



7 October 2026 HSE Agenda (SAF26-A3)

MEETING

7 October 2026 12:30 BST

LOCATION

Pearce Committee Room 201.0.09, Hazlerigg Building

PUBLISHED

30 September 2026

Agenda

Location
Pearce Committee Room 201.0.09, Hazlerigg Building

Date
7 Oct 2026

Time
12:30 BST

	Item	Owner	Time	Page
	SECTION A - Items for Discussion			-
1	Business of the Agenda	Chair	12:30	-
	Members should notify the Secretary by midday on Tuesday 6th October if they wish to speak to a starred item			-
2	To CONFIRM the minutes of the meeting on 19th May 2026	Chair		4
3	To NOTE actions arising from previous meetings	Chair		11
4	To RECEIVE a critical risk update on Spectator Safety Planning	Louise Gear / Fran Bonner	12:40	13
5	To RECEIVE a critical risk update on Staff and Student Travel	Mark Chester	13:00	19
6	To RECEIVE an update regarding the Terrorism (Protection of Premises) Act 2025 (Martyn's Law)	Ant Dales	13:20	33
7	To CONSIDER proposed changes to the structure and operation of the Committee and the Composition, Terms of Reference and Membership for 2026/27	Neil Budworth	13:30	35
8	Planning Process	Neil Budworth	13:40	-
8.1	To CONSIDER the proposed planning process for 2027			41
8.2	To CONSIDER the proposed Compliance Statement for Schools and Professional Services			53
	BREAK		13:50	-
9	To RECEIVE a Consolidated Health, Safety and Wellbeing Report by the Director of HSW and to NOTE areas of risk and actions identified	Neil Budworth	14:00	56
10	The CONSIDER the updated plan of key business for forthcoming meetings	Neil Budworth	14:10	61
11	To RECEIVE updates in relation to Statutory Compliance Key Performance Indicators and to CONSIDER the compliance for these areas and actions set to move areas to green to ensure these are appropriate		14:15	-
11.1	Health, Safety and Environment Statutory Compliance Sub-Committee Report	Neil Budworth		66
11.2	Key compliance indicators for Biological/ Chemical/ Radiation Safety and HTA Research Licence	Rae Denham		71

	Item	Owner	Time	Page
12	To CONSIDER proposed changes to the Chemical Safety Policy on the recommendation of the Chemical Safety Committee	Rae Denham	14:25	79
13	Arising from M26/15, to CONSIDER proposed changes to the Construction – Small Works Health & Safety Policy following the addition of guidance for small works carried out by IT Services	Neil Budworth	14:30	81
14	To CONSIDER the proposed new Working at Height Policy	Neil Budworth	14:35	82
15	To CONSIDER proposed changes to the Lone Working Policy arising from the introduction of the SafeZone application	Neil Budworth	14:45	84
16	To CONSIDER the proposed response to feedback received during the recent Smoking Policy Consultation	Neil Budworth	14:50	85
17	To CONSIDER the proposed risk rating with a view to making a recommendation to Senate and Council	Neil Budworth	15:00	90
18	To RECEIVE the accident and incident report for Schools and Professional Services	Neil Budworth	15:05	93
	SECTION B – Starred Items			-
19	* To APPROVE changes to the terms of reference and composition of Health, Safety and Environment Statutory Compliance Sub-Committee for 2026/27			104
20	* To RECEIVE the minutes of the following Sub-Committee meetings:			107
	Health, Safety and Environment Statutory Compliance Sub-Committee (Meeting on 9th September)			-
	Radiological Protection Sub-Committee (Meetings on 15th May and 16th September)			-
	Safeguarding & Prevent Sub-Committee (Meeting on 11th June)			-
21	Any Other Business	Chair		-
22	Dates of remaining meetings in 2026/27:			-
	Wednesday 3rd February at 14.00			-
	Tuesday 18th May at 14.00			-



SAF26-M2

Minutes of the Health, Safety and Environment Committee meeting held on Tuesday 19th May 2026

Attendance

Members:

Sola Afolabi, Elliott Brown, Neil Budworth, Joni Carter-Hendrickson, Alec Edworthy, Graham Howard (ab), Adam Lamb (ab), Luke Langbein-Stott, Liz Monk (ab), Graham Moody, David Roomes (ab), Rajkumar Roy (ab), Jagjit Samra, Richard Taylor, Rachel Thomson (Chair).

In attendance:

M Ashby (Secretary), Karen Watts and Charlie Wheeldon for M26/22, Martin Channell for M26/23, Ant Dales for M26/24, Rae Denham for M26/28 and M26/29 and Julie Turner.

Apologies:

Graham Howard, Adam Lamb, Liz Monk, Rajkumar Roy.

26/20 Minutes

SAF26-M1

The minutes of the meeting held on 28th January were APPROVED.

26/21 Matters Arising from Previous Meetings

SAF26-P17

- 21.1 Actions arising from previous minutes were NOTED and their current status confirmed.
- 21.2 Arising from M24/33, the DAP for DSEAR would be identified following a consultation on the University's technical services structure. It was agreed that arrangements for identifying DAPs would be discussed as a separate agenda item at a future meeting. **ACTION: Director of HSW**
- 21.3 Arising from M26/1, Loughborough Sport had provided the Deputy Vice-Chancellor and COO with completion rates for Safeguarding training using criteria used by Audit and Risk Committee. It was noted that safeguarding completion rates needed to be routinely monitored in all areas.

26/22 Critical Risk Update on University's Student Suicide Prevention Strategy

SAF26-P18

- 22.1 The Committee RECEIVED a critical risk update from the Director of Student Services on the University's Student Suicide Prevention Strategy. The Strategy followed best practice in this area and was aligned to all major sector frameworks. It followed a three-pillar model of prevention, intervention and postvention.

- 22.2 Attention was drawn to the new British Standard on suicide awareness and workplace support. The Director of HSW and Head of Student Wellbeing and Inclusivity would consider whether existing training needed to be updated to reflect the requirements of the British Standard.
ACTION: Director of HSW and Head of SWAI
- 22.3 In addition to making training on the new strategy available to student-facing staff via the Occupational Development training portal, Student Services had been proactive in offering ad hoc training sessions to groups of staff in Schools. The sessions contained trigger warnings so were delivered by pairs of staff to ensure that there was support available for those who might be affected by the content.
- 22.4 A question was raised whether there were plans to extend this training to staff who did not routinely have access to IT equipment, such as CDRS staff, as staff who worked in halls of residence could encounter students who were in difficulty and be in a position to flag a concern. It was noted that training was available to all, bookable online, in addition to training for specific roles. Student Services would give further consideration to making training available to targeted groups of staff, eg domestic staff. **ACTION Director of Student Services**
- 22.5 Student Services provide support for all students whether they live on or off campus. Community wardens provide support in line with that of hall wardens, and the 24-hour support Security Team was available to respond to calls around the clock.
- 22.6 The Committee noted the ongoing development of analytics around student wellbeing. The following responses were in place:
- (i) **Student wellbeing dashboard:** Co-Tutor consolidates attendance and engagement data to identify students of concern and track whether meetings have taken place, giving School managers visibility of outstanding cases.
 - (ii) **SWAI proactive outreach pilot:** SWAI receives end-of-semester datasets enabling targeted outreach based on a range of risk factors including engagement and attendance concerns, missed exams, mitigating circumstances claims, and disability information.
- 22.7 Colleagues in Student Services were thanked for their update and the important work that they were engaged with.

26/23 Critical Risk Update on the Risks Posed by Construction and Contractor Activity on Campus

- 23.1 The Committee RECEIVED a critical risk update from the Assistant Director Capital Projects & Programme Management. The update focused on measures that were in place to manage critical risks arising from increased construction and contractor activity on the East Midlands campus. Members were informed of continued and new anticipated project activity in 2026 and 2027. The main critical risks arising from the activity were outlined together with the control measures that would be in place, including a number of active site control measures.
- 23.2 HSE Committee noted the need to continue to reflect upon risk management control measures beyond the compound of the Central Accommodation (CAP) project and to consider the knock-on implications of the activity.
- 23.3 It was understood that an incident in G Block in summer 2025 had occurred because processes in place were not followed at the time. Site tours, permits to work and clerk of works visits were considered the key measures to ensure that contractors followed agreed processes and to minimise risk, as well as the possibility of not engaging the contractors in the future.
- 23.4 Estates and FM's lead, long-term maintenance project managers were NEBOSH trained. This was not the case for the wider practical staff. The training requirements for different types of project staff would be agreed between the Director of Health, Safety and Wellbeing and the Director of Estates and Facilities Management **ACTION: Director of HSW & Director of Estates & FM**

- 23.5 The recent increase in project work would result in a corresponding increase in the number of interfaces with contractors. Difficulties had been encountered when DigiLabs work had coincided with CAP Project work located in the same area of campus. The Committee was informed that Estates and FM would strive to avoid similar situations in the future by scheduling major projects in the same location at different times. Long-term maintenance projects tended to be smaller in size but followed similar processes, and scheduling of these projects already took into consideration the timing of major projects.
- 23.6 Security Services were not always alerted to events that were taking place on campus to be in a position to inform areas that might be affected. When necessary, Estates and FM were able to build in 'tools down' days when contractors could be less conspicuous, but this was only possible if they were informed about events in advance. It was agreed that there was a need for greater information sharing about events and bookings, particularly given the recent increased volume of construction work. The Assistant Director Capital Projects & Project Management would identify key contacts across the University who were responsible for events and would establish a notification system. **ACTION: Assistant Director Capital Projects & Project Management**
- 23.7 Members were informed that it was difficult for campus users to find information on the University website about the CAP Project and linked changes to campus traffic flow and parking arrangements. Notices had been posted on the website to provide campus users with this information. However, this method of communication was transient in nature, so the information was not readily accessible when needed. Estates and FM would arrange for the information to be published on the University website. **ACTION: Assistant Director Capital Projects & Project Management**
- 23.8 The Assistant Director Capital Projects & Project Management and his team were thanked for their work on the CAP Project and other major projects.

26/24 Terrorism (Protection of Premises) Act 2025 (Martyn's Law)

SAF26-P19

- 24.1 The Committee RECEIVED an update on the University's plans for the rollout of SafeZone and on implementation of guidance in relation to Martyn's Law.
- 24.2 The SafeZone system was on course for a soft rollout over the Summer. The University was able to benefit from the experience of a large number of other HEIs that had successfully rolled out the system to their campus communities. A critical mass of 50 per cent of the campus population using SafeZone would be sufficient for it to work effectively. However, a higher take up would bring greater benefits to campus users.
- 24.3 The system was being embedded into the University's IT systems, and the Security Team would be trained in its use. Working groups had also been set up to coordinate communications around the rollout, health and safety, and fire prevention-related arrangements. Further work was needed to cleanse and reformat data prior to it being embedded into the system. There were multiple sources of information, each in different formats, and permission had yet to be obtained to share staff and student data with SafeZone. Mobile telephone numbers for campus users would also need to be captured for the system to be effective.
- 24.4 A communication campaign would encourage campus users to sign up for SafeZone and also install the app on their personal devices. It would be important for the communications to emphasise the benefits of the system and clarify that its purpose was to maintain the safety of campus users, particularly in the event of an incident whilst on campus, rather than to track their movements.
- 24.5 The Home Office had introduced Section 27 guidance to clarify requirements for organisations to comply with Martyn's Law. Implementation of the requirements would bring at least seven streams of work for the University, and a task and finish PMB was to be set up to oversee implementation of the work over several years. It was noted that a potential benefit of the additional work could be improvements to information sharing about events and activities on campus. The COO would consider the composition of the proposed PMB. **ACTION: COO**

- 24.6 The porous nature of the East Midlands campus, from a motor vehicle perspective, was drawn to the attention of the Committee. Members noted that the barriers at various points around its perimeter served as physical deterrents, rather than actual barriers to prevent entry. The approach taken discouraged threats and provided physical reassurance.
- 24.7 The Committee noted that the Deans had requested a briefing on Martyn's Law during the recent internal School reviews of health and safety (process described below).

26/25 Health and Safety Planning and Review Process

SAF26-P20

- 25.1 HSE Committee received a report on progress in implementing the new Health and Safety Planning and Review Process. The process had been refined over the previous 18 months to focus on health and safety planning, and new requirements introduced. Schools and Professional Services with the highest risk had now completed the new process and had put in place plans which included milestones and KPIs.
- 25.2 The quality of the plans had improved over the period as different areas had engaged with the process, with Schools and Professional Services learning from each other. There had been a review process, and the plans had been checked robustly. Deans and Directors of Professional Services had been asked to attend review meetings without their Heads of Operations. This had been effective in reinforcing for the Deans and Directors that they were responsible for the health, safety and wellbeing arrangements within their areas.
- 25.3 The process had generated actions for each School and Professional Service, and overarching actions for other areas of the University to address. Deans and Directors of Professional Services would be asked to follow up with an assurance report at the end of the year to confirm the status of actions for their area and to indicate the level of assurance.
- 25.4 The Director of HSW considered that the implementation had been very successful, and it had allowed him to identify areas where the process could be refined even further for the following year. Examples of best practice would be shared with Schools and Professional Services. Thanks were expressed to the Director of HSW and the Senior Health and Safety Specialist for their significant efforts in rolling out the new process.
- 25.5 HSE Committee approved the recommendation to continue with the new health and safety planning and review process going forward.

26/26 School and Professional Service HSW Plans

SAF26-P21

The Health, Safety and Wellbeing Plans had been made available to the Committee via a link to the HSE Committee Teams site. It was not intended that the Committee should read or approve the plans, because they are the subject of the delegated review process described above. Members would only be expected to access the plans if they had a specific interest or there was an agenda item which required them to do so.

26/27 Accident and Incident Report

SAF26-P22

- 27.1 The Committee RECEIVED a new format accident and incident report which would replace the Incident, Near Miss and Fire Data reports which the Committee had received at previous meetings.
- 27.2 The report provided combined accident and incident data for the University as a whole and data for higher risk Schools and Professional Services. It was envisaged that the new report format would facilitate direct comparisons and identify trends that could be used to drive improvement. Future reports would present the data in a condensed format and include benchmarking information.

- 27.3 Attention was drawn to the Incident to Near Miss Ratio which had been provided for each School and Professional Service. It was unclear to members what a favourable ratio might be. Members were informed that this depended upon the industry, with distributed populations tending to have lower incident ratios. Ratios of 1:10 to 1:30 were typical. Members noted that low ratios and low OH referrals had been scrutinised in the review meetings and had taken into consideration the different environments.
- 27.4 The following changes were requested to the report format:
- (i) label y axis to clarify that the graph presented the number per month;
 - (ii) addition of a right-hand axis to clarify that it was a rolling average per month;
 - (iii) for Total Incidents to Near Miss Ratios, provide ratios to base 1 to aid comparison between different Schools and Professional Services. **ACTION: Director of HSW**
- 27.5 Members were informed that staff members might not report near misses in situations where they were potentially working in unsafe working conditions but no specific incident had occurred. A definition and examples of near misses would be made available. **ACTION: Director of HSW**
- 27.6 The Health and Safety Administrator was thanked for the excellent work undertaken to produce the new format reports.

26/28 Updated Plan of Key Business

SAF26-P23

- 28.1 The Committee considered the plan of proposed key business for forthcoming meetings. The list had been modified to reflect findings from the Planning and Review Process. The plan was approved.
- 28.2 Members noted that the presentation slides for the Critical Risk Update on the Risks Posed by Construction and Contractor Activity on Campus (see M26/23) had not been shared with members in advance of the meeting. The Committee requested that slides for future critical risk updates were made available prior to the meeting. **ACTION: Secretary**

26/29 Director of Health, Safety & Wellbeing Update

SAF26-P24

- 29.1 Members RECEIVED a consolidated report from the Director of HSW on issues and actions relating to health, safety and wellbeing.
- 29.2 The following were noted in particular:
- (i) There had been two significant incidents linked to the Big BUCS Wednesday event. Incident reviews had taken place or were planned, and corrective action was being taken to prevent a reoccurrence.
 - (ii) Recent developments in the corporate manslaughter case against UK Athletics.
 - (iii) Discussions with the Building Safety Regulator regarding the application of the Building Safety Act to Towers.
 - (iv) A recent inspection by the Environment Agency on sealed and unsealed source permits. The inspection report would be received by Council in due course.
 - (v) A planned application to vary the University's unsealed source permit to better reflect its research activity.

26/30 Statutory Compliance Key Performance Indicators

SAF26-P25 SAF26-P26

- 30.1 The Committee RECEIVED updates on statutory compliance key performance indicators and noted that the compliance ratings remained at either green or amber. There was a clear narrative on each point identifying the likelihood of each indicator reaching a green status and the steps needed to achieve that status. Members noted the much-improved position compared with a number of years ago, and the Committee thanked Rob Sparks and the Compliance Sub-Committee for their efforts.
- 30.2 There was a flag against DSEAR where the DAP post had become vacant. It was anticipated that a replacement would be identified during the forthcoming Technical Services structure review. The Committee noted the importance of future planning around DAP posts to ensure resilience in compliance areas with some DAP roles potentially being incorporated within job descriptions.
- 30.3 The report provided clarification for the use of amber forward arrows over an extended period for some compliance areas. The Committee was reassured that the level of compliance was very good and was favourable compared with other organisations. Seeking to improve amber-rated compliance areas further may require a significant financial investment.
- 30.4 Progress had been made in relation to an area of HTA compliance to reduce potential risk.

26/31 Annual Compliance Assurance Statement

SAF26-P27

- 31.1 Members were made aware of a new requirement to provide Audit and Risk Committee with an annual statement of the level of assurance for issues within HSE Committee's remit. The proposed statement indicated a high level of assurance.
- 31.2 The Committee approved the 2025/26 Annual Assurance Statement subject to the correction of minor typographical errors. **ACTION: Director of HSW**

26/32 Footnotes for RrAgG Recommendations to Council

SAF26-P28

Arising from M25/16, the Committee APPROVED proposed risk rating definitions for inclusion with future RrAgG recommendations to Council. The footnotes would provide a more bespoke interpretation to help clarify the risk ratings.

26/33 Minutes of Sub-Committees

SAF26-P29

The Committee RECEIVED the minutes of the following sub-committees:

Chemical Safety Committee (Meetings on 10th February and 21st April 2026)

GM and Biosafety Committee (Meetings on 26th January and 29th April 2026)

Health, Safety and Environment Statutory Compliance Sub-Committee (Meeting on 16th April 2026)

Non-ionising Radiation Safety Committee (Meetings on 2nd February and 23rd April 2026)

Radiological Protection Sub-Committee (Meeting on 17th February 2026)

Safeguarding & Prevent Sub-Committee (Meeting on 12th March 2026)

26/34 Safeguarding and Prevent Sub-Committee Composition & Terms of Reference

SAF26-P30

Arising from M45.3, the Committee NOTED the updated composition, terms of reference and membership of the Safeguarding and Prevent Sub-Committee.

26/35 Any Other Business

- 35.1 **Contingency Planning:** The Sustainability Manager was to prepare a briefing note for the Senior Leadership Team following climate projections of hotter than average weather during the summer. The Sustainability Manager was asked to monitor the long-range weather forecast and to give the Senior Leadership Team four weeks' notice of predicted temperatures above 36 degrees Centigrade to ensure that contingency plans could be put in place in good time. **ACTION: Sustainability Manager**
- 35.2 The Business Continuity Group had updated the University's contingency plans for power cuts and gas shortages in the light of recent developments in the Middle East.
- 35.3 **Valediction**
- (i) The Chair had written to retiring lay member David Roomes to express thanks for the support that he had given to the University through his contributions to the Committee.
 - (ii) Thanks were expressed for the support provided to the Committee by Sarah Van-Zoelen, Occupational Health and Wellbeing Manager, who was to leave the University.

