carrying out and this will be monitored by the Project Manager having the work carried out. It is also open to audit by the Health and Safety team.

## **Appendix 12: Record Keeping**

### 1. Training Requirements.

All asbestos related training records will be reviewed on a bi-annual basis by the Asbestos DAP and the H&S Training Co-ordinator across the University to ensure that all records are: –

- a) Current i.e. in date
- b) Relevant to the task they are carrying out
- c) To ensure all new starters are trained appropriately

This does not limit the more regular review and audit of training records to ensure compliance is maintained.

It is the responsibility of line managers to ensure all training in their team is kept up to date. **If in doubt ask!**

## 2. Location of records

Historic records are stored within the H&S workspace, accessed by authorised staff. Current records are available via NexGen portal.

<http://web.lucion.co.uk/>

## 3. How long are records kept?

All asbestos health records shall be retained for not less than a period of 40 years in accordance with Regulation 22 in HSE L143.

## 4. Waste Licences

Loughborough University has a duty of care to ensure compliance in regard to licensing. All organisations (this includes the University itself) that carry out asbestos works must have a valid licence, this can be verified by using the following link:-

<https://environment.data.gov.uk/public-register/view/search-all>

## 5. Personal Protective Equipment (PPE) Records

Records should be kept in regard to the maintenance of PPE in accordance to the Loughborough University policy for a period of time not less than 40 years.

All records in regard to face fit of masks need to be kept in the employees employment file and need to be available for inspection and review by Occupational Health at any time.

There is an expectation that a process will be in place to ensure annual re-fit testing is carried out for all staff carried out in asbestos works.

We need to ensure a copy of the manufacturer's instructions are available this will give information of checks that should have been carried out.

The following records should be kept: –

- a) Face fit test records
- b) Inspection records
- c) Maintenance records
- d) Defect records

These should be kept on site for a period of not less than 5 years for inspection by the enforcing authority.

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Ionising Radiation Policy

**Origin:** Julie Turner

**Date:** 28/09/18

1. Decision Required by Committee	Approval required for updated policy
2. Executive Summary	<p>The Ionising Radiation Policy has been updated to incorporate the revised Ionising Radiation Regulation 2017 and to make it more consistent with the other H&amp;SS policies</p> <p>No major changes</p> <p>Stakeholders have been consulted</p>
3. Committees/Groups previously considering item.	Radiation Protection Sub-Committee



## **UNIVERSITY MANAGEMENT POLICY**

### **Loughborough University (incl. London campus) Health and Safety Policy**

#### **Ionising Radiation Policy**

**Reference No. TBC**

**Version No. 1: Approved by the HSE Committee on**

**Effective from: September 2018**  
**Review required before: September 2020**

**Author: Julie Turner**

# LOUGHBOROUGH UNIVERSITY

## Ionising Radiation Policy

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## 1.1 PURPOSE

This policy provides detail on the governance structure and management systems in to ensure the safety of staff, students and visitors who are exposed/or could be potentially exposed to ionising radiation.

### Definition

Ionising radiation is radiation that has enough energy to cause ionisation in matter. Examples are alpha particles, beta particles, neutrons, gamma and X-rays. When these radiations pass through the tissues of the body they have sufficient energy to damage DNA or kill cells.

## 1.2 SCOPE

This policy provides a framework for Schools and Services to develop and implement their own radiation safety management programs to fulfil their statutory duties and ensure the health and safety of staff and students exposed to or potential exposed to ionising radiation. **Local rules are provided which detail further information and must be used in conjunction with this policy.**

The policy applies to:

- All staff, students (both postgraduate and undergraduate) and personnel (e.g. contractors and visitors) at workplaces under the control of Loughborough University.
- All open and sealed radioactive sources
- All equipment producing ionising radiation (for example X-ray devices)
- All NORM (Naturally Occurring Radioactive Material) used for its radioactive properties.
- All 'Out of Scope' radioactive material used for its radioactive properties
- All nuclear material
- Research projects subjected to nuclear safeguards

Separate policies for Lasers, and other Non-Ionising Radiation are available from the UH&HS website.