26/36 Dates of Meetings in 2026/27

Tuesday 7th October 2026 at 12.30

Wednesday 3rd February 2027 at 14.00

Tuesday 18th May 2027 at 14.00

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Minute	Description	Action	Status
24-M1/13	<u>Constitution, Terms of Reference & Membership</u> Reflect upon ways to improve Committee's gender balance	Chair, Director of HSW	EDI considerations included in Oct 26 meeting paper 'Consideration of Structure and Operations of HSE Committee'
25-M3/41.6	<u>HSE Update – CDRS</u> Review health and compliance training requirements in CDRS. Consider whether need to prioritise or take a different approach for certain groups when offering some training.	Director of HSW with OD reporting to HRC Committee	Work ongoing, but resources have not allowed completion at this stage.
25-M3/42.3	<u>HSE Update – Loughborough Sport</u> Advise on ways to normalise data to allow for year-on-year comparison and benchmarking against activity elsewhere	Director of HSW	Discussions with Loughborough Sport still ongoing.
26-M1/15.4	<u>Small Works Health and Safety Policy</u> Bring policy back for further consideration at May meeting following addition of guidance for small works by ITS.	Director of HSW	To be considered at October meeting
26-M2/21.2	<u>DAPs</u> Arrangements for identifying DAPs to be discussed as a separate agenda item at a future meeting	Director of HSW	To be considered at February 2027 meeting
26-M2/22.2	<u>Critical Risk Update: Student Suicide Prevention Strategy</u> Consider whether existing training needs to be updated to reflect requirements of the British Standard.	Director of HSW, Head of SWAI	COMPLETED
26-M2/22.4	<u>Critical Risk Update: Student Suicide Prevention Strategy</u> Give further consideration to making training available to targeted groups of staff, eg domestic staff	Director of Student Services	Planning and roll out of staff training ongoing. Managers are encouraged to push the 'supporting students' training out to all staff via OD. Staff without IT access will be incorporated into term 1's training plan.
26-M2/23.4	<u>Critical Risk Update: Construction and Contractor Activity on Campus</u> Agree training requirements for different types of project staff	Director of HSW & Director of Estates & FM	Formal proposal for training of E&FM Managers and Project Managers has been submitted to the Director of E&FM
26-M2/23.6	Need for greater information sharing about events and bookings. Identify key contacts in University who are responsible for events and establish a notification system.	Assistant Dir Capital Projects & Project Man	Director of Estates and FM to provide verbal update
26-M2/23.7	Arrange for information on CAP project to be readily available on University website.	Assistant Dir Capital Projects & Project Man	Director of Estates and FM to provide verbal update
26-M2/24	<u>Safezone</u> Consider composition of proposed PMB.	COO	COMPLETED

Minute	Description	Action	Status
26-M2/27.4	<u>Accident and Incident Report</u> Make changes to format.	Director of HSW	COMPLETED
26-M2/27.5	Make available definition and examples of near misses.	Director of HSW	COMPLETED To be publicized at the Safety Officers' forum in October
26-M2/28	<u>Updated Plan of Key Business</u> Ensure that slides for future critical risk updates are made available prior to meetings	Secretary	COMPLETED
26-M2/31	<u>Annual Compliance Assurance Statement</u> Correct minor typographical errors.	Director of HSW	COMPLETED
26-M2/35	<u>Contingency Planning</u> Monitor long-range weather forecast and give SLT four weeks notice of predicted temperatures above 36°C.	Sustainability Manager	Shared guidance document with senior colleagues and monitored weather. Implemented extreme heat protocols on several occasions within Grounds and Gardens. To share document with review and risks identified around extreme heat and drought moving into 2027 when the risk is expected to be heightened. COMPLETED

Health, Safety and Environment Committee



Consideration of the structure and operation of the HSE Committee

Origin: Neil Budworth, Director of Health, Safety and Wellbeing

Action Required:

HSE Committee are asked to **approve** the recommended structure and operation of the HSE committee

Executive Summary

Over the last year a health and safety planning and review process has been introduced into the University. It was agreed that the structure and mode of operation of the HSE Committee would be reviewed once the planning system had been established to determine if the structure was still appropriate.

A brief benchmarking exercise has been undertaken and recommendations made. The recommendation is that the committee remain largely unchanged with the focus shifting to ensuring the planning and evaluation process runs smoothly and undertaking assurance exercises in relation to key risks of higher risk areas.

HSE Committee are asked to approve this.

Other Committees Consulted

None

Equity, Diversity and Inclusion Considerations

It is recognised that because membership of the committee is determined by the holding of a particular role, it may be possible that the diversity of the committee suffers. To counter this the membership mix of the committee will be monitored with individuals who have expertise or interest co opted to aid diversity. In addition, the committee membership includes representatives from the 3 recognised trades unions. This should help to ensure that no group is excluded from consideration.

Consideration of the structure and operation of the HSE Committee

Background :-

Following on from the move to an annual planning process, it was felt appropriate to review the membership of the Health, Safety and Environment Committee.

The annual planning cycle now means that the plans of higher risk areas are peer reviewed on an annual basis. Whilst this review reduces the workload for the main HSE Committee, it does not remove the need for the committee to retain oversight of the broad strategic direction and the levels of compliance.

The current approach to the membership of the committee is to have a membership which seeks to drive the line responsibility of Health and Safety, whilst assuring compliance and delivering compliance with the Safety Representatives and Safety Committee Regulations. This approach keeps the Committee to a reasonable size and focused.

One challenge with this approach, is that as colleagues are invited to attend on the basis of their role, it is sometimes difficult to achieve a good level of diversity in the committee membership. Historically this has been dealt with by co-opting members where necessary.

As part of the review process, a number of different alternate approaches to membership have been considered and some benchmarking undertaken.

Alternate approaches:-

Some institutions base the membership of their Health and Safety Committee on functional areas – so the membership is made up of the Deans or Pro Vice Chancellors of the Schools or Faculties, with Directors of Estates, H&S, HR etc and enough Union representation to provide balance, typically 2-3 from each nominated Union.

Other intuitions base the membership around the structure of the safety management system of the organisation. In these institutions, the bulk of the committee is made up of the Chairs of the safety committees (both by subject area and by discipline), they then have representatives from a number of areas at a senior level and finally there are representatives of the campus unions.

Discussion

Both of the alternative approaches outlined often result in very large committees, which are not necessarily diverse. They also risk weakening the signalling of management commitment and the level of independent assurance.

The current structure, whilst not small, ensures that the numbers of Union representatives and lay members are appropriate and broadly balanced with those who have a managerial responsibility. On reflection, this structure still appears to be the best for Loughborough.

The recommendation is that the committee remain largely unchanged with the focus shifting to ensuring the planning and evaluation process runs smoothly and undertaking assurance exercises in relation to key risks of higher risk areas.

In terms of managerial representation on the committee, the University structure has a material impact on the management of Health and Safety and therefore the structure and composition of the committee. Changes to the committee membership could / should reflect changes in the University. For example, given the role Technicians play in H&S and the likelihood that some Technicians will be taking on Duty Authorised Person (DAP) roles, it makes sense for the Director of Technical Services to be invited to sit on the committee as a permanent member.

The Deputy Vice Chancellor and Provost has recently undertaken an exercise to seek to match the committee positions which require the attendance of a Dean with the needs and areas of interest of the various Deans whilst balancing the workload of the committees. On this basis it is suggested that Moataz Attallah be invited to replace Rajkumar Roy as the representative Dean for the next period.

The nominated Senior HR representative has now left the University and the Director of Human Resources has expressed his wish to attend.

In addition, increasingly, Health and Wellbeing are topics that are discussed at the HSE Committee, but not at every meeting.

The suggestion therefore is that the Head of Occupational Health and Wellbeing, be invited to the attend the committee as required by the committee, and should have the option to attend if they wish.

Recommendations

The current structure feels appropriate in terms of the objectives of the committee driving progress and assuring compliance. The current structure also gives a good level of impact, whilst maintaining a reasonable size.

Given the incoming Technical Services structure, the Director of Technical Services should become a permanent member of the committee. In addition, the Head of Occupational Health and Wellbeing, should be invited to attend the committee as required by the committee, and should have the option to attend if they wish.

The nominated Dean representative and the senior HR representative will be replaced as part of the normal business of the committee.

Lack of diversity can be managed through co option of interested parties.

The recommendation therefore is to continue with the current structure, but strengthened by inviting the new Director of Technical Services, inviting the Head of Occupational Health and Wellbeing as required and co opting interested individuals to enhance the diversity and fulfil the diversity requirements.

Current Terms of Reference

Assurance

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 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.
3. To have oversight and agree the strategic approach to be adopted in relation to Health, Safety and Environmental management.
4. To consider and act on reports, both written and verbal, on the health, safety and environmental performance and plans of schools and professional services.
5. To consider reports on health and safety and environmental audits, staff training statistics, accident statistics, communications with enforcing authorities, and to make recommendations to relevant University management of any corrective action required.
6. To consider aggregated absence statistics and reasons for such absences on a similar basis.
7. To consider reports from sub-committees which have been established to ensure compliance with legal requirements; e.g. the Radiological Protection sub-committee.
8. To consider 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
9. 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.
10. To consider reports and review personal safety for staff, students and visitors on University premises, particularly where it could impinge on health and safety.
11. 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.
12. To review reports on the progress of the University Environmental Management System.

Standard duties

13. 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.

14. To review annually its Terms of Reference.
15. To review annually its effectiveness.
16. To refer business to other Committees as it sees fit.
17. To set up and oversee sub groups of the committee and to commission reports from these sub groups as necessary to assist the Committee in its duties, and to produce terms of reference for these groups.

Composition and membership **2026/27**

Changes for 2026/27 are in red

Position	Member	Rationale
Provost and Deputy Vice-Chancellor (Chair)	Rachel Thomson	
Chief Operating Officer	Richard Taylor	Seniority signals commitment and helps to drive actions through the Professional Services
Director of Estates and Facilities Management	Graham Howard	Many of the issues raised are physical or compliance issues which are within the remit of E&FM
A Dean of School selected on a rotating basis, to serve for two academic years	Moataz Attallah	Academic engagement is critical – this ensures that the academic community are engaged
A Head of Operations selected on a rotating basis, to serve for two academic years	Nicola Orridge	To have input of the operational impact of decisions and raise concerns
Two Lay Members, one of whom shall be a member of Council	Roshan Israni Luke Langbein-Stott	Impartial and sector external input and expertise
Students' Union Representative	Liz Monk	To aid consistent approach
One representative from each of the recognised Trade Unions: UNITE, UCU, UNISON	Joni Carter-Hendrickson (UNISON) Alec Edworthy (UCU) Graham Moody (UNITE)	Representatives of the campus Unions ensure compliance with the requirements of the Safety Representative and Safety Committee Regulations
The following Officers of the University will serve on the Committee:		
Director of Health, Safety and Wellbeing	Neil Budworth	
Sustainability Manager	Elliott Brown	
Human Resources Representative	Matt Hammond	
Director of Technical Services	Julie Turner	Representing incoming Technical Services structure
Co-opted members	Sola Afolabi Jagjit Samra	Technicians' representative
Committee Secretary	Martine Ashby (to be Chris Dunbobbin)	

Head of Occupational Health and Wellbeing to be invited to meetings as required by the Committee and will have the option to attend if they wish

Health, Safety and Environment Committee



Recommendations for 2027 Health and Safety planning process

Origin: Neil Budworth, Director of Health, Safety and Wellbeing

Action Required:

HSE Committee are asked to **approve** the recommended planning process for 2027.

Executive Summary

Over the last year a Health and Safety planning and review process has been introduced into the University. The process appears to have been welcomed and worked well. No substantial changes are recommended for 2027.

However, an additional element relating to risk assessments has been added to the planning guidance. For most services and Schools, this should broadly align with their current good practice.

Other Committees Consulted

None

Equity, Diversity and Inclusion Considerations

The planning guidance includes an element focused on wellbeing. This may have a positive impact on those who have a physical or mental disability.

Loughborough University

Health, Safety and Wellbeing Planning Guidance

2027

Introduction

This paper suggests amendments to the planning process introduced in early 2026 in preparation for the 2027 cycle. HSE Committee are asked to **approve** this paper. Changes to the 2026 approach are written in red text.

The arrangements are based on an annual process where Schools and Services are required to:

- Develop an annual H&S plan
- Give an annual assurance statement signed by the Dean or Director of Professional Service
- Conduct a minimum of two audits per year
- Ensure that there is an up to date risk register
- Provide data to the HSE committee to give the committee assurance that risks are being properly managed
- Ensure that assurance activities are visibly led by the senior leadership team

Schools and Services who are considered to be higher risk are required to present their health and safety plan to a sub group of the Health and Safety Committee for the purposes of transparency, scrutiny and the transfer of best practice.

Progress to date

The plan development and refinement process progressed well during 2026 and whilst the data packs are still developing, progress has been encouraging.

Suggested amendments

Only two relatively minor amendments are suggested for 2027. These are detailed in red in the text below.

The two amendments are –

Add a requirement for target dates and milestones in the plan so that progress can be monitored. This is introduced as many Schools and Departments used the proforma in the planning guidance as the template for their plan. These plans would clearly benefit from defined target dates and milestones.

Add a specific requirement in the planning process to undertake activities which support the development and monitoring of the risk assessment process. This is introduced to ensure more consistency and coverage across the University.

Performance Data Pack

This part of the process is still being developed and refined. The concept is that for each meeting of the University Health and Safety Committee a data pack will be prepared. The data pack will be in two parts.

The first part will be headline University data and comparator data. eg high level longitudinal trend data for the University and at School and Service level - incident data - absolute figures and rolling annual incident figures normalised by employee numbers.

The second part will be a dashboard for each School or Service which will consist of agreed performance data and School / Service provided narrative. It is anticipated that Schools and Services will use their existing structures and systems to provide this narrative.

Schools and Services will need to ensure that their plans have performance indicators which dovetail to these reporting requirements. Details of suggested measures can be found in Appendix 2 below. **An update on these will be routinely requested ahead of each HSE Committee meeting. Text of the E mail which will be sent to Deans and Directors of services is included at appendix 3**

Presentation of School / Services Plans

Schools and professional services which are considered to be of higher risk are required to present their plan to a sub group of H&S committee. This was a new requirement in 2026, but the time commitment was broadly offset by removing the requirement to present to the HSE committee.

The sub group composition will continue as it was in 2026.

Presentations on the School or Professional Service plan should be given by the Dean or Director of Professional Service and should cover the relevant health and safety plan. The plan must include the key risks being addressed, monitoring, auditing arrangements.

Development of Health and Safety Plans

There is no desire to add additional burdens to Schools and Professional Services and so Schools and Services are free to incorporate the requirements of the plan into their existing plan and planning structures so long as the core elements of the plan are included.

The plans of all higher risk Schools and professional services must include the following, these elements should be considered as non mandatory guidance for lower risk areas :-

An element relating to leadership activity - It is a well proven fact that effective health and safety management only occurs when there is clear, obvious and felt leadership. Plans must include an element that demonstrates how colleagues are leading health and safety. This could be a commitment to leadership training, commitment to site visits and observations, commitment to championing a particular project etc etc. **The implementation of this should be monitored and reported routinely**

Activities focused on managing the key risks of the School or Service - Schools and Services must have a health and safety risk register and a process for keeping the risk register up to date. The plan should contain elements relating to the

management and where appropriate reduction of the key risks. **The risk register should be reviewed for completeness and relevance on at least an annual basis.**

An element relating to the wellbeing of colleagues - A wellbeing element should be developed in collaboration with colleagues from the Occupational Health Service and should address the concerns identified through a local needs assessment.

Optimisation of the health and safety management system - High standards of health and safety are only delivered where responsibilities are clear and activities clearly allocated. In addition, assurance of good standards can only be given when there are effective monitoring arrangements in place. Plans should consider the structures and arrangements needed to deliver good standards of health and safety across the school or department. **Deans and Directors of service should be able to demonstrate that the arrangements that they have in place are operating and efficient**

Activities to ensure legal compliance - Whilst the bulk of legal compliance will be managed by the Estates and Facilities Management team Schools and Services School and Services will have some responsibilities. These may be delegates tasks eg ensure that local exhaust ventilation is checked regularly by the users, or they may be tasks which are specific to the school or service eg working time or food safety compliance. Schools and Services should be clear on their responsibilities and have processes in place to ensure that compliance is delivered and the delivery monitored.

Health and Safety Training - Ensuring that colleagues are properly trained, are competent in what is expected of them is critical to safety. Schools and Departments should have a clear understanding of the training required to ensure that the required training is delivered.

Audit and inspection are important to ensure that processes and procedures are delivering the expected results, that procedures are workable in practice and to ensure that management systems have not degraded.

Engagement and communication – Much of what is required to ensure a high standard of health and safety depends on colleagues knowing what is expected of them and where to find relevant information. High levels of engagement and communication also foster trust and a stronger safety culture. This element of the plan should detail how the legal duty to consult is discharged for both unionised and non unionised colleagues.

New requirement – Risk assessments – The plan should include details of how the risk assessment process is operating within a school or department. It may, for example state how risk assessments and activities will be sampled / audited to demonstrate compliance and details of how colleagues will be trained to conduct risk assessment activities

Proposed Timeline

Plan guidance issued Autumn 2026

Schools and Services to develop / refine plans Autumn 2026

Review of plans early 2027

	Action / Target	Performance indicators	Target Date / Milestones	Status / Progress
Leadership activity	<p>Plans should include an element which demonstrates leadership commitment – this could be leadership training, commitment to undertake leadership safety tours, commitment to a series of H&S meetings and audits etc.</p> <p>Typically this would also include milestones so that there is a clear implementation pathway and so that progress can be verified</p> <p>Eg at least one senior leadership safety tour per month</p> <p>Scheduled attendance at meetings to recognise and reward the contribution of individuals.</p>	This should be a numerical indicator demonstrating progress against the targets		This should be a textual report on the progress on the plan element
Identification and management of key risks	Plan should include clear actions to support the identification and management of keys risks identified in the risk register. This may be a high level risk such as the management of chemicals or a specific risk which affects the School or Service more narrowly such as international travel or food safety	Ideally this should be a numerical indicator demonstrating progress against the action plan		
Activity to protect and promote wellbeing	This may be a high level risk such as mental health and wellbeing, or a specific risk which affects the School or			

	Service more narrowly such as health surveillance for users of vibrating equipment.			
Optimisation of health and safety management system	<p>This may relate to the structure and operation of the safety committee structure, the processes and procedures in place to manage risks or anything else within the School or Service which structurally contributes to the management of health and safety.</p> <p>Eg Risk assessment in place for all activities and are reviewed Lists of authorised users displayed on critical equipment.</p>	Ideally this should be an indicator to show the effectiveness of the management system. Eg risk assessments in date / for review, time to close out actions etc		
Activities to ensure legal compliance	This may relate to inspection and maintenance activities eg log books of local tests of local exhaust ventilation operation or to activities delegated from the central functions eg ensuring sufficient fire marshals are in place and trained.			
Health and Safety Training	<p>A needs assessment and delivery plan should be in place.</p> <p>Eg induction for new starters in place and checked</p>			
Audit and inspection	A minimum of two audits per year should be conducted. These should be supplemented with more localised inspections to ensure that standards are maintained.			

Engagement and communication activity	This should include the details of planned communications, key meeting and any face to face engagement sessions planned.			
Risk assessments	The plan should include details of how the risk assessment process is operating within a school or department. It may, for example state how risk assessments and activities will be sampled / audited to demonstrate compliance and details of how colleagues will be trained to conduct risk assessment activities	This should give details of what will be measured and expected performance levels – eg % of tasks sampled, % of risk assessments reviewed, % of risk assessments passed review date etc.		

Appendix 1 List of Schools and Professional Services considered to be managing a higher level of risk.

AACME
ABCE
Science
SDCA
SSEHS
SSH
Wolfson

Facilities
Catering, Domestic and Residential Services
Loughborough Sport
Marketing and Advancement (design and print and events and international travel)
(Loughborough Students Union – on a voluntary basis)

Appendix 2 Data Requirements / Dashboard– single page

To allow Schools and Services to track progress and to allow cross University comparisons a standardised reporting card (or dashboard) will be developed. This will form part of the Health and Safety Committee pack.

The data requirements will be

Health and Wellbeing (Rolling 12 month total)

Referral numbers / Rate	(Source OH)
Referral profile – by referral issue	(Source OH)
Absence data	(days per FTE – from HR)
Health Surveillance planned / delivered / number of did not attend	(Source OH)
Wellbeing events planned / delivered	(Source School or Service)
Commentary on significant issues eg mental health	(Source School or Service)

Safety Data

Incidents

Performance and trend graph	(Source H&S)
Incident to near miss ratio	(Source H&S)

School / Service provided data

- Risk assessments – number / percentage sampled in last year
- Senior leadership tours – expectation 1 per SLT member per ¼
- Actions – average time to close out

School / service narrative (½ page max)

- Delivery against plan (narrative)
- Comment on management of agreed highlighted risk(s) (narrative)
- Management of risks – Reporting of KPIs H&S and wellbeing against plan

Appendix 2

Dear Colleague,

When the health and safety planning process was introduced during 2026 we indicated that we would be asking you to submit material routinely for consideration at the HSE Committee.

The aim is that this should not be burdensome, should be aligned with your own monitoring and reporting arrangements and should give the HSE committee some visibility of the progress being made

On this basis as outlined during the consultation process and subsequent planning documentation, I'd like to offer you the opportunity to submit some data to be included in the HSE Committee reports.

Please can you submit no more than ½ page of A4 providing a brief narrative such as :-

- Delivery against plan (narrative)
- Comment on management of agreed highlighted risk(s) (narrative)
- Areas of concern or good practice.

As an alternative you could report a few key metrics from your plan. For example you could quote data on

- Risk assessments – number / percentage sampled in last year
- Senior leadership tours – expectation 1 per SLT member per ¼
- Actions – average time to close out

Please can you send any material you wish to be included in the HSE report to Ben Bugby by XXXXXXXXXXXXXXXXXXXXXXXX

Best Regards

Neil

Health, Safety and Environment Committee



Proposal for Compliance Statement Format

Origin: Neil Budworth, Director of Health, Safety and Wellbeing

Action Required:

HSE Committee are asked to consider and if appropriate approve the format of the compliance statement required by the safety governance process.

Executive Summary

Over the last year a health and safety planning and review process has been introduced into the University. The final part of the process to be implemented is the requirement for the responsible person from a School or Service to provide an assurance statement on their level of compliance with relevant requirements. This paper recommends the format and content of that statement.

Other Committees Consulted

None

Equity, Diversity and Inclusion Considerations

N/A

Proposed Compliance Statement

As stated above the final part of the planning and review process to be introduced is the compliance statement. In December every year, Deans and Directors of Services that have been considered more complex or higher risk will asked to complete a formal declaration of their assessment of their level of compliance and sign it.