## 2. KEY LEGISLATIVE REQUIREMENTS

### 2.1 Ionising Radiation Regulations (IRR) 2017

### 2.2 Environmental Permitting (England & Wales) Regulations 2012

### 2.3 Other Key Legislation

- Justification of Practices Involving Ionising Radiation (Amendment) Regulation 2018
- Ionising Radiation Medical Exposure Regulations 2017
- Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009
- EC Euratom Regulations 302/2005
- Nuclear Safeguards – additional protocol

## 3. DUTY HOLDERS

### **3.1 Chief Operating Officer**

The 'radiation employer' is responsible for compliance on advice from the University H&S team, with statutory requirements laid down in the IRR17, EPR2012 and associated Environmental Permits; in the university the Chief Operating Officer is the radiation employer and permit holder.

Part of this authority is discharged to the Radiological Protection Safety team including Strategic Scientific Development Officer, RWA/RPA and Radiological Safety Officer.

Chief Operating Officer is required to appoint in writing a Radioactive Waste Advisor, Radiation Protection Advisor and Radiation Protection Supervisors.

### **3.2 Deans of Schools/Heads of Professional Services**

Deans of Schools/Heads of Professional Services shall:

- Ensure that systems are in place to control the purchasing or acquisition of ionising radiation material or equipment producing ionising radiation.
- Ensure that systems are in place to comply with this policy and University Local Rules (approved by Council)
- Ensure that adequate resources are made available to implement this policy. In particular:
  - Allocate sufficient resources to install and maintain effective control measures in accordance with statutory requirements
  - Provide training for staff to comply with this policy
- Nominate a responsible person to act as a Radiation Protection Supervisor (RPS) – appointment will be made by Chief Operating Officer and Radiation Protection Team.
- Ensure training and competencies for all relevant staff and student
- Ensure safe disposal of all radioactive material

### **3.3 Radiation Protection Supervisors (RPS)**

Persons appointed to the role of RPS should be sufficiently competent through experience and/or qualification to carry out the role. Radiation Protection Supervisors will be appointed in writing by the Chief Operating Officer and attend the meetings of the Radiological Sub-Committee.

Training for RPS's is mandatory and satisfied by attendance on suitable professional training courses with refresher training every four years and in-house training by Radiation Protection Team.

Duties of Radiation Protection Supervisors – see appendix 1

### **3.4 Line Managers/Academic Supervisors**

Staff who are responsible for managing the activities carried out by students, staff or volunteers are considered as laboratory or academic supervisors. As such they have a duty to ensure the health and safety of the students/staff they supervise and have responsibilities where their students/staff handle ionising radiation.

Line managers are responsible for the health and safety of the staff/students they manage and others who may be affected by their work.

Line Managers/Academic Supervisors will ensure:

- That they are a registered radiation user themselves and have completed the mandatory radiation protection training course.
- The risks posed by the use and handling of ionising radiation are assessed prior to work in accordance with the University Local Rules and that action is taken to prevent or control exposure so far as reasonably practicable
- Personnel they manage/supervise are registered as radiation users and have completed the mandatory training.
- Measures are employed to ensure that Radiation Exposure Limits – Statutory and University level (where applicable) are not exceeded
- All risk assessments signed off by themselves and then by an RPS and the University Radiation Protection Team.
- Ensure using the hierarchy of control to facilitate the risk assessment process.
- Ensure equipment and work areas they are responsible for are decontaminated

### **3.5 University Radiation Protection Team - URPT**

The University Radiation Protection Team shall:

- Produce, and as often as necessary, review the Ionising Radiation Policy, Approved Local Rules and associated guidance documents
- Monitor compliance with this policy
- On request provide information and guidance to staff/students on workplace exposures
- Support Deans/Heads of Professional Services in their duty to provide sufficient training to comply with this policy.
- Arrange monitoring for Ionising Radiation where appropriate
- Attend University Radiation Protection Committee and escalated reports to the University Health, Safety and Environment Committee as necessary
- Liaise with external regulatory bodies and ensure all statutory returns to these bodies are carried out accordingly
- Audit Schools/Departments to ensure compliance

The Radiation Protection Team and/or Chief Operating Officer have the authority to require the cessation of experimental work in any area in which the Local Rules or this policy are not being followed until such times that the arrangements for future operation are satisfactory.