The proposed format is :-

To the Chair of the Health, Safety and Environment Committee

Dear Rachel,

This statement is to confirm that the plan presented to the HSE committee in Spring 2026 has been implemented.

The following areas were completed as per plan :-

-
-
-
-
-

The following elements were not completed

Plan Element	Status

Overall statement of compliance (The Dean or Director of Service will select the most appropriate sentence from the list below)

(If appropriate) I have the following areas of concern which I would like to bring to your attention

Your sincerely,

Dean / Director

Compliance statements options

1 – GREEN – Risks have been identified and controls are in place. Assurance processes highlight that controls are working well and there are no significant concerns

2 – green – Risks have been identified and controls are in place. Assurance processes highlight that controls are working. There are small number of risks which warrant closer attention and / or monitoring, but there are plans in place to monitor and control these risks.

3 – AMBER – Risks have been identified and controls are in place. Assurance processes highlight that controls are working. There are small number of risks where controls need improvement, but these have been identified and a plan exists to improve these controls.

4 – red – Unidentified risks exist, or there are controls which are not being effectively implemented. Or a significant risk has been identified, and a plan has not yet been developed to manage the risk. There is a risk of harm to individuals and / or property and a reputational risk, but the risks are limited and unlikely.

5 – RED – Assurance of risk identification and control cannot be given. There are risks which pose a realistic and significant risk of harm to individuals and / or property and a reputational risk and plans are not in place to tackle these in a timely manner.

HSE Health, Safety and Environment Committee



Loughborough University

Consolidated Health, Safety and Wellbeing Report

Origin: Professor Neil Budworth, Director of Health, Safety and Wellbeing

Action Required:

To note areas of risk and actions identified

Executive Summary

This is a summary report of issues and actions relating to Health, Safety and Wellbeing

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

The Safezone app, can provide additional assurance to those with mobility or medical needs as the app contains a panic button which will raise the alarm and will allow the individual to be located.

The equality impact assessment process has been used in the development of all new and revised policies.

HSE Committee Report –

Subject area / Statement	Issue to note	Action Required from HSE Committee
General Update		
<p><u>Staff changes in the Health, Safety and Wellbeing Team</u></p> <p>A number of colleagues have left for new roles since the last HSE committee. As the Health and Safety Service is a small team this will have an impact on service levels until replacements can be recruited.</p> <p>Recruitment is underway.</p> <p><u>Consultations</u></p> <p>Consultation is underway on the Smoking policy – a detailed paper is enclosed within the HSE Committee pack.</p> <p>Lone working material policy has been updated to reflect the introduction of the Safezone app</p> <p>DSE Compliance Since an audit in June 2025, engagement with Healthy Working Plus (the University's Display Screen Equipment (DSE) training and risk assessment platform) has increased by 88%. This has driven significant improvement in the DSE risk profile with:</p> <ul style="list-style-type: none"> • High-risk cases reduced by nearly 60%, • Medium-risk by around 75%, • Low-risk by over 85% and, • "No risk" outcomes have more than tripled, rising by over 1,800 assessments. 	<p>To note impact of temporary staff reductions</p> <p>Policy consultation</p> <p>To note progress</p> <p>To note progress</p>	<p>Discussion / agreement on non smoking areas</p>

<p>Collectively, these shifts help demonstrate safer workstation practices, enhanced staff wellbeing, and significantly strengthened compliance with DSE standards across the University.</p> <p>A work at height policy has been developed to ensure compliance and minimise risk. This has been subject to full consultation and replaces the E&FM specific working at height annex. The policy has also been subject to a full equality impact assessment</p> <p>Spectator Safety An incident occurred at the 1st XV rugby pitch prior to the start of an American Football fixture. A section of perimeter rail gave way. Other sections of these barriers failed a few years ago when subject to crowd pressure resulting in spectators falling onto the 1st XV rugby pitch.</p> <p>Temporary barriers were installed in preparation immediately and the perimeter fence was inspected and posts of concern replaced. The fencing around the 1st XV pitch is perimeter fencing only and the posts are subject to rot at ground level due to their design. Loughborough Sport are developing a spectator safety strategy which will consider the pitch barriers and spectator viewing areas for the 1st XV Rugby pitch, the Holywell football stadium and the Hockey pitch. The aim of the strategy is to predict future spectator aspirations and design spectator areas in line with industry standards.</p> <p>Water Flushing A short instructional water flushing video has been developed and shared across Catering, Domestic, and Residential Services to support consistent training and reinforce correct processes. The video is an accessible training tool, enabling both new and existing staff to refresh their knowledge and maintain high operational standards. This was produced partly in response to concerns raised by union colleagues</p> <p>Health and Safety Planning Process A separate paper is included in the HSE Committee pack on the next phases of this process – annual compliance statement and planning guidance for 2027.</p>	<p>To note risk</p>	<p>To approve new policy document</p>
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Occupational Health and Wellbeing		
<p>Occupational Health</p> <p>The search for a new Head of Occupational Health and Wellbeing continues with interviews on October 12th.</p> <p>Flu Vaccine Update:</p> <p>A list of business critical colleagues who are unable to obtain a flu vaccination from the NHS is currently being compiled. 500 vaccines will be available.</p> <p>As in previous years, vaccinations will be offered to colleagues identified as business critical in the first instance with any remaining vaccines being offered more widely to colleagues on a first come first served basis.</p> <p>The flu vaccination cannot be given to employees who have been placed on the 'at risk' list by their GP. The rationale for this is that the NHS have a variety of vaccines available (that the University cannot access) that are specifically targeted to provide an increased immunity to those considered 'at risk'.</p> <p>Following a recent notification from the supplier, there is a 6–8-week delay on the provision of the vaccines due to changes in the manufacturing process. There is currently no confirmed date for delivery, but an update will be provided as soon as it is available.</p>		

Chemical		
The Chemical Safety Policy has been updated following feedback from the Chemical safety committee and other stakeholders. The policy has been updated to clearly define responsibility. The policy has been subject to full consultation and has had an equality impact assessment conducted.		To approve new policy document.

Fire		
Discussions continue with the Building Safety Regulator regarding the application of the Building Safety Act to Towers.	To note	

Health, Safety and Environment Committee



Loughborough
University

Future Business

Origin: Director of Health, Safety and Wellbeing

Action Required:

To CONSIDER key business for future meetings

Executive Summary

Paper proposes key business items for meetings scheduled from October 2026 to October 2027.

Proposal for Future Business

October 2026 Meeting

Review of plan safety plan progress and dashboards

Discussion critical elements to be included in 2027 safety plans

Consideration of structure and operation of HSE Committee in light of change of approach

Critical risk presentation review of spectator safety planning

Critical risk presentation travel safety

February 2027 Meeting

Review of planning and dashboard approach

Occupational Health and Wellbeing Annual Report

Detailed review of health and safety plan and progress Wolfson

Radiation Protection Annual Report

Critical risk presentation review of student accommodation construction

Critical risk presentation Laser Safety

Agree H&S RAG Rating

May 2027 Meeting

Review of HSE plans, discussion of comments made by review groups

Review of planning and review process so far

Review of data set related to School and Service plans

Critical risk presentation possibly chemical safety / explosive atmospheres or lone working (review of SafeZone deployment).

October 2027 Meeting

Review of plan safety plan progress and dashboards

Discussion critical elements to be included in 2028 safety plans

Critical risk presentation TBC

Subjects of previous meetings

October 2021 Meeting

HSE Update from School of Mechanical, Electrical and Manufacturing Engineering
HSE RAG Rating

February 2022 Meeting

HSE Update from School of Science
HSE Update from Campus Services / Catering / Accommodation element of Estates & FM
Health and Safety Annual Report
Annual Radiation Protection Report
HSE RAG Rating

May 2022 Meeting

HSE Update from Estates & Facilities Management (excluding Catering, Domestic & Residential Services)
HSE Update from Student Services

October 2022 Meeting

HSE Update from School of Sport, Exercise and Health Sciences
HSE Update from Sports Development Centre
Presentation on Fire Management Strategy, Risks and Compliance
Occupational Health and Wellbeing Service Annual Report
HSE RAG Rating
H&S Strategic Long-term Plan
Sustainability Annual Report

February 2023 Meeting

HSE Update from School of Aeronautical, Automotive, Chemical and Materials Eng
Presentation on Water Management Strategy, Risks and Compliance
H& S Annual Report
Radiation Protection Annual Report
Chemical and Biological Safety Annual Report

May 2023 Meeting

HSE Update from School of Design and Creative Arts

HSE Update from School of Social Sciences and Humanities

Presentation on critical risk, strategy, control and compliance Human Tissue Act

October 2023 Meeting

HSE Update from Loughborough Business School

HSE Update from Loughborough University London

Presentation on critical risk, strategy, control and compliance – On campus events

HSE RAG Rating

February 2024 Meeting

HSE Update from Imago

HSE Update from Campus Services / Catering / Accommodation element of Estates and Facilities

Presentation on critical risk, strategy, control and compliance – Chemical safety arrangements

H& S Annual Report

Radiation Protection Annual Rep

May 2024 Meeting

HSE Update from Wolfson School of Mechanical and Electrical Engineering

HSE Update from School of Science

Presentation on wellbeing, critical risk management avoidance and management of musculoskeletal issues

October 2024 Meeting

HSE Update from Loughborough Students Union

HSE Update from Marketing and Advancement

HSE RAG Rating

Presentation on stress and mental wellbeing

Feb 2025 Meeting

HSE Update from Student Services

HSE Update from Estates and Facilities Management

Occupational Health and Wellbeing Annual Report

Radiation Protection Annual Rep

Agree H&S RAG Rating

May 2025 Meeting

HSE Update from School of Architecture, Building and Civil Engineering

HSE Update from School of Sport, Exercise and Health Sciences

Consideration of consultation on structure and operation of the HSE committee

H&S Strategic Long-term Plan

Critical risk presentation on stress and mental wellbeing

Placements policy review

January 2026 Meeting

HSE Update from the School Design and Creative Arts

HSE Update from School of Aeronautical, Automotive, Chemical and Materials Engineering

Review of Health and Safety Planning pilot

Occupational Health and Wellbeing Annual Report

Radiation Protection Annual Report

Agree H&S RAG Rating

May 2026 Meeting

Review of HSE plans, discussion of comments made by review groups

Review of planning and review process so far

Review of first data set related to School and Service plans

Critical risk presentation management of the risks posed by increased construction / contractor activity

Critical risk presentation suicide prevention strategy

Health, Safety and Environment Committee



Loughborough
University

Chemical Safety Policy

Origin: Rae Denham

Action Required:

HSE Committee are asked to **Approve** the revisions to the Chemical Safety Policy.

Executive Summary

The Chemical Safety Policy has been reviewed and amended. The policy amendments include the re-allocation of duties, the inclusion of additional duty holders and additional information on regulated substances.

Other Committees Consulted

Chemical Safety Committee

Equality Diversity and Inclusion Considerations

An Equality Impact Assessment (EIA) has been conducted for this policy (Reference: HSS_Chem_01).

Link to [Chemical Safety Policy](#)

1.0 Policy

The Chemical Safety Policy has been updated to reflect the activities at the University and redefine the allocation of duties. The updated policy was shared with the Chemical Safety Committee and Trade Union colleagues for consultation prior to submission to the HSE Committee.

1.1 Re-allocation of duties

Duties that were assigned collectively to the School Safety Officer (SSO), Department Safety Officer (DSO), and Responsible Person (RP) have been reallocated. The SSOs and DSOs have a shared list of duties and RPs have a separate list of responsibilities.

1.2 Inclusion of additional duty holders

The following duty holders and their associated responsibilities have been included in the policy:

Heads of Operation

Responsible Persons

Chemical Safety Committee

Contractors

1.3 Appointment of Responsible Persons

Responsible persons (RPs) are appointed by the Dean of School/Directors/Head of Service to support the Safety Officers/Departmental Safety Officers (SSO/DSO) at a local level. RPs may be responsible for a specified area where hazardous chemicals are used. This may be for a particular laboratory, or a suite or building of laboratories.

Deans of Schools/Directors/Heads of Professional Services may appoint person(s) to act as RPs with the necessary skills, knowledge, ability, training and experience, to oversee the use of hazardous chemicals within their specified area. It is the Deans of Schools/Directors/Heads of Professional Service's responsibility to determine the required training for the role.

1.3 Inclusion of additional sections

The regulated substances section has been expanded to include poisons.

Construction – Small Works Health & Safety Policy – version 4

Origin: M.Haynes-Coote – Deputy University Health and Safety Manager - Health and Safety Services

Action Required: To APPROVE the addition of ITS exception wording to the revised policy document – so it may be added to existing health and safety policy library

Most construction is normally delivered by Estates & Facilities Management (EFM), but this policy outlines the limited circumstances where local departments can deliver small works themselves. The policy has undergone revision and is submitted to Committee for consideration and approval.

Under this revised policy these works must be:

- Under £10,000
- Non-notifiable under CDM 2015, and
- Low risk, with only minimal impact on the building fabric or services.

The small works must fully comply with Construction (Design & Management) Regulations 2015 and all other relevant health and safety legislation. The School/Service will act as the commercial client and must ensure proper planning, competent contractors, adequate risk control, welfare, and safe working practices.

Addition to Page 5 of Policy:

IT Services must deliver works within the agreed scope of all Small Works projects, except where the value or specialist nature of the works necessitates involvement outside the standard Small Works process.

A trained Small Works Competent Person (SWCP) must be appointed to manage these projects. They are responsible for reviewing RAMS, checking asbestos information, liaising with EFM, and overseeing site safety throughout.

The policy arrangements set out a 3-step process:

1. Planning Phase - preparing the project (brief, approvals, risk assessment, competence checks).
2. Pre-construction phase - setting up the work (pre-construction information, contractor induction, permits, signage, site segregation).
3. Construction phase
 - a) managing the work (monitoring safety, site inspections, containment, welfare, fire safety, asbestos management)
 - b) completion duties (snagging, waste clearance, updated O&M data, health & safety file).
 - c) post-project review to capture lessons learned.

Appendices provide examples of allowable low-risk works, key project phases, a pro-forma template, and a detailed health and safety checklist.

Other Committees Consulted

None. The policy has been out for consultation with representatives from EFM_FM, Unions and AACME, LU Sport, ITS and Wolfson prior to submission to this committee.

Equality Diversity and Inclusion Considerations

The policy has been revised to reflect university governance practices aligned to EDI frameworks to support broader commitments to ethical practices.

Link to: [Small Works Policy](#)

HSE Committee



Work at Height Policy

Origin: M. Haynes-Coote - University H&S Service (UHSS)

Action Required: To APPROVE this policy document

Executive Summary

Working at height remains one of the leading causes of serious injury and fatal accidents in the workplace. Within a university environment, a wide range of activities involve work at height, including maintenance of buildings, inspections, cleaning operations, installation of equipment, management of student accommodation, event set-up, grounds maintenance, and contractor activities. As a large and diverse organisation with complex estates, the university has a legal and moral duty to ensure that such activities are planned, supervised, and carried out safely.

In summary, a Work at Height Policy is essential to safeguard people, ensure legal compliance, support effective estate management, and uphold the university's responsibility as a safe and responsible institution for education, research, and student welfare.

Consultation

A consultation exercise was conducted by UHSS with key stakeholder area representatives from across the University including union colleagues.

Equity, Diversity and Inclusion Considerations

A Equality Impact Assessment has been undertaken.

Link to: [Work at Height Policy](#)

The Work at Height Policy is based upon an Estates document (Annex M) updated and elevated to University wide status. It establishes a clear framework for managing the risks associated with working above or below ground level where a fall could result in injury. The policy ensures compliance with relevant health and safety legislation, defines roles and responsibilities, and sets minimum standards for risk assessment, training, competence, equipment selection, inspection, and safe systems of work.

A university presents unique challenges due to the presence of students, staff, visitors, contractors, residential accommodation, laboratories, heritage buildings, and public spaces. Without appropriate controls, work at height activities have the potential to cause serious harm not only to those undertaking the work but also to members of the wider university community who may be affected by falling persons, tools, materials, or equipment.

Implementing a Work at Height Policy supports the university's commitment to providing a safe and healthy environment for learning, research, living, and working. The policy promotes a proactive approach to risk management by prioritising the avoidance of work at height wherever possible, using safer alternatives where available, and ensuring effective control measures when work at height cannot be avoided.

The policy also helps to protect the university from financial, legal, operational, and reputational consequences arising from accidents, enforcement action, business disruption, insurance claims, and civil litigation. By establishing consistent standards across all schools, departments, halls of residence, and contractor operations, the university can reduce risk, strengthen its safety culture, and demonstrate effective governance and compliance.

Health, Safety and Environment Committee



Lone Working Policy

Origin: Director of Health, Safety and Wellbeing

Action Required:

To APPROVE the updated Lone Working Policy

Executive Summary

The lone working policy has been updated following the adoption of the Safezone app. There are no substantial changes other than those which are app related – ie removal of references to the Loughborough Lone Working app and the insertion or references to Safezone.

The requirement for a lone working duty officer has also been removed as the Security Team have agreed to act as the first responders.

Other Committees Consulted

None. However, the policy was distributed to safety contacts for consultation

Equity, Diversity and Inclusion Considerations

The SafeZone app allows colleagues with mobility or health issues, or Security concerns to work with more confidence as the app has a lone worker function, an incapacity alarm and a call for help function.

Link to: [Lone Working Policy](#)

Health, Safety and Environment Committee



Loughborough University

Feedback Received during the Smoking Policy Consultation

Origin: Neil Budworth, Director of Health, Safety and Wellbeing

Action Required:

HSE Committee is asked to **approve** the proposed response to the feedback received

Executive Summary

A consultation exercise was held in relation to the University Smoking Policy. The policy itself is aimed at the Loughborough campus as the smoking is prohibited inside the London campus and the outside spaces are public spaces and not controlled by the University.

The policy was issued for consultation through safety contacts, Union colleagues, safety committees and a general news release.

A number of responses were received. On the basis of these comments the language of the policy has been updated to reflect current usage. The policy is clearer for exemptions on medical devices, the inclusion of tenants and an additional non smoking area (with or without designated smoking shelter) is being proposed.

HSE Committee are asked to approve this approach – with the discretion to include a smoking shelter in the area behind the Sir David Davis building if it is considered necessary to practically manage risk. Note the graphics within the policy will be updated to reflect the final decision of the HSE Committee.

Other Committees Consulted

None – direct consultation

Equity, Diversity and Inclusion Considerations

The policy has a number of potential EDI impacts – The changes relating to the use of vape type devices for medical applications clarifies the position for those who need them. In addition, the extension of no smoking areas provides additional protection for those with respiratory challenges. The imposition of further restrictions around smoking behind the Sire David Davis building could mean that those who have mobility issues will have further to travel if they wish to smoke, but this may be mitigated by the provision of a smoking shelter in a position which will not impact on the Sir David Davis building.

Link to: [Smoking Policy](#)

Feedback Received during the Smoking Policy consultation

Issue	Number of respondents	Suggested response
Consideration should be given to making the internal quad area of Sir David Davis a non smoking area	1	This makes sense due to the lack of air movement and proximity of windows and air intakes
Consideration should be given to making the entrance area of Sir David Davis a non smoking area	1	
The areas outside the STEMLab and Sir David Davies solvent stores should be designated as non-smoking areas due to the flammability hazard of solvents and compressed gases in those areas.	1	These are already covered by the policy
Tenants of the university (and their guests) are not mentioned. I've often seen people vaping around door L of Garendon Wing and the roads around Holywell Park (the smoking shelters appear well used).	1	<p>The phrase 'Where staff or students smoke or vape outside they : ' to be changed to 'Where individuals smoke or vape outside they:-</p> <p>'All visitors and contractors are required to abide by this policy' to be changed to 'All tenants, visitors and contractors are required to abide by this policy'</p>
The designated no smoking areas are not well signed	1	The visibility of signage should be continually reviewed
Could the whole campus to be a nonsmoking area?	1	This was discussed during the last review of the Smoking policy. This was felt to be difficult due to the number of people who actually live on campus. A whole campus ban would also risk driving smoking underground into unsuitable spaces.
Could the policy look at including measures for temporary smoking bans on campus during extreme heat/dry conditions? These are conditions that we can expect to occur more frequently, so it would be good to have the policy reflect this.	1	This can be done as required and does not need writing into the policy

Is it possible to have some wording around the disposal of Vapes? Vapes cannot be put in University waste streams due to the risk of fire; they can be returned through take back schemes or taken to the local tip.	1	This is a broader communication issue and not related to the policy
We also have an issue and risk with people smoking around waste areas, particularly the utilities yard at Holywell. Please can this be made a non-smoking zone.	1	If there is a perceived risk these can be designated.
We have significant smoking user around Herbert Manzoni and EHB, can this be made a non-smoking zone, or a designated area provided.	2	There have been 2 comments regarding smoking in the square outside of Herbert Manzoni. The area is well ventilated and spacious, so the presumption is not to designate a no smoking area
Area outside of Wolfson at AACME end of the building as smoke entering offices.	1	This is more related to the enforcement of the 3 meter exclusion of smoking around doors and open windows
The changes seem fine. This said with the current distance requirements I get smoke drifting into my office when people are smoking in front of Brockington; occasionally I have had to receive a student with my office smelling of cigarettes when I didn't close it in time. I know there's no minimum requirement by law; having done a quick search typically 3 to 5 metres is suggested, and the NHS have a rule of 15 metres. I would be in favour of encouraging people to move further away from buildings, increasing the distance. To be fair when the wind is blowing in a given direction, it might make no difference whether someone is 3 or 5 metres away, but if increasing the distance can make it more likely for the smoke to disperse before getting to offices that would be a good thing.	1	This is more related to the enforcement of the 3 meter exclusion of smoking around doors and open windows
Following complaints from staff who have offices on the Margaret Keay Road side of Morag Bell, could the James France no-smoking zone be extended into the yellow area shown on the diagram (i.e. the rear of Morag Bell)?	1	Only one request was received and the area is well used. No further restrictions will be applied in this area.