### **3.6 Radioactive Waste Advisor (RWA)**

The Radioactive Waste Advisor shall advise the University on all aspects of radioactive waste and EA permit compliance in relation to EPR 2012. Schedule 23 of EPR2010 enacts the requirement laid down in Euratom Basic Safety Standards Directive for the Radiation User (Chief Operating Officer) to consult RWA on

application of Best Available Techniques (BAT) for the protection of the environment and populations.

### **3.7 Radiation Protection Advisor (RPA)**

The RPA, shall advise the University on all aspects of the use of ionising radiations and radioactive substances relating to the health and safety of workers, including the designation of workers and the classification of controlled areas in accordance with IRR17.

### **3.8 Radiation Protection Sub Committee**

The Radiological Protection Sub-Committee shall monitor health aspects and control of ionising radiations and radioactive materials within the University. It is also responsible for establishing protocols and procedures for the management of radioactive materials and wastes under the terms of the University's permits from the Environment Agency. The Sub-committee is responsible for drafting Local Rules for approval by Council and for ensuring that these regulations are enforced. It shall report to Council annually. See Appendix 2 for Membership and Terms of reference.

### **3.9 Appointed Doctor**

The University will appoint a suitably qualified doctor as an "Appointed Doctor" under the requirements of The Ionising Radiations Regulation 2017. The HSE will be notified of the appointment.

### **3.10 Employees and students**

Employees and students shall:

- Attend training as requested by the RPS or Radiation Protection Team
- Ask for approval if ionising radiation materials are to be brought into the School/Service other than by the School/Service own procurement procedures.
- Co-operate with the University to implement any control measures identified in the risk assessments
- Report any defects in equipment producing ionising radiation and or report any theft or losses of radioactive material
- Follow University Local Rules

## **4 GENERAL REQUIREMENTS AND GUIDANCE**

### **4.1 Purchase and acquisition**

The following requirements relate to both the purchase of radioactive material and equipment producing ionising radiation plus situations where these items are brought into the University from other organisations.

Radioactive material/Equipment producing radiation may only be procured and delivered through the University system by current members of staff and post graduate research students for use in legitimate university activities. All procurement must have prior approval from the University RWA. Detailed procurement information is available within the Radiation Local rules document.

When acquiring previously held substances, line manager/academic supervisors must ensure an up to date risk assessment exists to cover the task for which the radioactivity is to be used for. Risk assessments should be reviewed regularly and following any significant change.

Staff purchasing/acquiring radioactive material/equipment producing radiation that must liaise with their RPS and URPT to ensure the university has the correct permit and the appropriate authorities are notified.

If ordering on a gresso the following a gresso codes must be used:

P_LYA	Open radioactive sources/Uranium/Thorium salts/NORM
P_LYB	Sealed radioactive sources
P_LYC	Equipment producing ionising radiation

## **4.2 Disposal and Decontamination**

It is important for Schools/Services to consider the waste disposal route before purchasing or using radioactivity for the first time. A suitable waste disposal route must be identified and approved by the University's RWA. Please refer to the Local Rules for guidance and information.

All equipment which has been used in conjunction with radioactive material must be decontaminated and assessed for any residual risk posed by the radiation before it is released for maintenance, repair or disposal. Please speak to University Radiation Protection Team for clearance certificates.

Infrastructure, sinks, drainage and extractions clearance certificates must be approved and issued by URPT.

## **4.3 Emergency Arrangements**

To protect people and the environment from the potential consequences and to maintain business continuity it is vital that all persons who have a part to play in any intervention or 'recovery' act in a consistent manner and follow a considered plan of action. The approved local rules contain contingency information to define the procedures to be followed in the event of a significant incident.