Suggest extending the zone beyond the location of the gas cylinders external to Morag Bell	1	If these are flammable gases then these are already covered by the policy
<p>The reference to Live Well Leicester is for Leicester city residents only. The quit smoking service for Leicestershire (including Loughborough) is Quit Ready Leicestershire and Rutland About QuitReady - Quit Ready. Therefore, I would suggest the following amendment:</p> <p><i>Smokers wishing to give up smoking will be directed to the free local service Quit Ready Leicestershire and Rutland About QuitReady - Quit Ready or the NHS service Quit smoking - Better Health - NHS</i></p>	1	Amendment made
Typographical corrections	1	Incorporated in the final draft.
Proposed additional no smoking zone covering the sunken courtyard / seating area behind the Sir David Davis building	0	<p>No specific comments were received on this proposal, but the proposal itself was developed in response to a number of spontaneous requests between policy reviews.</p> <p>Proposals being discussed with E&FM colleagues</p>

Proposal for a smoking shelter behind the Sir David Davis building in the sunken area :

Requests have been made to designate the sunken courtyard / seating area behind the Sir David Davis building (see below) as a non smoking area.

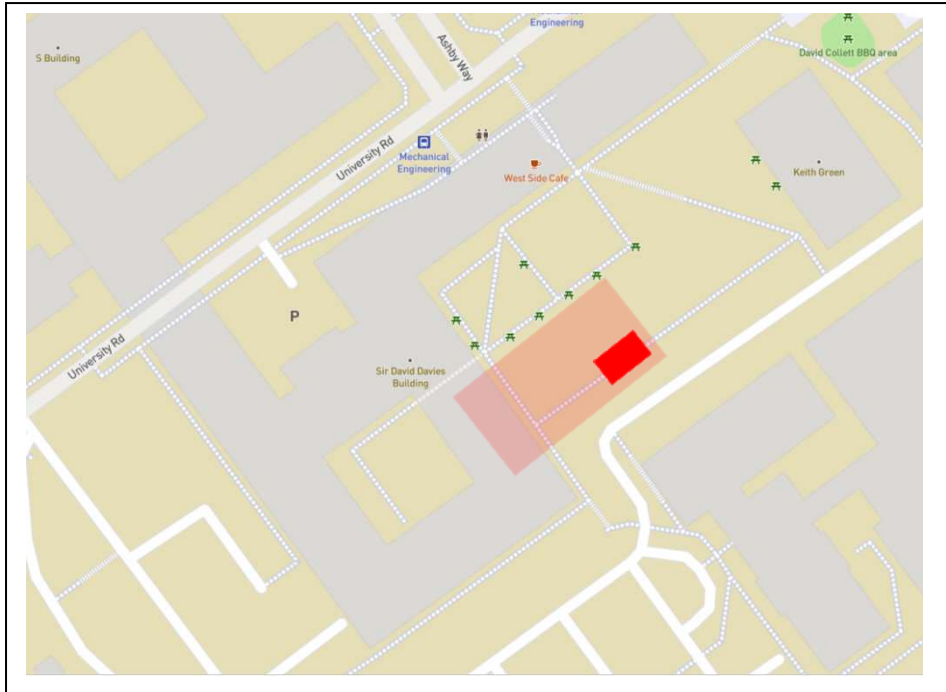
A number of colleagues have requested this change as the smoke and fumes from this area enter the offices and the workspaces above causing nuisance.

Having reviewed the request, it is clear why colleagues would want this in place, however there are concerns that a ban would simply be ignored.

A further concern is that colleagues will shelter in the archway underneath the Sir David Davis building to smoke in poor weather or migrate up towards Burleigh Court. Both of these situations are undesirable.

On this basis the initial proposal is to designate the sunken area as a no smoking area, but then located a smoking shelter in the sunken area, but as far from the building as is possible. This would then give the smokers a focus, keeping them away from the buildings and out of sight of Burleigh Court (see below). This will be investigated with E&FM colleagues.

Proposed No Smoking Zone



Health, Safety and Environment Committee



Loughborough
University

Recommendation for the University RAG Rating October 2026

Origin: Neil Budworth, Director of Health, Safety and Wellbeing

Action Required: To APPROVE the RAG Rating to be passed to Senate and Council

Executive Summary

The Director of Health, Safety and Wellbeing is asking the HSE committee to consider the current HSE risk rating with a recommendation that the overall risk rating be set at 2 Light Green for this period

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Recommendation

The Director of Health, Safety and Wellbeing is currently recommending that the overall risk rating be set at green(light green) for this period.

Methodology

The Director Health, Safety and Wellbeing has reviewed the compliance key performance indicators, the incident rate for the University, Occupational Health trends and emerging issues and on the basis this data has determined the overall risk rating.

Discussion

Whilst there are positives and negatives to be considered across the University Estate, there are a number issues which remain concerns and so influence the decision on the risk rating. I am satisfied that these key risks have mitigations either planned or in place. Which allow me to recommend a Light Green risk rating this period.

The significant issues are :-

Legionella continues to be a challenge. The risk has been identified and additional controls are in place, in the higher risk buildings. In particular, close attention is being paid to the water systems in Towers and the controls which have been introduced are managing the situation. The age of this building and the associated water systems means that the legionella risk will require continued scrutiny.

Following on from Grenfell and the fire in student accommodation in Bolton, fire risk management continues to be a changing and developing landscape which is being carefully monitored. Mitigations plans have been developed and are in place. Whilst there are on going cost and compliance challenges safety is being maintained.

Work is underway to seek to extend the lifespan of the Towers hall of residence. Whilst the residents of Towers are safe due to the high level of safety controls within the building, particularly the detection and total evacuation arrangements, further passive controls will be needed in the future. The installation of these measures is being hampered as the building is subject to the Building Safety Act and hence covered by the Building Safety Regulator. The Building Safety Regulator has to approve any changes to fire safety. This approval step is adding 9-12 month delay to the installation of the new controls. In addition, in the longer term there will be discussions regarding the structure of the building as it was designed in the 1950/60s. It is not yet clear what the outcome of these discussions is likely to be.

Activity is underway to determine the likelihood and extent of any risk.

Mental Health and Employee Wellbeing – In line with the rest of the sector this continues to be a challenge. The University has a full range of mitigation in place and is taking proactive action. New tools have been developed and deployed to support senior leaders. Ongoing activity is needed in this area to manage the risk

The recent higher level of construction and refurbishment activity on campus is likely to increase the level of risk. However, there are robust process and supervisory arrangements in place to minimise this risk.

Taking these factors into account a Light Green rating is recommended for this period.

Neil Budworth, Director of Health, Safety and Wellbeing

Risk definitions

	1 – GREEN – Risks have been identified and controls are in place. Assurance processes highlight that controls are working well and there are no significant concerns
	2 – green – Risks have been identified and controls are in place. Assurance processes highlight that controls are working. There are small number of risks which warrant closer attention and / or monitoring, but there are plans in place to monitor and control these risks.
	3 – AMBER – Risks have been identified and controls are in place. Assurance processes highlight that controls are working. There are small number of risks where controls need improvement, but these have been identified and a plan exists to improve these controls.
	4 – red – Unidentified risks exist, or there are controls which are not being effectively implemented. Or a significant risk has been identified, and a plan has not yet been developed to manage the risk. There is a risk of harm to individuals and / or property and a reputational risk, but the risks are limited and unlikely.
	5 – RED – Assurance of risk identification and control cannot be given. There are risks which pose a realistic and significant risk of harm to individuals and / or property and a reputational risk and plans are not in place to tackle these in a timely manner.

Health, Safety and Environment Committee



Accident and Incident Report for Schools and Professional Services

Origin: Neil Budworth, Director of Health, Safety and Wellbeing and Ben Bugby Health and Safety Services Administrator

Executive Summary

Summary of activity for noting

Other Committees Consulted

None

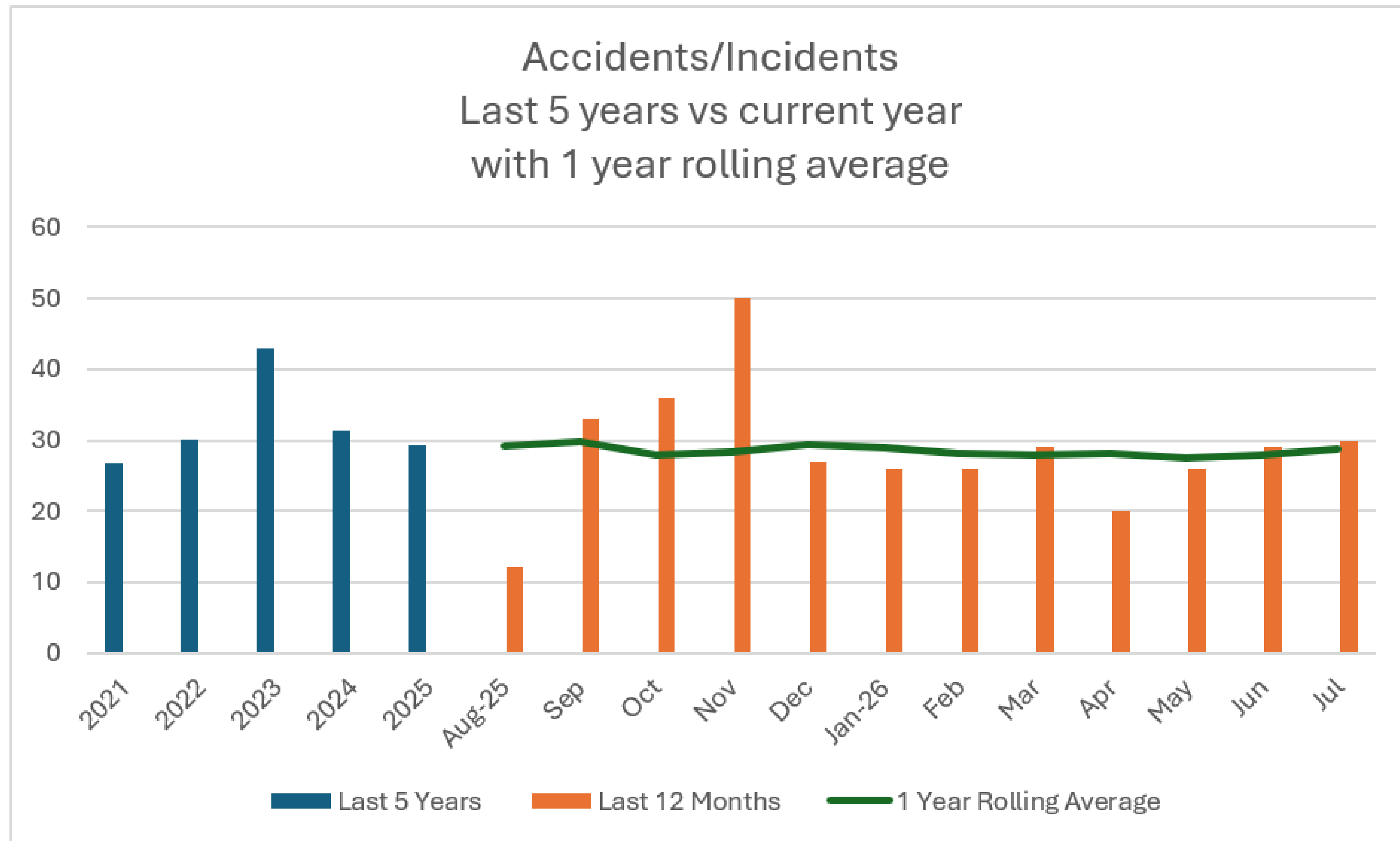
Action Required:

None – For information / Assurance purposes

The following data replaces the previous Incident, Near Miss and Fire Data report, and is split into three sections. The combined University data, The higher risk Professional Services areas and then the Individual schools with referral data from Occupational Health.

HSE Committee Statistics

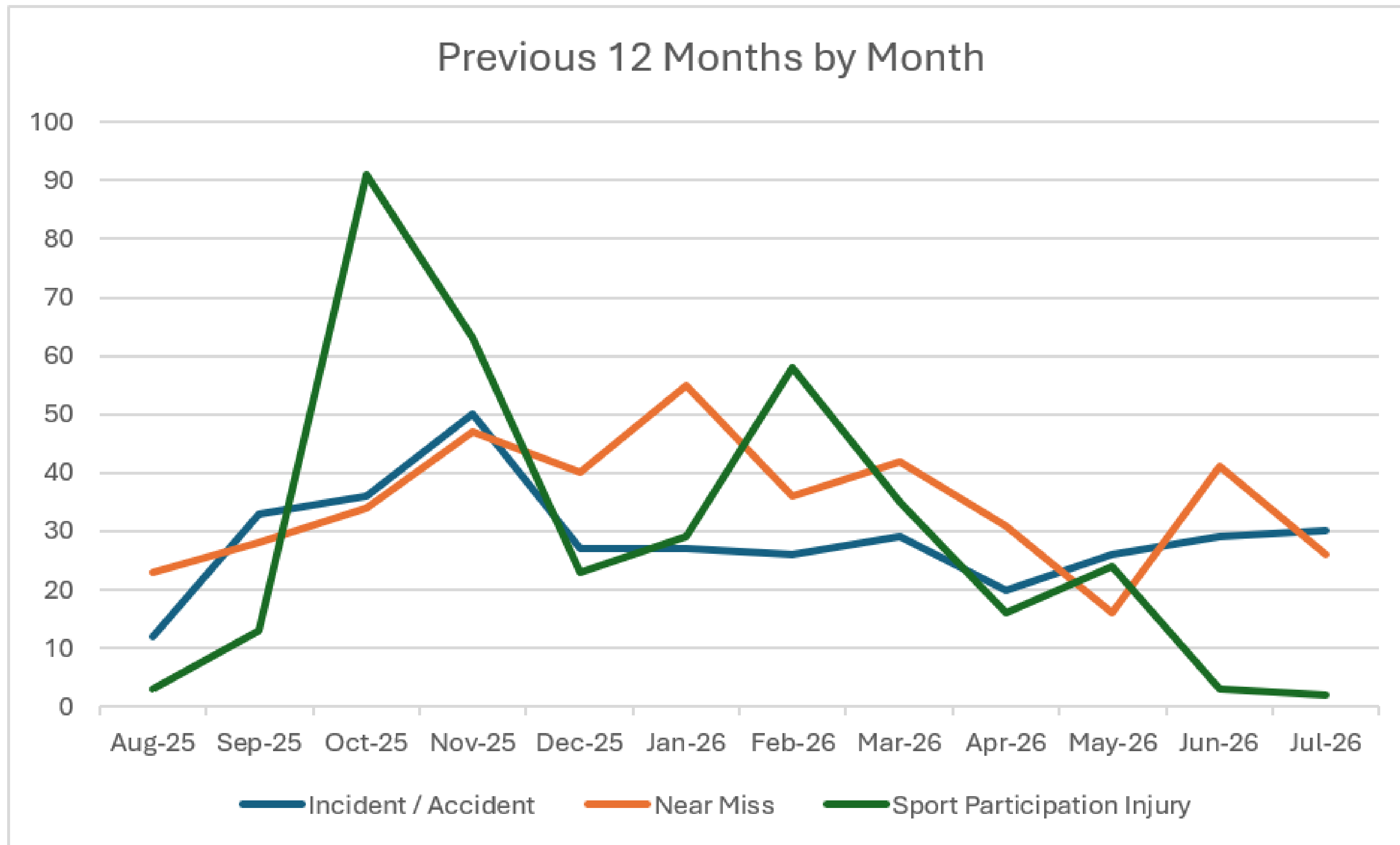
Full University Data



HSE Committee Statistics



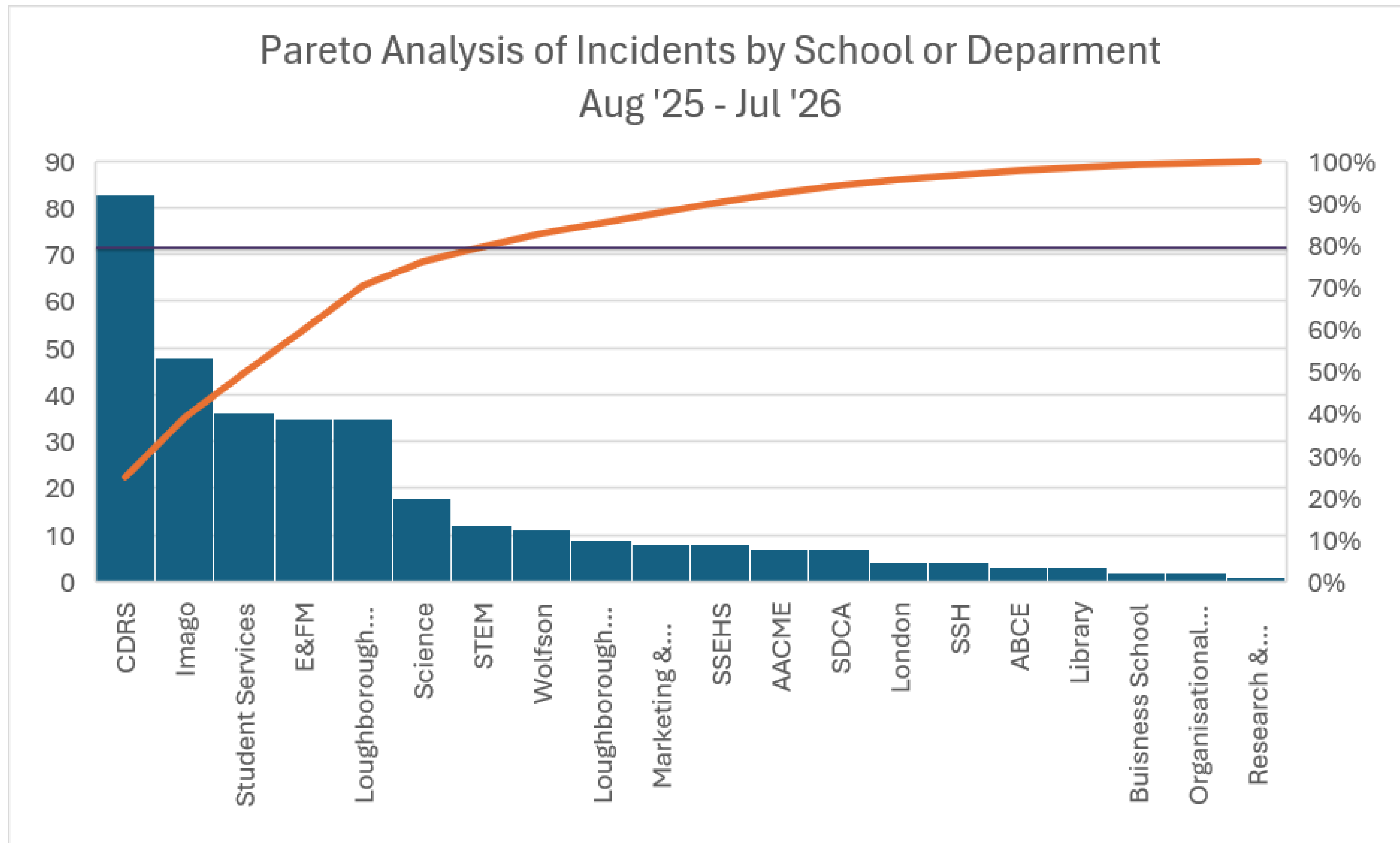
Loughborough
University



HSE Committee Statistics



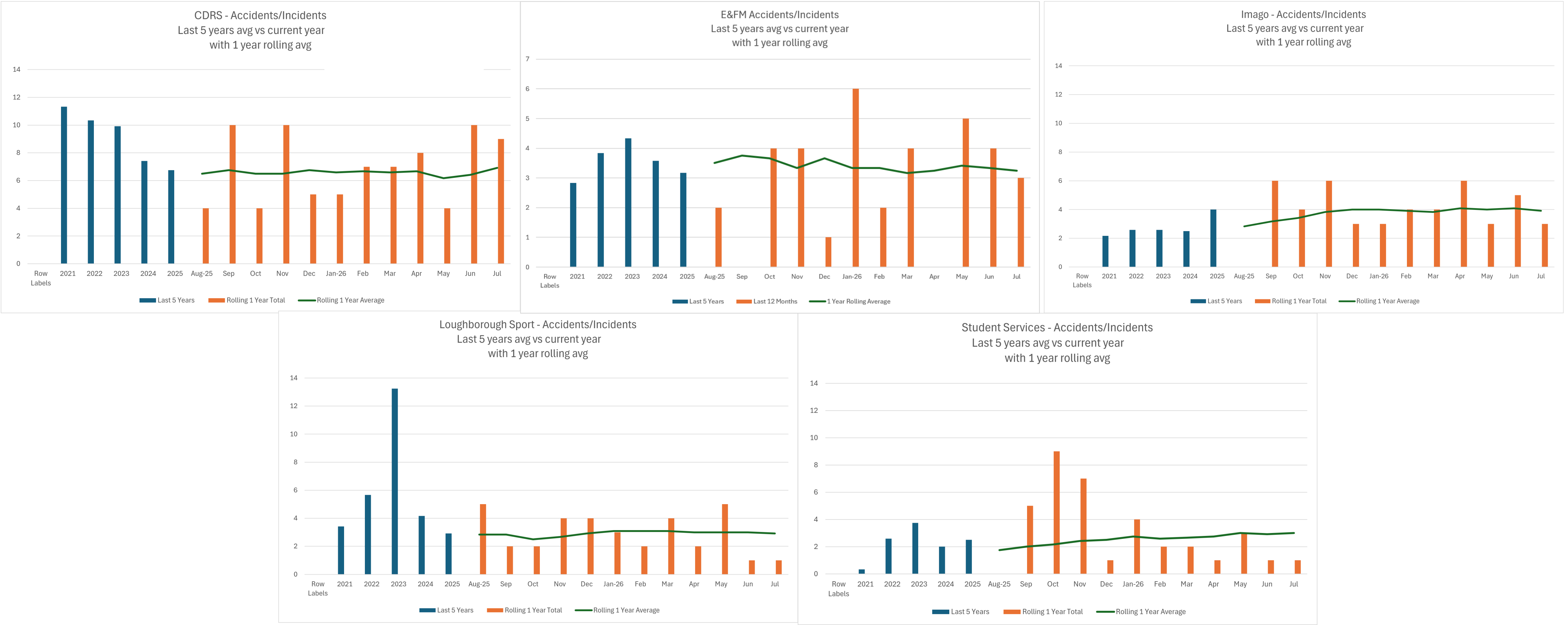
Loughborough
University



HSE Committee Statistics



Services 5 Years Comparison



Loughborough Sport had a big spike in Incidents in 2023 due to the introduction of external medical providers beginning to record incidents on Evotix which subsequently were split out into their own categories.