The contingency information deals with theft or loss, or significant damage to radioactive sources or to radiation facilities and major spillages. Minor spillages and decontamination procedures should be covered separately in local documentation

## **4.4 Training, instruction and supervision**

Regulation 15 of IRR17 requires all employees/students who are engaged in work with ionising radiation are given appropriate training in the field of radiation protection and receive such information and instruction as is suitable and sufficient for them to know:

- The risks to health created by exposure to ionising radiation
- The precautions which should be taken; and
- The importance of complying with the medical, technical and administrative requirements of these Regulations

Some employees/students may not be closely involved with the work but need suitable information or instruction to avoid being unnecessarily exposed to ionising radiation. This is particularly important in areas with sealed sources.

Everyone working with radioactivity must attend the mandatory Radiation Protection Awareness training delivered by the University Radiation Protection Team.

## **5. SPECIFIC REQUIREMENTS**

### **5.1 Ionising Radiation Regulations 2017**

The University is must have a notification and registration for radioactive work approved by the HSE.

Schools/Services must ensure arrangements are in place to comply with IRR17. This is accomplished by liaising with the local Radiation Protection Supervisors, University Radiation Protection team and adhering by the University Local Rules.

The risks to health of staff and students from activities involving radioactivity must be assessed (IRR17 Regulation 8) prior to work commencing. The risk assessment should reflect:

- The nature of the sources of ionising radiation to be used, or likely to be present, including accumulation of radon in the working environment
- Estimated radiation dose rates to which anyone can be exposed
- The likelihood of contamination arising and being spread
- The results of any previous dosimetry
- Advice from manufacturer or supplier of equipment about its safe use and maintenance
- Any planned systems of work
- Estimated levels of airborne and surface contamination likely to be encountered
- The effectiveness and the suitability of PPE to be provided
- Possible accident situations, their likelihood and potential severity
- The consequences of possible failures of control measures

There must be university Local Rules (regulation 18) in placed (written by the URPT) and approved by the University Council.

## **NOTIFIABLE EVENTS**

Under the Ionising Radiations Regulation 2017, the over-exposure of a person (Regulation 27) is notifiable to the HSE, the Appointed Medical Doctor of the HSE, and to the University's Occupational Health Physician.

Unauthorised release or spillage of specified quantities of radionuclides is notifiable to the HSE in accordance with Regulation 31 of the Ionising Radiations Regulation 2017 (IRR17– Schedule 7).

## 5.2 Environmental Permitting Regulations 2010 (EPR10)

The University in accordance with EPR10 had 2 permits. One to hold and dispose of open source radioactivity and one to hold sealed radioactive sources. Both permits cover the whole of the University site.

Schools/Services must ensure arrangements are in place to comply with EPR10. This is accomplished by liaising with the local Radiation Protection Supervisors, University Radiation Protection team and adhering by the University Local Rules.

**The permit stipulates the method of disposal authorised and the conditions of disposal. The Local Rules must be followed to avoid any breach of the permit.**

All new work involving the disposal of radioactive material must be discussed, *in advance*, with the relevant RPS and justified using the Justification and Waste Calculation form (RP26). This is a condition of the LU BAT (Best Available Techniques) document.

We are required to use BAT to:

- Justify the use of radioactive materials
- Minimise activity and volume of radioactive waste generated
- Dispose of radioactive waste so as to minimise the impact on the environment and the public

We are required to routinely check effectiveness of procedures, systems and facilities in meeting the requirements of BAT. Staff should be adequately trained to meet the requirements and appropriate records must be kept demonstrating compliance. All facilities used for the disposal and storage of radioactive waste should be maintained in good repair. This relates to LEV, drainage systems and storage areas.

### NOTIFIABLE EVENTS

Under the Environmental Permitting Regulations 2010 (EPR2010 – Schedule 23) and the University's various Permits, plus IRR17 Regulation 30, the loss or theft of a radioactive source must be notified forthwith to the Environment Agency and the Counter Terrorism Security Office.

## 6 REGULATED SUBSTANCES

### 6.1 Euratom – nuclear material

Euratom requirements for small users of nuclear material in the UK (outside the major nuclear facilities) are set out in the Euratom Treaty 1957, with the reporting requirements amplified in Commission Regulations (Euratom) No 302/2005. Some small users of nuclear material in the UK were given derogation to report annually using a shortened version.