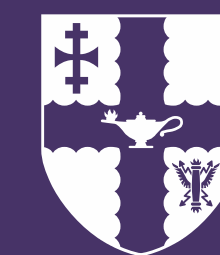
HSE Committee Statistics



Schools 5 Years Comparison

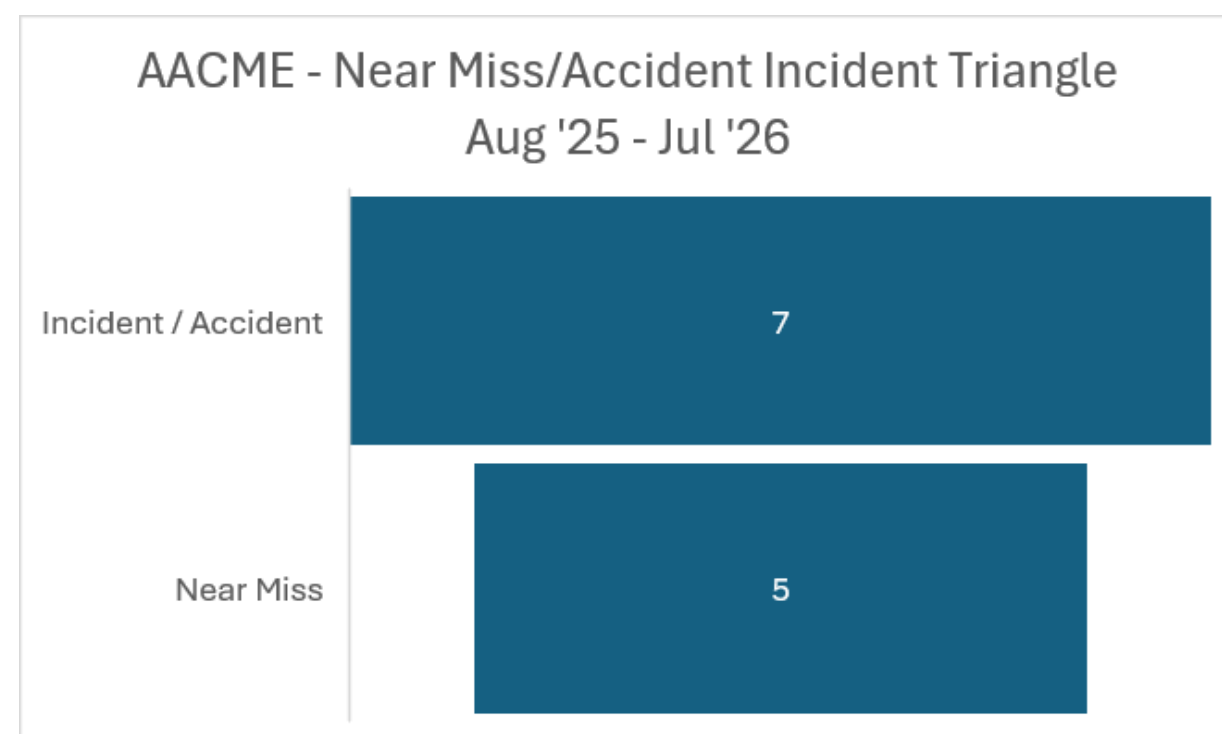
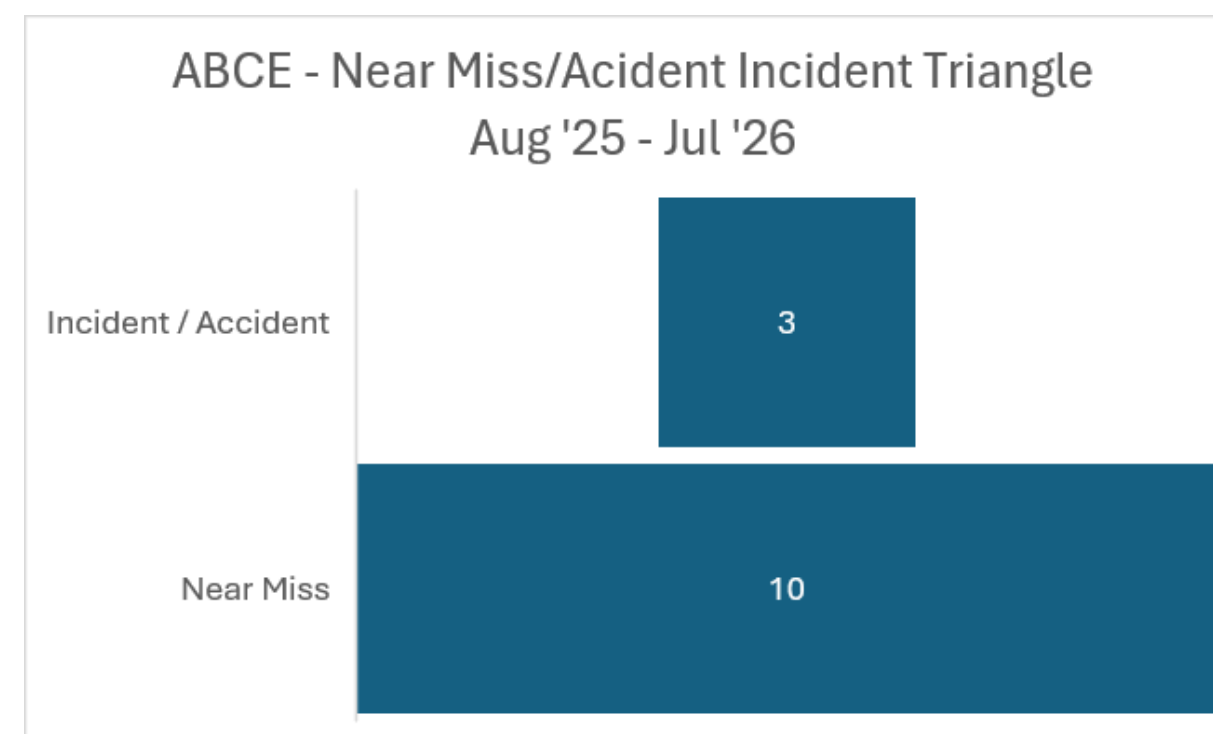
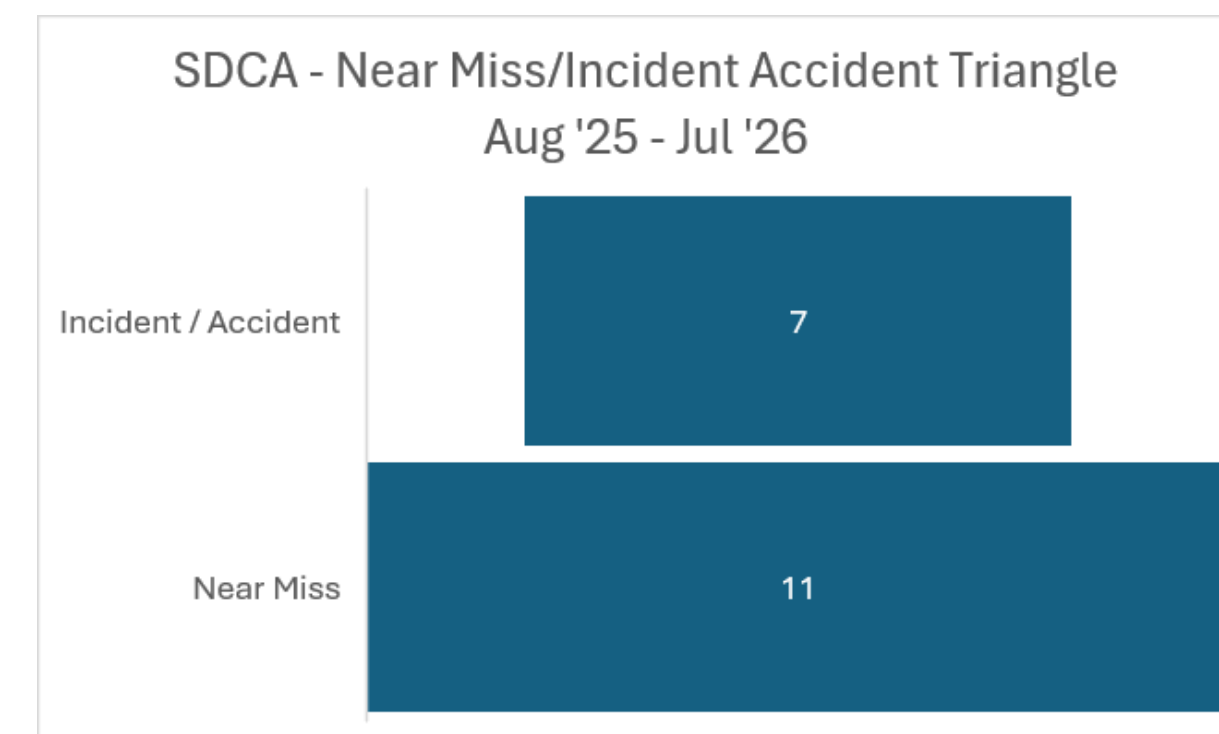
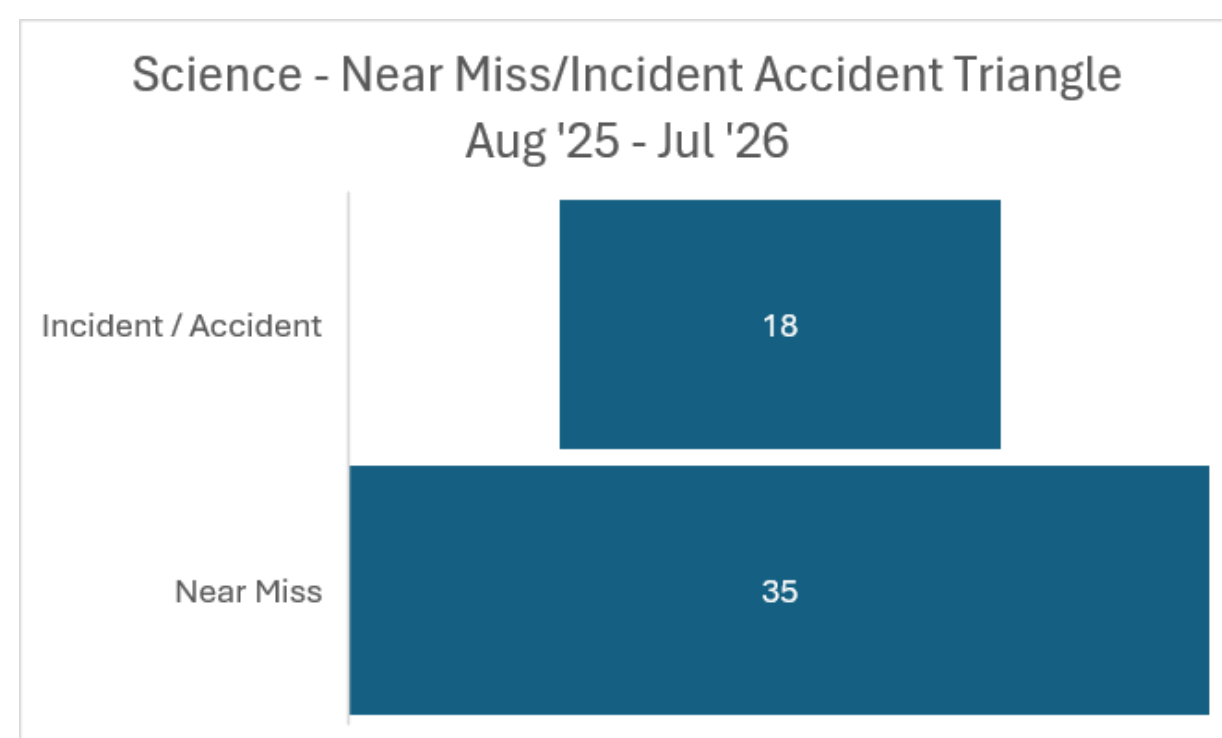
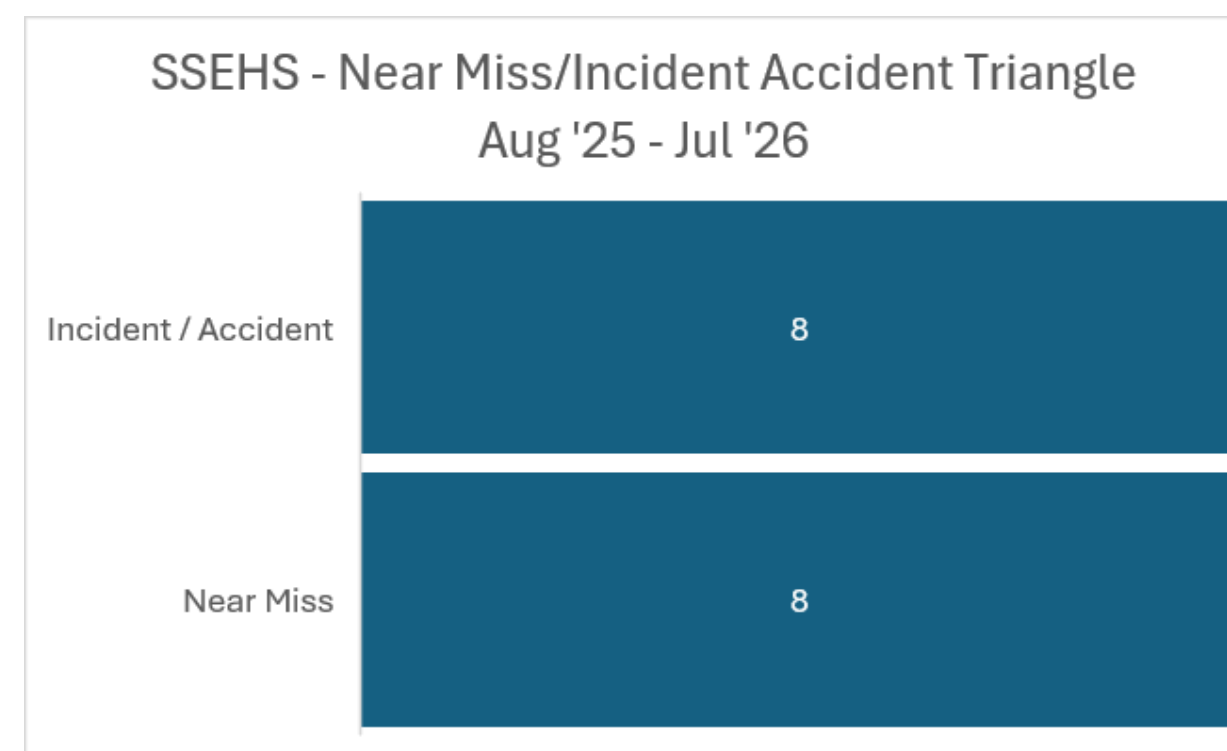
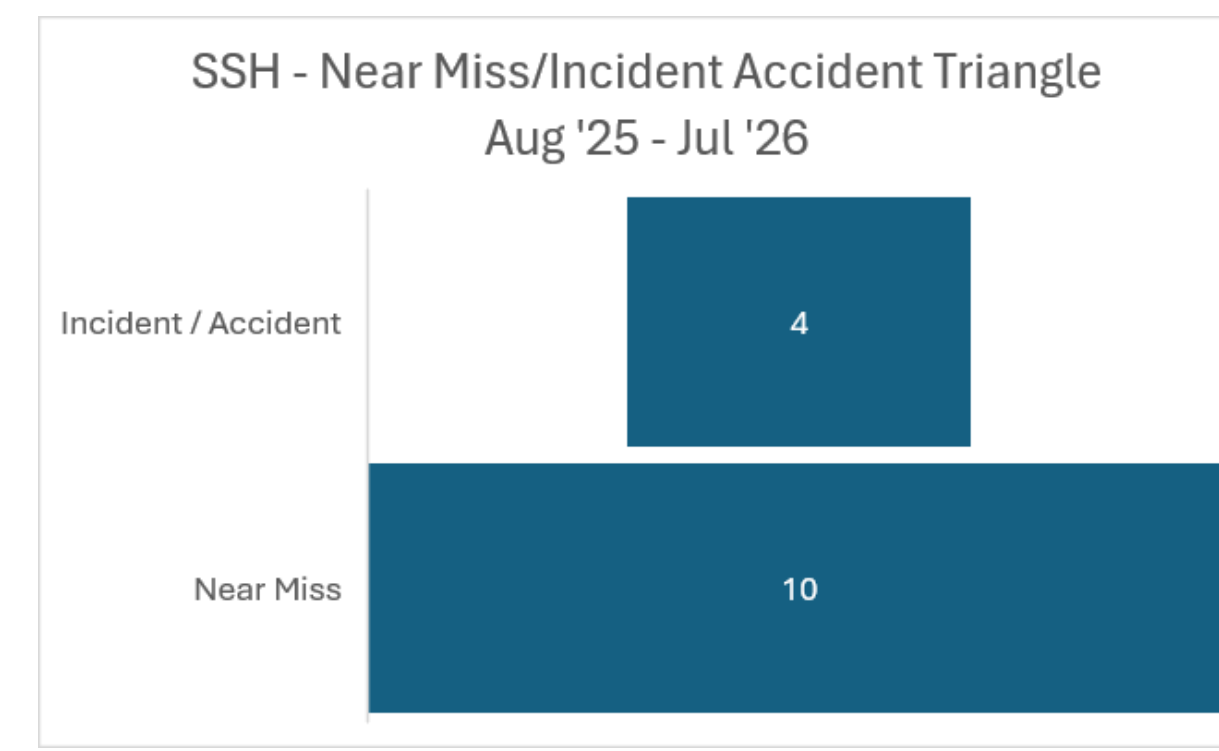
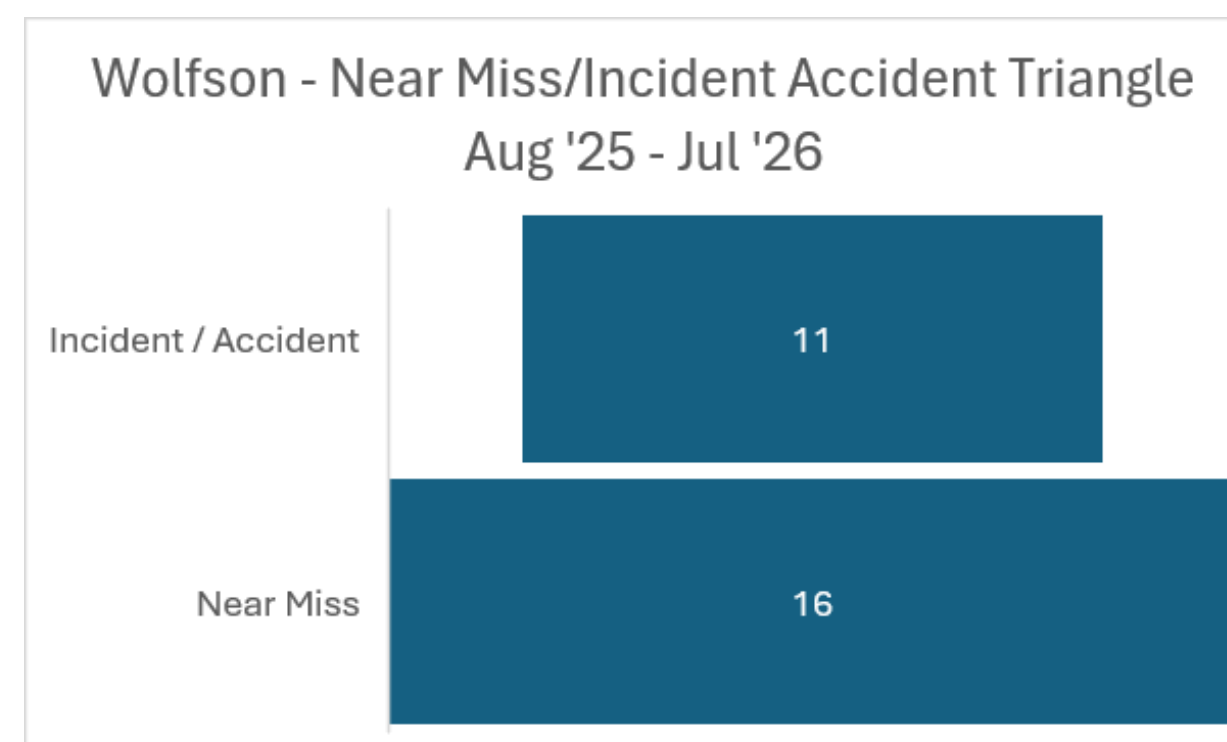