Loughborough has nuclear material in the form of Uranium and thorium salts (for example Uranyl nitrate), depleted Uranium, highly enriched Uranium (U-233) and Plutonium (Pu-239). These stocks are stored in Radiochemistry.

The University is required to keep detailed records of each individual stock which must include information such as date of acquisition, MBA code of supplier, where it has originated from and why we have it.

Under the Euratom regulations the University is required to report the following onto an EC specialised reporting database named Enmas:

1. Inventory Change Reports (ICR) (Monthly)
2. Basic Technical Characteristics (Annually)
3. Physical Inventory Listings (PIL) (Annually)
4. Material Balance Record (MBR) (Annually)

### 6.2 Nuclear Declaration (Protocol Additional to the Agreement between the United Kingdom of Great Britain and Northern Ireland, the European Atomic Energy Community and the International Atomic Energy Agency for the Application of Safeguards in the United Kingdom of Great Britain and Northern Ireland in Connection with the Treaty on the Non-Proliferation of Nuclear Weapons)

The UK is required to provide the IAEA with the next update declarations of the information identified in Articles 2.a.(i), (iii), (ix) and Article 2.b. of the UKAP. In general, the following process can be used to determine whether or not any particular R&D project is declarable:

- Is the work nuclear fuel cycle-related, as defined in Article 18a of the UK Additional Protocol (The full text of the Protocol can be found on the IAEA website at
- Does the work involve collaboration with a non-nuclear weapon State (NNWS, i.e. any State other than China, France, Russia, UK and USA), or is it otherwise related to a NNWS?
- Is the work funded, specifically authorised or controlled by or carried out on behalf of the UK Government?
- Is the work related to enrichment, reprocessing of nuclear fuel or the processing of intermediate or high-level waste containing plutonium, high enriched uranium or uranium-233 that involves separation of elements?

**The research project does not have to involve physically working with nuclear material, it can include modelling and sub groups of research stemming off the main research purpose.**

URPT will report this on behalf of the university annually.

## **7. TECHNICAL REFERENCES AND FURTHER READING**

Loughborough University Local Rules (ask URPT for copy)

LU BAT (ask URPT for a copy)

Work with Ionising radiation (IRR17) Approved Code of Practice and Guidance

Ionising Radiation Regulations 2017

Environmental Permitting Regulations 2010

DRAFT

## Appendix 1 Duties of Radiation Protection Supervisors

The Radiation Protection Supervisors will be responsible, in close collaboration with the Radiation Protection Officer, for day-to-day matters of safety and close supervision of radiation work within their own Schools/Departments. These include:

- Keeping a weekly register of all sealed radioactive sources kept permanently in the department together with a record of periodic leakage tests, which must be carried out at regular intervals not exceeding 24 months. Records relating to the whereabouts of each sealed source must be kept up-to-date on a daily basis.
- Keeping an up-to-date register of unsealed sources, their use and ultimate disposal.
- Sending, at intervals of not more than 1 month, a copy of the current sealed source register or registers and at intervals of not more than 1 month a copy of the unsealed source registers and waste disposal records to the Radiation Protection Officer.
- Carrying out and recording regular surveys for contamination where unsealed radioactive materials have been used and to audit the contamination monitoring carried out within their own laboratories.
- Carrying out and recording regular leakage surveys on equipment emitting ionising radiations at a frequency of not less than 6 months.
- In consultation with the Radiation Protection Officer, carrying out duties relating to the registration of radiation workers, administration of TLD or film badges and notification of termination of work together with other general measures controlling safety as laid down in the Local Rules. Exceptionally, in order to ensure the necessary close supervision, it may be necessary to appoint more than one Radiation Protection Supervisor within a School/Department.
- Ensuring suitable risk assessments are carried out on all new work involving the use of ionising radiation
- Making arrangements for the delivery of appropriate information and training to radiation workers in their area.
- Reporting any suspected loss or theft immediately to the Radiation Protection Officer
- Reporting any significant accidental exposures, breaches of the Local Rules or any other matters giving cause for concern to the RPO.

## Appendix 2 Membership and Terms of Reference for Radiation Protection Sub-Committee

The members of the committee shall consist of:

- Chief Operating Officer (permit holder)
- University Radiation Protection Officer and Radiation Protection Team
- RWA (if different to above)
- Radiation Protection Supervisors who shall be members of staff in Schools/Departments working with ionising radiations, nominated by their Dean of School and appointed by the University Chief Operating Officer
- Occupational Health Advisor
- University Health, Safety & Risk Manager
- Facilities H&S representative
- A secretary who shall be a member of the administrative staff of the University

### **Terms of Reference**

- The Radiological Protection Sub-Committee shall monitor health aspects and control of ionising radiations and radioactive materials within the University.
- It shall be responsible for establishing protocols and procedures for the management of radioactive materials and wastes under the terms of the University's Authorisation from the Environment Agency.
- The Sub-committee is responsible for drafting local rules for approval by Council and for ensuring that these regulations are enforced.
- Meetings are held 3 times a year with further meetings as necessary.
- It shall report to Council yearly through the Radiation Protection Officer.

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Chemical Safety Committee minutes

**Origin:** Julie Turner

**Date:**24/09/18

1. Decision Required by Committee	n/a
2. Executive Summary	Minutes from the chemical safety committee held on the 6 <sup>th</sup> June 2018
3. Committees/Groups previously considering item.	Chemical safety committee

# Chemical Safety Committee

CSC18– A02

## Minutes of the Meeting held Wednesday 6<sup>th</sup> June 2018

**Members:** Helen Willcock (Chair - on maternity leave), Al Daley, Julie Turner, Chris Harris, Jake Bowers, Jayshree Bhuptani, Jonathan Cripps, Nik Hunt, Oliver Preedy, Richard Harland, Sarah Fay, Sean Creedon, Tony Goodall,

**Present:** Julie Turner (Chair), Al Daley, Chris Harris, Jake Bowers, Jonathan Cripps, Nik Hunt, Oliver Preedy, Richard Harland (RTH), Sean Creedon, Sarah Fay,

**Apologies:** Jayshree Bhuptani, Tony Goodall,

**In attendance:** Christine Sturgess (minute taker)

### MINUTES

<i>minute</i>	<i>item</i>	<i>Action</i>
18/11	<b>Apologies for Absence</b> The group sent congratulations to Helen on the birth of her baby.	
18/12	<b>Matters arising/Minutes from last meeting</b> The minutes from the last meeting held on 21 <sup>st</sup> February 2018 were passed as a true and accurate record.	
18/13	<b>Action Tracker</b> Please see updated action tracker.	
18/14	<p><b>LEV update</b></p> <p>A new LEV contractor has been appointed for the next 3 years from June. JC will forward their works timetable for the coming year.</p> <p>A new asset register has been produced by JC which was discussed.</p> <ul style="list-style-type: none"> <li>• Each system is laid out within area and old references added. New asset numbers will eventually be introduced across campus by FM.</li> <li>• New/Found assets have been added. Document to be circulated with minutes and all to look at the buildings they are responsible for.</li> <li>• Information is from old test reports and needs to be updated when the servicing information is received.</li> <li>• JC needs information from schools regarding the buildings they have space in.</li> <li>• The register is for LEV compliance only (fixed and mobile).</li> <li>• AD congratulated JC on the good document which is needed and practical. JC/JMT to put in chemical safety workspace for all to view.</li> <li>• Once items are tagged, it will highlight those not tested.</li> <li>• If general items fail, the contractor will inform FM to fix. However, there may be exceptions where departments pay costs.</li> <li>• CH agreed it is a brilliant document and enquired if it is part of the purchasing process. JMT confirmed discussion are taking place with procurement regarding unrecorded assets.</li> <li>• New buildings could access for BMS. BMS does not show as much information as needed. Equipment needs to be checked. There needs to be a protocol for checking fume cupboards. The contractors to produce log books for each</li> </ul>	<p><b>JC</b></p> <p><b>CMS ALL</b></p> <p><b>ALL</b></p> <p><b>JMT/JC</b></p>