HSE Committee Statistics



Loughborough
University

Schools Near Miss Triangles Aug '25 – Jul '26

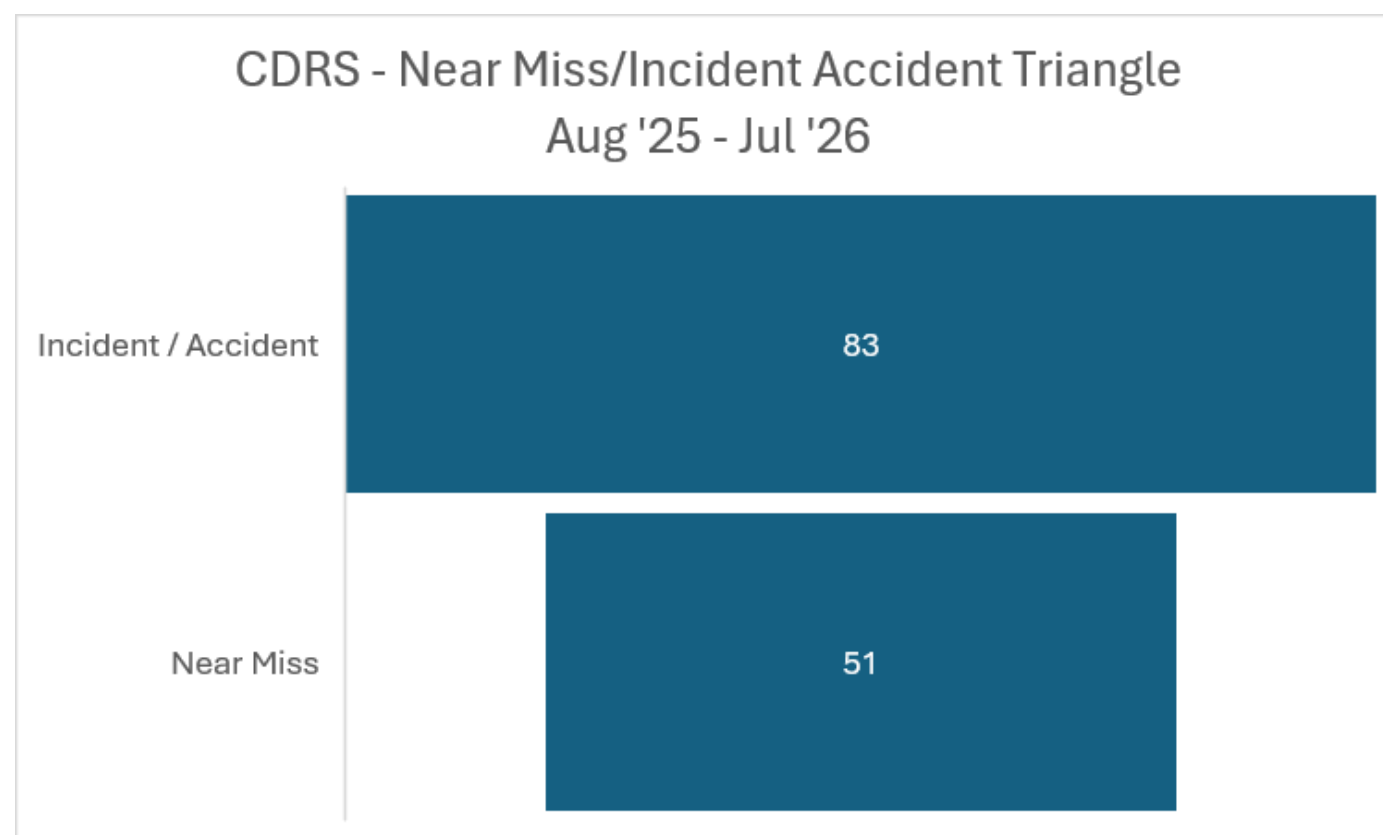
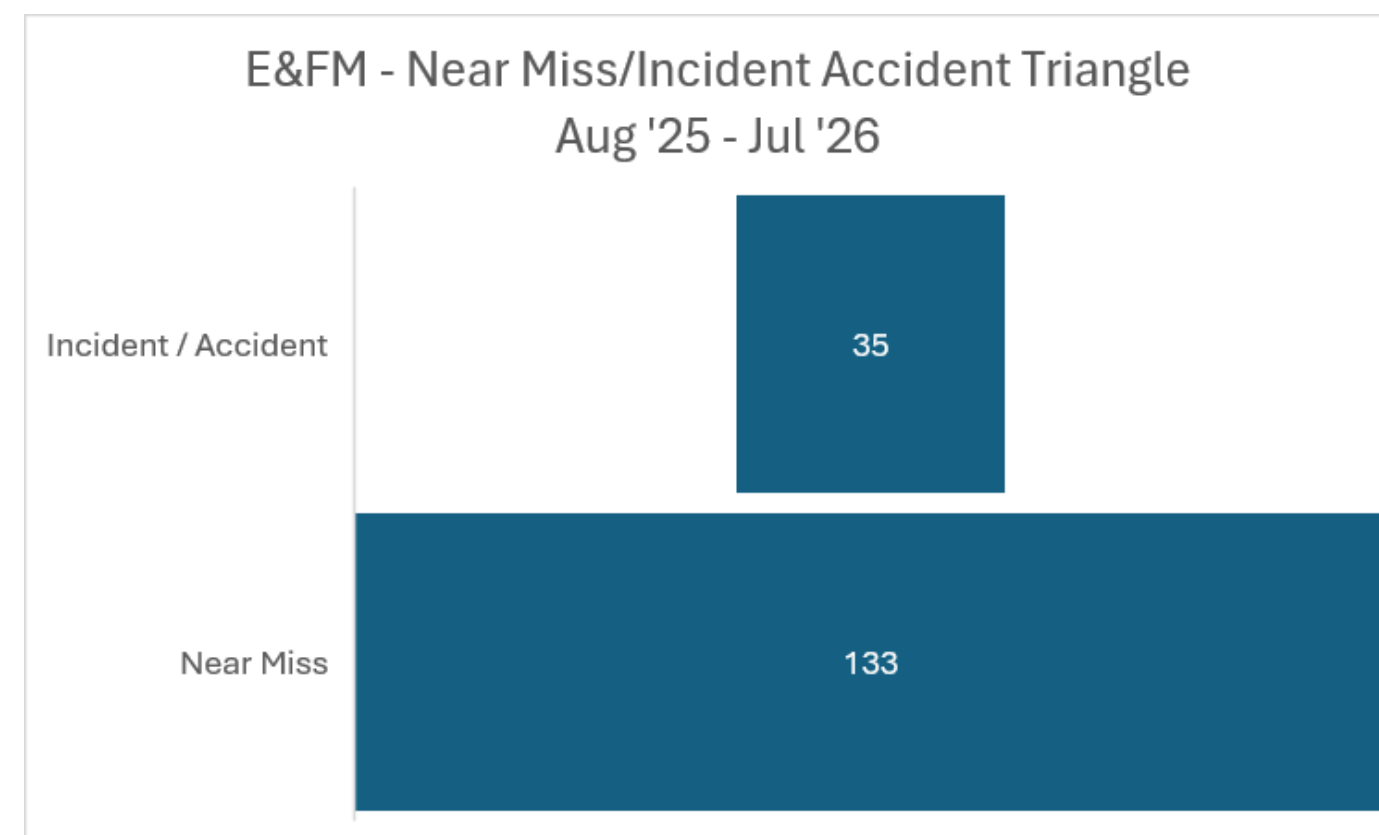
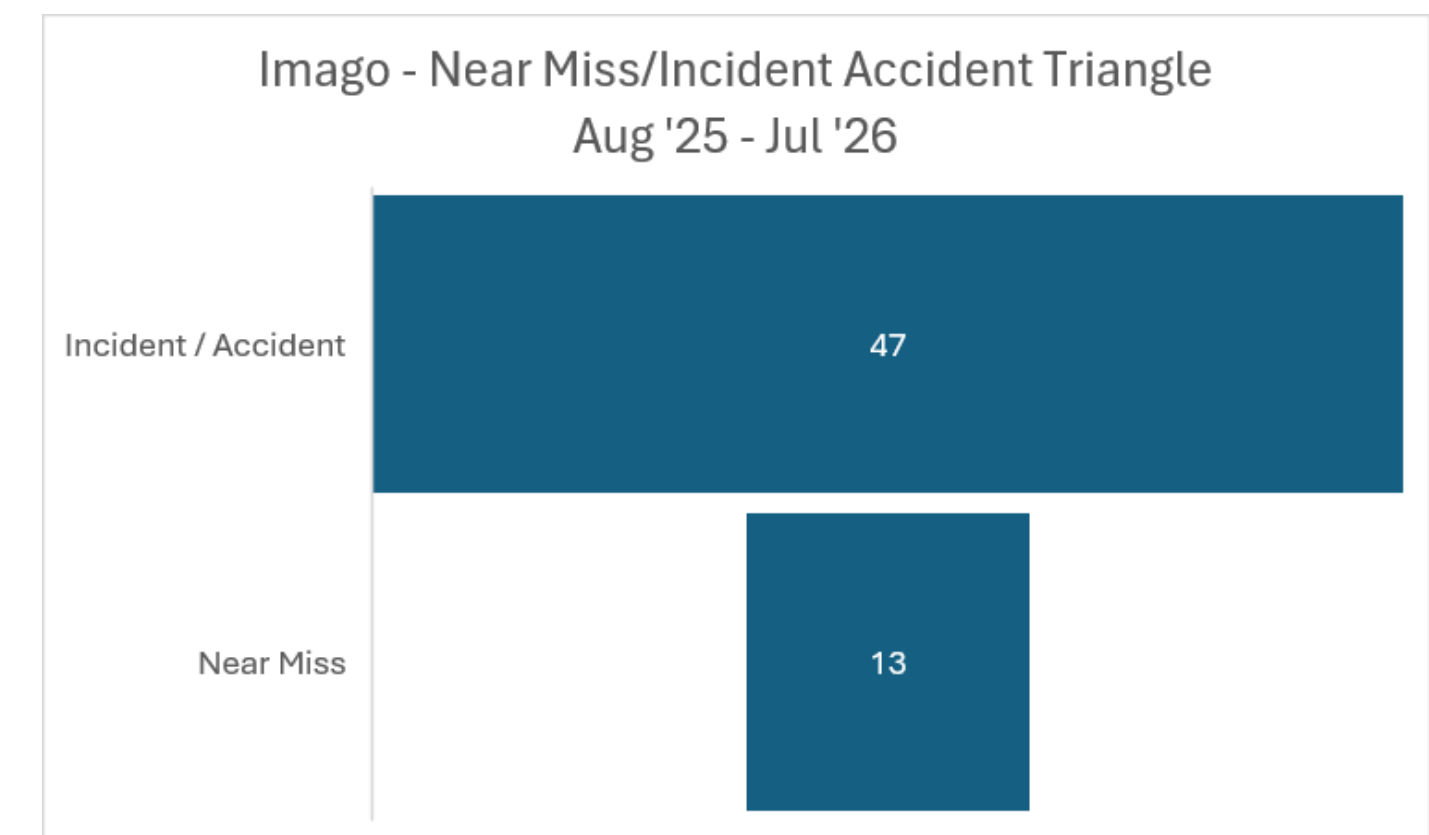
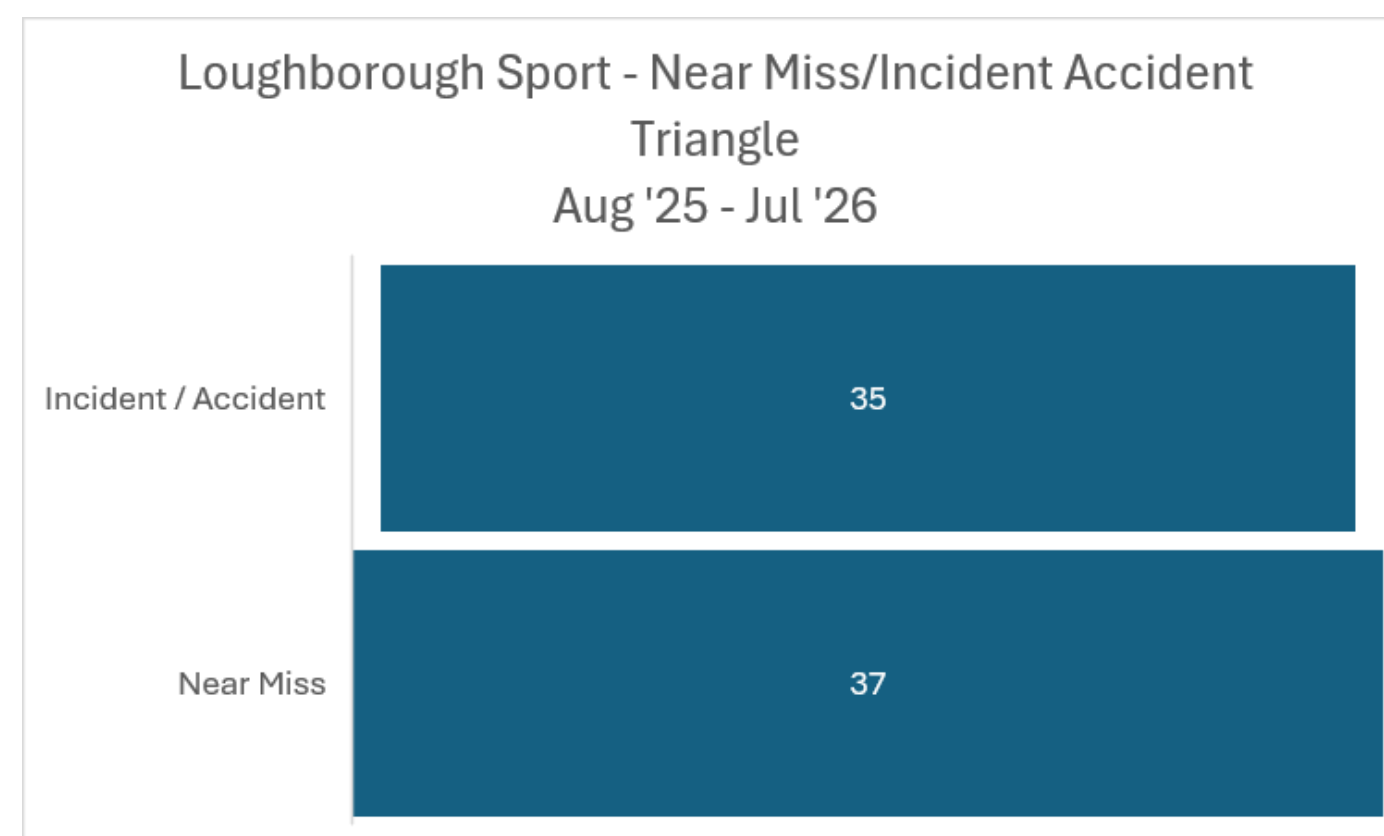
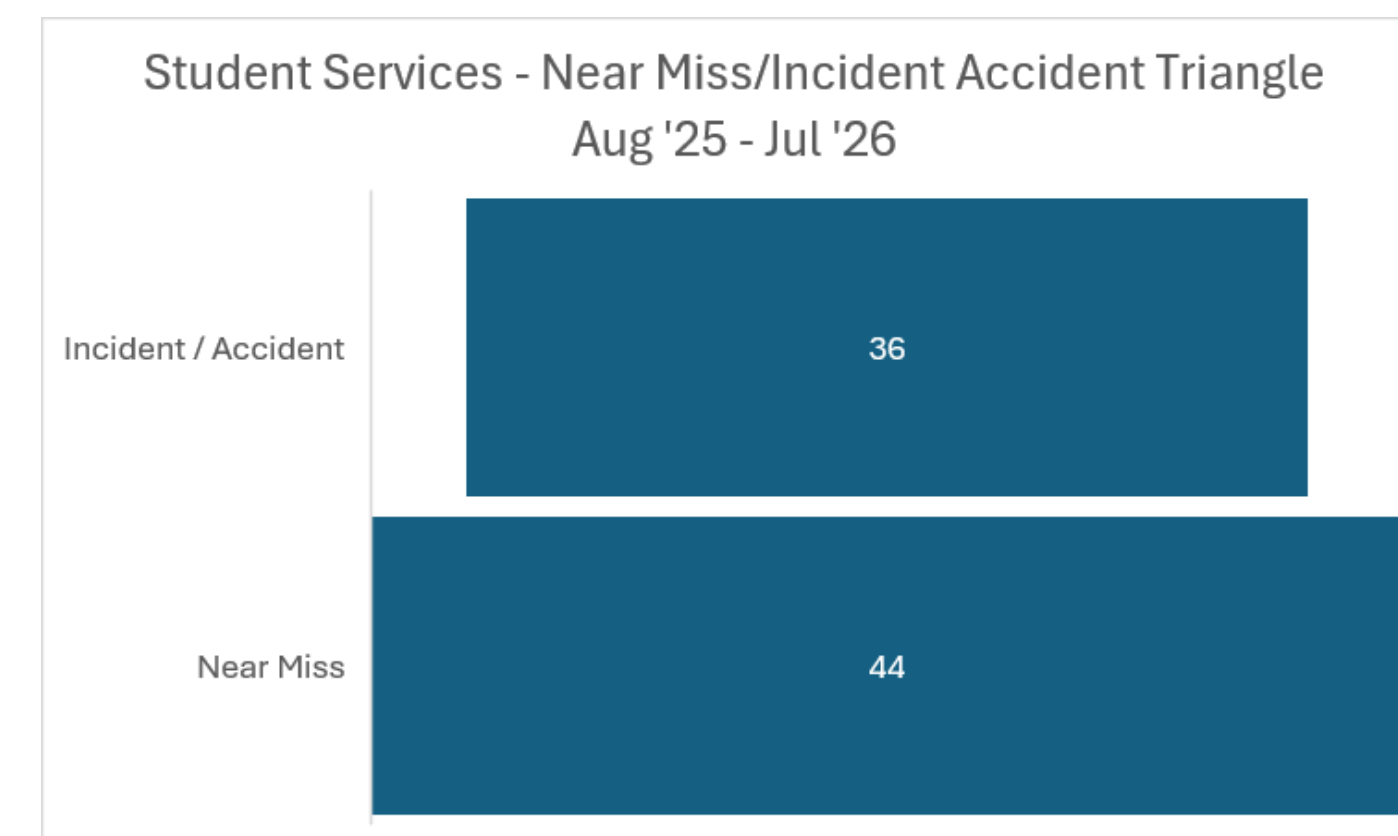


HSE Committee Statistics



Loughborough
University

Services Near Miss Triangles Aug '25 – Jul '26



HSE Committee Statistics

Schools & Services Total Incident to Near
Miss Ratios Aug '25 – Jul '26

Area	Ratio
AACME	1 : 0.71
ABCE	1 : 3.33
SDCA	1 : 1.57
Science	1 : 1.94
SSEHS	1: 1
SSH	1 : 2.5
Wolfson	1 : 1.45

Area	Ratio
CDRS	1 : 0.61
E&FM	1 : 3.8
Imago	1 : 0.28
Luff Sport	1 : 1.06
Stu Serv	1: 1.22

HSE Committee Statistics

Incidents/Near Misses per 1,000 FTE

Area	FTE	Total Incidents	Incidents per 1,000	Total Near Misses	Near Misses per 1,000
AACME	206.6	7	33.88	5	24.20
ABCE	135.8	3	22.09	10	73.64
SDCA	179.9	7	38.91	11	61.15
Science	264.5	18	68.05	35	132.33
SSEHS	270.3	8	29.60	8	29.60
SSH	241.5	4	16.56	10	41.41
Wolfson	235.6	11	46.69	16	67.91
CDRS	299.9	83	276.76	51	170.06
E&FM	461	35	75.92	133	288.50
Luff Sport	239	35	146.44	37	154.81
Student Serv	160.8	36	223.88	44	273.63

School Occupational Health Referrals

Management referrals	Mental Health	MSK	Other	Self Referral
AACME	3	4	7	9
ABCE	8	5	4	9
SDCA	23	11	22	14
Science	6	4	10	10
SSEHS	7	6	27	11
SSH	8	12	22	12
Wolfson	13	7	9	11

AMENDED VERSION**Health, Safety, Environment Statutory Compliance Sub-Committee Meeting****Composition, Membership and Terms of Reference 202~~6~~54****Loughborough University****Definition of a DAP**

A person, either employed by the University or another organisation, with the required knowledge, training and experience, appointed by the Director of Estates in writing, to take managerial responsibility for the implementation of the policy and procedures for a specific area of Health and Safety legislation

Membership

Director of Maintenance, Engineering and Sustainability
University Compliance Engineer and DAP Asbestos ~~Deputy~~
University Health, Safety and Risk Manager

DAP Gas

DAP HV Electrical

DAP LV Electrical

~~31.10.24~~ Phil Kitchen

DAP F Gas

DAP Fire

DAP LEV

DAP LOLER

now LOLER and PUWER DAP

DAP PUWER

DAP Pressure Systems

DAP Food Hygiene

DAP DSEAR

University – not yet appointed to

DAP Water

Secretary

Rob Sparks

Paul Walker

Mike Haynes-Coote

Jonathan Cripps

Adam Slater

~~Matthew Chadwick~~ (Leaving

Nik Hunt

James Holt

Michael Wraight

~~Dave Green~~ Carolyn Kavanagh is

Carolyn Kavanagh

Matthew Polkey

~~Gagan Kapoor~~ Dan Brazill~~Oliver Preedy~~ Oliver has left the

Scott Phillips

~~Vedika Bansal~~ Mya GhataurhaeFm Admin**Right of Attendance:**

Director of Estates and Facilities Management

Graham Howard

Terms of Reference

- To advise Health, Safety and Environment Statutory Committee on compliance across the University relating to facilities in line with the University Health and Safety policies.
- To receive feedback and support from Health, Safety and Environment Statutory Committee. The Committee to feedback suggestions and recommendations to the chair who can advise DAPs at future meetings.
- To monitor adherence to Governance structure for Health and Safety compliance management.
- To ensure an appropriate audit programme of statutory activities exists.
- Governance of compliance in relation to topics listed below to a schedule agreed. All DAP's will provide a verbal update on their action trackers lasting 5-10 Mins:

1. Asbestos
2. HV Electrical installation
3. LV Electrical installation
4. Water hygiene
5. Local Exhaust Ventilation Systems (LEVs) Updated 14.01.21
6. Lifting equipment LOLER
7. Pressure systems
8. Gas
9. Fire safety
10. F-Gas Environment
11. PUWER
12. Food Hygiene
13. DSEAR

Meetings

- Meetings will occur every 4 months prior to the University Health Safety Environment Statutory Committee (HSESC) meetings
- This meeting will feed directly into the HSESC meetings and minutes will be forwarded to the secretary
 - ~~The disbandment of the previous Health Safety Environment Sub-Committee meeting has resulted in a loss of representation of School Deans present in this meeting. It was agreed that representatives from Schools or Prof Depts can be invited to this Health Safety Environment Statutory Compliance Sub-Committee meetings if specific DAP areas are reviewed in detail~~

FINAL VERSION

Health, Safety, Environment Statutory Compliance Sub-Committee Meeting

Composition, Membership and Terms of Reference 20265



Loughborough University

Definition of a DAP

A person, either employed by the University or another organisation, with the required knowledge, training and experience, appointed by the Director of Estates in writing, to take managerial responsibility for the implementation of the policy and procedures for a specific area of Health and Safety legislation

Membership

Director of Maintenance, Engineering and Sustainability
 University Compliance Engineer and DAP Asbestos
 University Health, Safety and Risk Manager
 DAP Gas
 DAP HV Electrical
 DAP LV Electrical
 DAP F Gas
 DAP Fire
 DAP LEV

Rob Sparks
 Paul Walker
 Mike Haynes-Coote
 Jonathan Cripps
 Adam Slater
 Phil Kitchen
 Nik Hunt
 James Holt
 Michael Wraight

DAP LOLER
DAP PUWER
DAP Pressure Systems
DAP Food Hygiene
DAP DSEAR
DAP Water
Secretary

Carolyn Kavanagh
Carolyn Kavanagh
Matthew Polkey
Dan Brazill
VACANCY
Scott Phillips
Mya Ghataurhae

Right of Attendance:

Director of Estates and Facilities Management

Graham Howard

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Loughborough
University

CHEMICAL SAFETY POLICY

Version 2

Health and Safety Service

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Document History

Document Details	
Reference	Chemical Safety Policy
Version Number	2
Effective From	XX/XX/2026
Approval Date	XX/XX/2029
Review Date	2029
Author	Rae Denham
Associated Equality Impact Assessment	HSS_Chem_01

Document Revision History			
Date	Revisions Made	Revisions made by	Approved by
2019	New policy	Julie Turner	
2026	Updated policy	Rae Denham	

1.0 Purpose

It is the policy of Loughborough University to ensure that all work involving the use of hazardous chemicals 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.

1.1 Scope

This policy applies to all work (procurement, handling, use, transportation, storage and disposal) involving hazardous chemicals. When the term “hazardous chemicals” is used in the policy, this includes the chemical and any samples and materials generated.

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 who are working with:
 - Chemical substances classified as hazardous under the EC regulation 1272/2008 Classification, labelling and packaging of substances and mixtures.
 - Substances classified as hazardous under the Dangerous Goods List outlined in Annexe A, Part 3 of the European Agreement concerning International Carriage of Dangerous Goods by Road (ADR).
 - Hazardous substances as outlined in the Control of Substances Hazardous to Health Regulations (COSHH) 2002 and the Dangerous Substances and Explosives Atmospheres Regulations (DSEAR) 2002.
 - Substances generated from work activities that are hazardous to health.
 - Regulated substances whose manufacture, possession and use of governed by additional specific legislative controls.

Please note that separate policies for Asbestos, DSEAR, Radiation and Biological safety are available from the University Health and Safety Services (UH&SS) website.

2.0 Roles and responsibilities

2.1 Deans of Schools/Directors/Heads of Professional Services shall:

- Ensure that systems and adequate resources are made available to comply with this policy. In particular to:
 - Manage the purchasing and acquisition of hazardous chemicals.
 - Implement and maintain effective control measures.
 - Establish and maintain inventories of hazardous chemicals.
 - Conduct inspections of areas where hazardous chemicals are stored and used.
 - Enable training for staff, students and visitors.
 - Safe management of waste disposal.
- Facilitate consultation within the School/Service to ensure that arrangements are still effective.
- Appoint person(s) to oversee chemical safety at a departmental, school or local level as required. This may include chemical waste stores or specific chemical licences. This may be a School Safety Officer (SSO), Department Safety Officer (DSO), or Responsible Person (RP).
- Ensure all staff, students and visitors have the necessary training and competencies.
- Ensure there are processes for the safe disposal of all hazardous chemicals.

2.2 Heads of Operation

Heads of Operation shall:

- Ensure that systems are in place to control the purchasing of hazardous chemicals.
- Ensure that adequate resources are made available to implement this policy, in particular, sufficient resources to install and maintain effective control measures in accordance with statutory requirements.
- Ensure sufficient information, instruction and training is provided in order to enable staff to comply with this policy.

2.3 Departmental Safety Officer's

School or Department Safety Officers (SSO/DSO) shall:

- Where necessary make recommendations to the Dean of School/Head of Service.
- Ensure no work is carried out using material that falls out of scope of LU's licences.
- Oversee and co-ordinate the transfer of hazardous chemicals to and from

- external organisations.
- Ensure that hazardous chemicals are obtained in accordance with procedures and that an inventory is maintained.
- Ensure that training of all staff and students is recorded and in date.
- Ensure that suitable COSHH risk assessments and standard operating procedures (SOPs) including emergency procedures, are in place for all active work and within the review period.
- Advise Line Managers/Academic Supervisors on occupational health referrals regarding health surveillance where appropriate.
- Ensure that implemented control measures are suitable, in good working order and are being used appropriately.
- Ensure that inspection schedules are adhered to and monitor completion of identified actions.
- Receive updates from Responsible Persons on chemical safety matters.
- Ensure that equipment and work areas are decontaminated and appropriate clearance certificates are issued by the Health and Safety Service before transferring to alternative locations or the work area is repurposed.
- Ensure safe disposal of all hazardous chemicals.
- Investigate incidents involving hazardous chemicals as requested by the UHSS.

2.4 Responsible Persons

RPs are appointed by the Dean of School/Directors/Head of Service to support the SSO/DSOs at a local level.

RPs shall:

- Ensure that all hazardous chemicals are obtained and stored in accordance with procedures and keep inventories up to date.
- Ensure suitable personal protective equipment (PPE) is provided and maintained to a good order. Ensure that reusable items are examined for faults before use.
- Co-ordinate the training of all staff, students, visitors and contractors. This training should be recorded and reviewed as required.
- Supervise and ensure that all hazardous chemicals are disposed of in line with SOPs.
- Report any faults with equipment or facilities to the SSO/DSO and the Estates and Facilities Management (E&FM) as appropriate.
- Follow security arrangements and report breaches of security to the SSO/DSO and Security team as appropriate.
- Follow Emergency procedures for dealing with exposures to hazardous chemicals within their School/Service

2.5 Health and Safety Service

The University Health and Safety Service (UH&SS) shall:

- Ensure the Chemical Safety Policy and associated guidance documents are available and within the agreed review date.
- Monitor compliance with this policy through chemical safety audits.
- Support Deans/Heads of Professional Services in their duty to provide sufficient training to comply with this policy.
- On request provide information and guidance to staff/students on workplace exposure to hazardous chemicals.
- Advise on monitoring for hazardous chemicals.
- Provide a compliance update to the University Health, Safety and Environment committee.
- Identify key performance indicators (KPIs) and measure performance against them.
- Act as responsible persons for University wide chemical licences.
- Correspond with regulatory bodies on operational matters as required including annual returns.
- Advise Estates and Facilities Management (E&FM) on the design of new laboratories.
- Approve Agresso orders for hazardous chemicals listed in Section 3.1.
- Provide clearance certificates for equipment/work areas that have been decontaminated.

2.6 Line Managers and Academic Supervisors

Line managers, laboratory or academic supervisors are responsible for the health and safety of the staff, students and visitors they manage and others who may be affected by their work.

Line managers, laboratory supervisors, and academic supervisors shall:

- Ensure the risks posed by the use and handling of hazardous chemicals are assessed and adequately controlled before work commences and that risk assessments are within the agreed review period.
- Ensure personnel they manage/supervise have been provided with sufficient information and training to enable them to work safely.
- Ensure personnel they manage/supervise follow good laboratory practice and maintain a good standard of housekeeping.
- Ensure that when staff/students they manage leave the School/Service all hazardous chemicals they were responsible for are either disposed of, or the responsibility for the hazardous chemicals is transferred to another suitable person.
- Where substances have a workplace exposure limit (WEL), ensure that control

measures are in place to reduce exposure to below the WEL.

- Liaise with occupational health service to arrange health surveillance as required.

2.7 COSHH risk assessors

All activities involving hazardous chemicals must be risk assessed by a suitably competent individual.

COSHH risk assessors shall:

- Carry out suitable and sufficient risk assessments for hazardous substances. The risk assessment must be recorded and stored in line with School/Service procedures.
- Work with the SSO/DSO/RP.

The COSHH risk assessor must have adequate and appropriate training to ensure they can appropriately risk assess prior to working with hazardous substances.

2.8 Chemical safety committee

The Chemical safety committee shall:

- Provide a forum for discussion and collaboration on best practice for chemical safety.
- Review risk assessments where appropriate.
- Review policy and guidance updates.
- Advise the University Health, Safety and Environment Committee on chemical safety.

See Appendix 1 for the Terms of Reference for the Chemical safety committee.

2.9 Environmental Manager

Arrange for disposal of Hazardous chemicals through a central facility. For further information see the Management of Chemicals guidance document and the Hazardous Waste Disposal Procedure or contact the University Environmental Manager.

2.10 Occupational Health Service

The Occupational Health Service shall facilitate health surveillance, where this is required by risk assessment or in accordance with schedule 6 of COSHH.

2.11 Estates and Facilities Management

Estates and Facilities Management (E&FM) shall:

- Manage a register of items that form part of the University estate.
- Ensure that items on the register are thoroughly inspected and tested at a frequency not less than stipulated in the relevant legislation.
- Report the results of the inspection/testing to suitable School/Service representative and instigate remedial action where necessary.
- Provide technical advice to Schools/Services on plant, equipment and engineering controls managed by E&FM.
- Keep records of inspection/testing for at least 3 years.

2.12 Employees, Students and Visitors

Employees, students, and visitors shall:

- Attend training as requested.
- Work in accordance with risk assessments and SOPs to ensure the health and safety of themselves and others when working with biological material.
- Report any equipment defects, unsafe conditions, near misses and accidents.

2.13 Contractors

Contractors shall:

- Co-ordinate with the School/Service representative and follow instructions while on site.
- Ensure their work does not disrupt the work of staff and students and if necessary, ensure their work area is controlled.
- Report any issues to the School/Service representative.

3.0 Specific Arrangements

3.1 Purchase and acquisition

The following requirements relate to both the purchase of chemical substances hazardous to health and situations where chemicals are brought into the University from other organisations.

Hazardous chemicals 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 Hazardous chemicals in line with the relevant legislation.

Staff purchasing regulated substances that require licences or registration must liaise with their SSO/DSO and the University Health and Safety Service to ensure the University has the correct licence.

Drug precursor chemicals, controlled drugs, chemicals outlined under the Chemical Weapons Convention and Class 1 explosive, or Class 4 desensitised explosive substances require approval prior to use as described in Table 1 below.

Table.7¿Agresso.codes.for.specific.hazardous.chemicals.and.substances¿

Material Type	Agresso Code
Drug precursors	P_LYJ
Controlled drugs	P_LYJ
Chemical Weapons	P_LYJ
Class 1 explosives	P_LYJ
Class 4 desensitised explosive substances	P_LYJ
Nanomaterials	P_LYI

Prior to acquiring new substances, line managers/academic supervisors must ensure that suitable risk assessments are completed.

Staff should purchase the minimum quantities required for their work to avoid storing excess unused chemicals.

3.2 Chemical Inventory

All Schools/Services are required to hold an accurate inventory of all hazardous chemicals they manage, as a minimum the inventory should include:

- Substance name
- CAS (Chemical Abstract System) number
- Supplier
- Date of acquisition
- Quantity held
- Location
- Person responsible
- Hazard classification
- Any special storage/disposal requirements e.g. shelf life, storage temperature and chemical incompatibility.

3.3 Labelling

Chemicals must conform to the Classification Labelling and Packaging (CLP) regulation (EC) No 1272/2008.

Staff and students must ensure all labels are intact and can be read clearly. Labels should provide information about the contents, chemical name, supplier, hazards and precautions for safe use.

On receipt, containers must be labelled either with the date acquired, the name of the purchaser and any expiry date (where this is applicable) or in a manner that enables the container to be traceable through a local chemical inventory. Once the chemical/substance has been opened, it should have an open date on as well.

Containers into which a chemical has been decanted must be clearly labelled with a durable label containing the contents, date, username and an appropriate hazard warning.

3.4 Storage

Chemicals should be stored in accordance with the storage requirements outlined in section 7 of the safety data sheet. In the case of novel chemicals an assessment should be made to determine appropriate storage.

Storage of compressed flammable gases within buildings should be kept to a minimum, ensuring appropriate safety devices such as flashback arrestors are implemented.

Where there is a need to store flammable compressed gases within buildings permanently the School/Service should:

- Ensure suitable controls are implemented to reduce the risk to people and University assets.
- Inform the University Health and Safety Service to allow fire safety information to

be updated.

- Where long term or, permanent requirement is foreseeable, consult Estates and Facilities management to consider options for external storage and supply to working area.

For additional storage information please see Chemical Storage Guidance on the UH&SS website for more information.

3.5 Transport and transfer of Hazardous chemicals to other organisations

Any transfer of hazardous chemicals to another organisation must be recorded and the local chemical inventory updated accordingly. Chemicals must be classified, labelled and packaged according to the Classification, Labelling and Packaging (CLP) regulations.

Transport should be in line with the requirements of Carriage of Dangerous Goods and use of Transportable Pressure Equipment Regulations 2009, if more information is required, please consult the UH&SS.

The transfer of novel research chemicals and mixtures to another research organisation may be subject to additional requirement under CLP. These include:

- Compilation of relevant hazard information
- Evaluation of hazard information relating to the substance
- Review of information against CLP chemical hazard criteria
- Self-classification of any chemical hazards
- Notification to European Chemical Agency Classifications and Labelling Inventory.

Staff or students wishing to transfer novel research chemicals to another organisation must arrange a formal Materials Transfer Agreement (contact Research Office for further details).

3.6 Disposal and Decontamination

Schools/Services must consider and identify a suitable waste disposal route before purchasing or using chemicals for the first time. Please refer to the Hazardous Waste Disposal Procedure and guidance on the LU Sustainability website or speak to the Environment Manager for further advice.

Equipment which has been subject to contact with hazardous chemicals must either be disposed of using a suitable waste stream that allows the contaminant to be present or decontaminated to an acceptable level.

Please speak to the University Health and Safety Service for clearance certificates.

3.7 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 in the form of an emergency response plan. Incidents which may require an emergency response plan include significant chemical spills or fire and should be identified in the risk assessment process.

Staff should have resources available and suitable training to effectively implement the steps detailed in the emergency response plan.

The location of the hazardous sources identified above should be recorded and stored in the Premises Information Box (PIB). In the event additional hazardous sources are introduced or removed from the building, the University Health and Safety Service should be notified to update the information in the PIB.

3.8 Training, Instruction and Supervision

All staff and students must have suitable instruction and training to enable them to work with hazardous chemicals safely. The training requirements should be identified by the risk assessment and subject to a review period. Instruction should include:

- Information on the substances used
- Risk to health presented using those substances
- Relevant workplace exposure limits
- Suitable risk assessment training
- Precautions to take to prevent or reduce exposure
- Correct operation and use of equipment and control measures
- Correct disposal route
- Emergency procedures and spill response

Staff providing instruction and training should possess suitable experience to deliver the training required.

The level of supervision should be proportionate to the risk posed by the hazardous material and the experience of the user, this should be identified during the risk assessment process.

4.0 Regulated Substances

4.1 COSHH

These regulations require employers to assess the risks posed by hazardous substances and take appropriate measures to prevent or control exposure. Key requirements include:

- Conducting risk assessments for hazardous substances.
- Implementing control measures to minimize exposure.
- Providing information, instruction, and training to employees.
- Monitoring exposure and carrying out health surveillance where necessary.
- Ensuring that control measures are maintained and effective.

Please see Section 5 for further information on COSHH regulation requirements.

Regulation 6 of COSHH states that work with substances hazardous to health must not commence until a suitable and sufficient risk assessment has been completed and any identified controls are implemented.

The risk assessment should consider the properties of the hazardous substance, how and when they can give rise to risks to health. The following should be considered in the risk assessment:

- The potential for the substance to cause harm from exposure by inhalation, ingestion, absorption, skin contact.
- The physical attributes of the substance, e.g. liquid, gas, mist, fume, dust or infective state, its ability to become airborne, and how it could contact the skin or other body membranes.
- The details of when and how exposure can occur and who may be affected, including workers and others.
- The effectiveness of existing controls and the options for improving control where prevention is not an option.

4.2 Carcinogen, Mutagens, Teratogens and substances toxic to reproduction

Schools/services must identify work with any carcinogen, mutagens, teratogens and substances toxic to reproduction. Arrangements must be in place to maintain an inventory of holdings for all category 1 carcinogens and mutagens defined as substances

known to cause cancer based on human experience. Staff working with these materials should be referred to occupational health.

Records for those individuals working with category 1 carcinogens and mutagens must be kept for 40 years. These records should include:

- The name of the carcinogen/mutagen used.
- Title of the procedure project.
- Name of the authorised users.
- Name of the Line Manager/Academic Supervisor
- Dates that the user started and finished work with the substance.

New and expectant mothers may be particularly vulnerable to the effects of carcinogens and are encouraged to inform their line manager/supervisor of the pregnancy as soon as is possible. It is the responsibility of line managers/supervisors to review work activities with the individual, to ensure further risk assessments are carried out, and any additional control measures are identified and implemented.

Young Persons (under 18 years) must not handle known carcinogens, mutagens or substances toxic to reproduction.

4.3 Dangerous Substances and Explosive Atmospheres

The Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002 aim to protect workers from the risks related to the use of dangerous substances, including flammable gases, liquids, and dusts, which can form explosive atmospheres.

School/Service who use or store material with the potential to create an explosive atmosphere must comply with DSEAR. For further information please see the DSEAR policy on UH&S website.

4.4 Chemical Weapons

The Chemical Weapons Convention (CWC) of 1997 is an international treaty aimed at prohibiting the development, production, acquisition, stockpiling, retention, transfer, and use of chemical weapons, as well as their destruction.

Chemicals listed in schedules 1 to 3 of the CWC are subject to verification by the CWC UK National Authority.