<i>minute</i>	<i>item</i>	<i>Action</i>
	<p>hood/fan for collection when testing. This is also needed for LEV systems. Monitoring gauges will be added to the LEV system in due course.</p> <ul style="list-style-type: none"> <li>MSc's are different and extra checks are already being made.</li> </ul>	
18/15	<p><b>Chemical Safety policy implementation</b></p> <p><u>Inventory</u> Chemical inventories must record items from purchase to disposal. There is a need for a system across campus, showing where the chemical is and who uses it. Methods used in different schools were discussed. It was agreed JMT to set up a working group and produce a policy. All to send their present procedures to JMT for perusal.</p> <p><u>Procurement</u> JMT is working with procurement on chemical purchasing. There is a need to ensure the appropriate Agresso code is used. SIGMA codes to be added manually. Chemicals are not to be purchased if they are expensive to buy or dispose of eg explosives. All to let JMT know of anything else.</p> <p><u>Ownership</u></p> <p><u>Audits</u> OP and JMT to distribute a list for chemical safety audits that need to be undertaken. It was suggested this be undertaken during the CWC yearly audit. These audits will help with the DSEAR chemical storage controls.</p>	<p><b>JMT ALL</b></p> <p><b>ALL</b></p> <p><b>OP/JMT</b></p>
18/16	<p><b>Hazardous Waste</b></p> <p>There have been a lot of changes due to audits by the Environment Agency. Biffa ask for a high amount of information on forms. NOH sent out a draft guideline and received some concerns from schools especially with minor or mixed contaminates, are there still concerns?</p> <p>SC thanked NOH for his work and the honest and constructive meeting held with Biffa who now produce successful waste lifts. However, there is still an issue with small waste of solvents and waste streams, as its difficult to give a percentage of each different chemical. There needs to be a set of rules across campus. There needs to be a pragmatic approach if people are not at risk.</p> <p>There needs to be an agreed process of what is being disposed of and recorded. CAS numbers, names and codes need to be agreed to follow through to the waste.</p> <p>The disposal of tissues and gloves was discussed and Nik to speak to Wastecycle to have blue bags printed with 'Lab waste – none recyclable', plus additional training for cleaning staff.</p>	<p><b>NOH</b></p> <p><b>NOH</b></p>
18/17	<p><b>Risk Assessments</b></p> <p>There is a risk of increased accidents with PhD students who cannot access myHR. The Doctoral college will arrange training and advertise our H&amp;S training in their packs.</p> <p>COO has communicated to Deans in ALT to remind all academic staff the importance of risk assessments particularly around PhD students</p>	

<b>minute</b>	<b>item</b>	<b>Action</b>
	<p>Engineering students need to attend the Chemical Safety training course which can be booked through H&amp;S as they need basic handling of chemicals.</p> <p>There is an issue with students not listening/understanding how to work in a lab and the need for risk assessments. JMT will take this back to the Doctoral college for advice on the course content.</p>	<b>JMT</b>
<b>18/18</b>	<p><b>Accidents/Incidents</b></p> <p>Various types of incident were noted:  A gas tap turned on by mistake.  Cleaning staff - spilt multipurpose detergent on themselves and in their face.  Student carrying bottles and dropped one that smashed  Driver dropping off chemicals without being signed and left outside. JMT is contacting Fisher to chase up  Acid spill on floor.  An allergic reaction in wavy top is being dealt with by FM.  Extraction system turned off.  Fire in W2 – PhD student being clumsy, which highlighted issues and is going to an incident investigation group.  W2 needs another panel to turn off the double knock system as there is a danger of falling down stairs to the current panel. JMT to inform Rod Harrison</p>	<b>JMT</b>         <b>JMT</b>
<b>18/19</b>	<p><b>Any Other Business</b></p> <p>Chemical signage – SF discussed the hanging signs in STEMLab and thought they would be good for labs in-between rooms. Clip fames could be used for PPE requirements and equipment in the labs.</p> <p>CH to discuss glass waste bins with NOH.</p>	<b>CH/NOH</b>
	<p><b>Date of next meeting</b>  07 November</p>	