Schools/Services must ensure procedures are in place to identify activities that involve the use of scheduled substances. Substances listed within Schedule 1 require the appropriate licence for use, a copy of the license is forwarded to the UH&SS.

Schools/services must record their annual use of schedule 1, 2 and 3 substances as required by the CWC. The Chemical Safety Officer will collate and report annual declaration on behalf of Loughborough University to the CWC UK National Authority.

4.5 Precursor Chemicals

The UK implements the requirements of EC Regulation No 273/2004 (Precursor of Chemical Licensing) through domestic legislation, such as the Control of Drugs and Precursors Regulations and the Explosives Precursors Regulations. These regulations provide specific provisions for the licensing, control, and monitoring of precursor chemicals within the UK.

The effective control of chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances is an important tool in combating drug trafficking. These chemicals, known as 'drug precursors', also have legitimate commercial uses.

Regulation of drug precursors covers several chemical substances which are divided into 4 categories:

- Category 1 covers the most sensitive substances (the 'main' drug precursors)
- Category 2 covers less sensitive substances and some pre-precursors
- Category 3 covers bulk chemicals that can have different types of uses in the manufacturing process (for example, as feedstock, solvents or impurities removers)
- Category 4 covers medicinal products of some category 1 substances

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 UH&SS must be notified, to ensure the University has the correct licence.

4.6 Use of controlled drugs for research and activities

The Misuse of Drugs Act 1971 is a key piece of legislation in the United Kingdom that governs the possession, supply, production, and import/export of controlled substances.

Schools/service must ensure measures are in place to identify activities which require the use of controlled drugs as detailed in Schedule 2 of the Misuse of Drugs Act 1971 and in Schedules 1 to 5 of the Misuse of Drugs Regulations 2001. Use of controlled drugs must be authorised by the UH&SS to ensure the appropriate licence is obtained for this work.

4.7 Explosive Substances

The Explosive Regulations 2014 apply to the manufacture, storage, transportation, and use of explosives, including fireworks, pyrotechnics, blasting explosives, and certain industrial chemicals with explosive properties. Persons involved in the manufacture, storage, transportation, or use of explosives must obtain licenses or registrations from the appropriate regulatory authority. These licenses or registrations may specify conditions and requirements for handling explosives safely.

The use or storage of UN class I explosives (UN numbers 0001 to UN0600) or any desensitised explosive (subject to exemptions outlined in Schedule 2 of the Explosives Regulations 2014) must be authorised by the UH&SS. Explosives certificates and storage licences would be required.

4.8 Laboratory use of Ozone Depleting Substances

EC Regulation 1005/2009, also known as the Ozone Depleting Substances Regulation, is a European Union regulation that aims to control the production, use, and trade of substances that deplete the ozone layer. In the United Kingdom, this regulation was implemented and enforced until the UK's withdrawal from the EU.

The use of controlled substances under regulation (EC) 1005/2009 Substances that deplete the ozone layer is subject to restrictions and registration with the European Commission's Ozone Depleting Substances (ODS) database. Substances outlined in the Annex 1 of the regulation may be used for essential laboratory or analytical purposes when no alternative is available.

Staff wishing to use an ODS substance must ensure the proposed use is permitted under the regulation and arrange registration with the ODS database through the UH&SS prior to purchase.

4.9 Mercury

Mercury can be toxic to humans depending on the nature of compound and exposure mechanism. Mercury should only be used if a suitable alternative is not available which may be the case for some teaching rigs. Please speak to UH&SS for further advice.

4.10 Poisons

The Poisons Act 1972 (and associated legislation such as the Poisons List Order 1982) sets the legal standard for the restricted supply and use of certain substances due to their highly toxic nature. The safety and security of the poisons listed in the Poisons List Order must be suitably controlled to prevent unauthorised access.

Poisons should be stored in a secure location within the laboratory to help prevent unauthorised access, this should be a lockable, fire-resistant cabinet or equivalent (e.g. a safe or wall-mounted strongbox may provide a suitable alternative). The cabinet should be marked with the appropriate hazard symbol(s) and an accurate inventory kept of the contents. Where a portable strongbox is used it should be fully secured against theft.

Cabinets or storage containers should remain locked at all times and only opened when there is a need to retrieve or replace a container. Keys must not be left in the lock and should be held by competent, responsible individuals who should strictly control access.

When there is a requirement for a poison to be used it should be signed out of the cabinet by the user under the supervision of the responsible person and signed in again as soon as possible. Under no circumstances should a poison be stored in an unsecure location overnight or left unattended at any time when in use.

Accurate records of each poison should be maintained and in the event of a discrepancy or confirmed loss of the material the responsible person and the UHSS should be informed immediately.

5.0 Key Legislative Requirements

Regulation	Duty	Comment
6	Duty to assess the risk to health arising from work involving substances hazardous to health	This is the fundamental requirement of COSHH. The assessment must be carried out prior to work commencing
7	Prevention or control of exposure	An assessment should always aim in the first instance to eliminate exposure to hazardous substances but if this is not possible the assessment should address the precautions necessary to prevent harm.
8	Use of control measures	Once control measures have been identified the employer has to ensure that the control measures are used and maintained properly and that safety procedures are followed.
9	Maintenance, examination and testing of control measures	See above
10	Monitoring exposure at the workplace	It is necessary to monitor exposure if the assessment indicates: <ul style="list-style-type: none"> • There could be serious risk to health if a control measure fails • An exposure limit could be exceeded Control measures may not be working properly
11	Health surveillance	It is necessary to carry out health surveillance where the assessment shows it is necessary or where COSHH sets specific requirements
12	Information, instruction and training for person who may be exposed to substances hazardous to health	Information must be provided which explains the findings of the risk assessment and informs employees of the precautions that they must take to prevent harm to themselves or others. Information must be up to date and delivered in a manner that is understandable to the target audience

Appendix 1 – Terms of Reference of the Chemical Safety Committee

1. Purpose

The role of this committee is to advise, approve policies and guidance documents surrounding the safe procurement and use of hazardous chemicals.

2. Terms of Reference

- Provide a forum for discussion and collaboration on best practice for chemical safety.
- Provide comment on policy, guidance documents and protocols to ensure compliance to relevant chemical legislation.
- Peer review risk assessments as required.
- Review trends in audits and inspections undertaken across the relevant areas.
- Review trends in incidents and accidents involving chemicals and share lessons learnt.
- Advise the Health, Safety & Environment Committee on chemical safety matters.
- Review these terms of reference every three years, or if significant changes occur.

3. Composition of the Committee

Membership of the committee consists of:

- Chair
- Representation from:
 - Health and Safety Service,
 - Loughborough Sport
 - School of Aeronautical, Automotive, Chemical and Materials Engineering,
 - School of Science,
 - School of Social Science and Humanities,
 - School of Sport Exercise and Health Sciences,
 - Wolfson.

Optional attendees

- LEV DAP
- Fire DAP
- Estates and Facilities Management
- Occupational Health



4. Fixed Agenda Items

- Minutes from previous meeting
- Matters arising from the minutes
- Communication and best practice
- Health and Safety Service updates
 - Regulatory Updates
 - External Audits
 - Central H&S Updates
 - Incidents/Accidents and Near misses
- Fire Safety Update
- LEV Update
- Hazardous Waste

5. Frequency of Meetings

The Chemical safety committee will meet three times a year. Additional meetings will be held if required.



Health and Safety Services

Construction – Small Works Health and Safety Policy

DRAFT

Document Control

Document Details	
Reference	None
Version Number	4
Effective From	June - 2017
Approval Date	June - 2017
Review Date	June – 2020 Oct 2022
Original Author	James Stapleton

Document Revision History			
Date	Revisions Made	Revisions made by	Approved by
May - 2017	Updated and reduced policy to focus on the limited number of circumstances in which Schools and Services can manage their own construction small works. Further updated following consultation with Schools and Services. Overall maximum value of projects now set to £1000.00. Revision approved by the HSE Committee on 8th June 2017. Very minor change made in Feb 2018 – FADS is now the Furniture and Domestic Services (previously the Furniture and Design Service).	J Stapleton	HSE Committee
Sept 2025	Re-formatted and revision of circumstances in which Schools and Professional Services can manage their own construction small works. Overall maximum value of projects now set to £10,000.00. Revision approved by the HSE Committee on xx xxxxx xxxx	M.Haynes-Coote S Watson	HSE Committee required amendment
July 2026	1.2 Scope - specific exclusion clause added for ITS works that exceed Small Works value limit.	M.Haynes-Coote	

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1. Introduction

1.1. Policy statement

All construction work undertaken by or on behalf of the University is subject to the Construction, (Design & Management) Regulations 2015. The University recognises its duties and obligations under the CDM Regulations 2015 and is committed to the aims of the Regulations to prevent injury and ill health of employees and the wider University community (e.g. students, visitors and members of the public).

The objective of this policy is to:

- clarify the limited instances when Schools and Professional Services can commission and deliver their own construction small works.
- to highlight the legal responsibilities and University requirements placed on Schools and Professional Services if they manage their own small works.

1.2. Scope

Most construction work at the University such as new-build, refurbishment and internal decoration, is delivered by Estates & Facilities Management [EFM] for internal clients (Schools and Professional Services). It falls into two categories:

Category 1	Category 2
<ul style="list-style-type: none"> • Capital major projects {>£3m} • Capital minor projects {£50k-£3m} <p>Delivered by: EFM - Project Management Office</p> <p>Contact: Assistant Director of Capital Projects & Programme Management</p>	<ul style="list-style-type: none"> • Smaller scale works and refurbishments up to £50k <p>Delivered by: EFM-Engineering and Maintenance</p> <p>Contact: Director of Maintenance, Engineering and Sustainability</p>

EFM, as custodians of the University estate, can:

- Commission, arrange and undertake any work that involves significant alterations to the mechanical, electrical and building service installations due to the health and safety risks associated with such works and future infrastructure maintenance liabilities.
- Authorise construction small works (under category 2) to be co-ordinated and delivered by Schools and Professional Services and other duty holders.

Definition of Construction Small Works

- No more than £10,000 project value (excluding VAT), and

- Be 'non-notifiable' works under CDM (e.g. less than 30 working days and have no more than 20 workers working simultaneously at any point in the project; or exceed 500 person days), and
- Have low health and safety risk and low scale impact upon the infrastructure of any building (i.e. limited or minor alterations or work of any description to building services (including electrical and mechanical services)).

Schools and Professional Services must be aware of, and discharge, ALL of the relevant regulatory responsibilities and duties if they are permitted to undertake 'allowable' Small Construction Works – Appendix 1 provides examples of such low-risk works.

To Note: IT Services must deliver works within the agreed scope of all Small Works projects, except where the value or specialist nature of the works necessitates involvement outside the standard Small Works process.

3. Key Legislative Requirements

- The Construction (Design and Management) Regulations 2015

Associated regulations that may impact directly on any given Small Works include:

- Health and Safety Management of Health and Safety at Work 1974,
- Workplace (Health, Safety and Welfare) Regulations 1992,
- Fire Safety Regulations including the Regulatory Reform (Fire Safety) Order 2005,
- The Building Safety Act 2022 and related Regulations, Approved Documents and building control bodies to ensure compliance for the safety and wellbeing of occupants and the public,
- Work at Height Regulations 2005,
- Control of Noise and Vibration Regulations 2005,
- Lifting Operations and Lifting Equipment Regulations 1998,
- Manual Handling Operations Regulations 1992,
- Control of Substances Hazardous to Health Regulations 2002,
- Control of Asbestos Regulations 2012,
- Confined Spaces Regulations 1997,
- Electrical at Work Regulations 1989,
- Provision and Use of Work Equipment Regulations 1998,
- Personal Protective Equipment Regulations 2022,
- First Aid at Work Regulations 1981.

3. Organisation – Roles and Responsibilities

It is the University's responsibility to ensure that all employees and any company acting on their behalf understand and comply with this policy and the University's code of practice for contractors.

- **LU Senior Management team will**

Demonstrate health and safety leadership and provide appropriate support to ensure that these procedures are followed, including provision of adequate resources.

- **Heads of Schools and Directors of Professional Services will**

Demonstrate health and safety leadership and ensure the implementation of these procedures within their areas of responsibility.

- **Health and Safety Services will**

Provide guidance on implementation of this procedure, monitor compliance and ensure that this process is reviewed regularly, following any incident/investigation or after any significant changes.

- **Workers (staff and students) are**

Required to cooperate in the implementation of the policy and follow any rules implemented to control the risk. They must report any unsafe practices or concerns regarding construction work or contractor to their line manager or health and safety services immediately.

CDM Specific Roles

The CDM Regulations place legal duties on a number of key stakeholders, especially the Client. Each School and Professional Service will be the 'commercial client' if they commission and manage their own construction small works.

- **Commercial Client Duties (CDM)** - Whilst it is acknowledged that individuals nominated by Schools and Professional Services, to manage small works projects may not be construction experts, they must make suitable arrangements for their project so that it can be managed in a way that ensures the health and safety of all involved. CDM 2015 sets out the following duties:

- make suitable arrangements for managing their project, enabling those carrying it out to manage health and safety risks in a proportionate way,
- appointing contractors and designers to the project with the necessary skills, knowledge, experience and (where an organisation), the organisational ability to carry out the work,
- allowing sufficient time and resources for each stage of the project,
- making sure suitable welfare facilities are provided for the duration of the construction work,
- maintain and review the management arrangements for the duration of the project,
- provide pre-construction information to every designer and contractor, either bidding for the work or already appointed to the project,
- ensure that the contractor prepares a construction phase plan before that phase begins,
- ensure that the principal designer prepares a health and safety file for the project and that it is revised as necessary and made available to anyone who needs it for subsequent work at the site.

The link below provides further information on all the relevant CDM duties as they apply to the respective duty holders (e.g. Client, Designers and Contractors)

<http://www.hse.gov.uk/construction/cdm/2015/summary.htm>

- **Construction Small Works Competent Person [SWCP]**

Schools / Professional Services that plan to carry out self-directed small works, are required to appoint a Small Works Competent Person (SWCP). This person(s) will be required to:

- hold a NEBOSH National General Certificate or equivalent qualification.
- liaise with EFM and Health & Safety Service (H&SS) as necessary to ensure the safe delivery of their works.
- have the competence to undertake risk assessments and review Contractors RAMS as suitable and sufficient.
- access and view the University Asbestos register (login name and password to be provided)
- have attended the University Construction Small Works training course

This level of competency is required as the small works, irrespective of size, will involve discharging the strict requirements of CDM 2015, namely the management of contractors and the risks associated with construction.

4. Arrangements

The following sections set out the arrangements that Schools and Professional Services are required to follow to manage construction small works. A checklist is provided to summarise these in Appendix 2.

4.1 Preparing for Small Works – PLANNING PHASE

Duties begin from the very start of a project, i.e. as soon as there has been a decision to progress a project and early planning and design work begins. These duties continue to the end of a project and beyond.

4.1.1. Appointing Designers and Contractors

Designers and contractors need to have the skills, knowledge and experience to identify, reduce and manage health and safety risks.

In the first instance Schools / Professional Services are expected to approach EFM and use those contractors known to and procured by EFM.

If Schools and Professional Services are considering appointing their own contractors, they must ensure they do so in alignment with university [procurement procedures](#) and ensure that they are duly assessed as competent to undertake the specific works prior to commencing on campus.

School and Professional Service budget holders can make direct contract with their chosen supplier(s), arrange meetings and negotiate their own scope of works and order

values where the budget holder is fully responsible for funding the cost of the works. The value of Small Works must not exceed £10,000.00 (excluding VAT).

4.1.2. Applying Design Standards

All Small Works should comply with University/EFM specifications including those of:

- Ironmongery (inc. locks)
- Mechanical & Electrical (inc. lighting, water systems)
- Fire Design Strategy for building works and refurbishments
- British Standards and Building Regulations

If the small works is for a new workplace or alterations to an existing workplace (e.g. an office, lab or workshop), it must meet the standards set out in the Workplace (Health, Safety and Welfare) Regulations 1992.

4.1.3. Gaining Approval for Construction Small Works to proceed

Prior to a School / Professional Service commencing construction small works, they must complete and submit a Construction Small Works Authorisation Form for approval (see Appendix 3). Approval must be received prior to any construction work commencing. The proforma is essentially a 'client brief,' the aim of which is to include as much information as possible about the project, along with the timescales, budget for the build and how it is to be managed.

The table below outlines the 3-step workflow process that must be followed:

Step 1.	Authorisation Form Submission	Completed Construction Small Works Authorisation Form submitted. It may be raised by the Head of Operations, Technical Services Manager or the SWCP.
Step 2	Authorisation Form Assessment	Upon receipt of the Authorisations Form, the relevant EFM engineer(s) and H&SS (e.g. Fire Safety Lead) will review its content and determine the associated risk level of the proposed works ready for step 3.
Step 3.	Authorisation Form Approval	The Authorisation Form may be: <ul style="list-style-type: none"> • Approved - the works may proceed. • Held – subject to further information/enquiries. • Not Approved - e.g. if deemed high risk and requires EFM to directly project manage.

4.2 Setting up Construction Small Works – PRE-CONSTRUCTION PHASE

Upon approval of the Small Works Authorisation Form, the School / Professional Service moves to the setting up phase. Properly planned and managed works reduce the likelihood of injury or ill health incidents, and this planning includes:

- allowing adequate time for every phase of the works (design, planning and construction) to directly support good quality work and safe working.
- ensuring clear communication, co-operation, and co-ordination between all involved in the works throughout its duration.

4.2.1. Pre-Construction Information

Information about the intended small works must be provided, by the SWCP, at an early stage to the designer and contractor (e.g. the site and existing structures or hazards that may be present). These might foreseeably include asbestos, electrical services, piped gases, chemical/radiological/biological materials, machinery/equipment/fume cupboards.

The information helps the designer and contractor in accurate planning, budgeting and working around any restrictions. Advice may be sought from EFM in relation to any infrastructure or building fabric matters.

4.2.2. Appointing Contractors and reviewing RAMS

The SWCP will ensure that all contractors appointed are competent to undertake the planned work. A copy of the University's Contractor handbook must be shared with the contractor at the earliest opportunity.

The contractor **MUST** submit a suitable and sufficient risk assessment and method statement (RAMS) to the SWCP at least 15 working days prior to works being undertaken.

The RAMS must be specific to the site and works being undertaken. As a minimum standard, method statements should contain the following information:

- **Scope of Work:** Description of works, start and completion date and location.
- **Personnel Involved:** Details for site supervisor and individuals contact details, details of contractors.
- **Order of Work** – Step by Step description of how the work will be undertaken, details of tools, machinery and equipment to be used, details of machine operators and their training records.
- **Site Requirements** – Access arrangements, material delivery arrangements, how the work area will be controlled to stop unauthorised access, site security arrangements, details of welfare arrangements (i.e. toilets, wash and mess facilities), and personal protective equipment requirements.
- **Emergency Planning** – Details of first aider(s) and nearest hospital, firefighting arrangements.
- **List of key hazards and controls** – A risk assessment must be attached to the method statement.

- **Environment considerations** – Waste disposal arrangements, management of nuisances such as dust and noise.

EFM and H&SS are available to support the SWCP with the review of RAMS if required.

Relevant insurances must be checked, specifically that there is sufficient and suitable public liability insurance.

4.2.3. Setting up Permits to Work and/or Permission to Access

Only authorised EFM staff may issue permits to work for high-risk activities before work commences. Any permit requirements will be identified by the SWCP prior to work commencing and they will then liaise with EFM for the issue of the permits.

Permits will be signed at issue and completion of work by the contractor and returned to the SWCP. Further detail of permit requirements may be found in the Permit to Work Policy. In summary, the following permits/permissions may be needed:

- Access to restricted areas (roofs, plantrooms) will require Permission to Access forms before entry is approved.
- Permits to Work are required for Hot Works, Confined Spaces and Ground Penetration/Excavations (Permit to Dig).
- Any work impacting on the availability or functioning of the fire alarm and any work on the electrical system will require a permit.

4.2.4. Contractor Induction

Prior to commencing any works on campus, all contractors appointed will be required to undertake:

1. The EFM Contractors HS&E university/campus induction. This is to ensure they understand and will comply with the University's over-arching work ethics and practices. **Once complete, the SWCP has the duty to issue contractor passes to those contractor employees who come to site.**
2. A site-specific, pre-start induction to highlight the local hazards associated with the works and the immediate location to the Contractor, (e.g. point of contact, welfare facilities, fire assembly point, access/egress details). Delivery of this will typically be the duty of the SWCP or other suitable member of the School / Professional Service. A record of provision must be kept by the SWCP. The site induction will typically include:
 - LU contact details
 - Welfare facilities
 - Location of fire assembly point, fire extinguishers and exit routes
 - Access/egress details including signing in points
 - Emergency Procedures for where they are working, including fire alarms and means of activating them
 - Site-specific hazards

Contractors also have a responsibility to ensure their workers on site are familiar with the above.

4.2.5. Site access / egress

- There needs to be clearly signed and dedicated access and egress for contractors undertaking the small works that does not impact on other building users use of facilities. (e.g., pedestrian routes may need re-routing, taking into consideration fire exit routes).
- Defined delivery schedules and suitable and secure storage locations for materials and equipment are needed to avoid restricting, impacting, or increasing risk upon the day-to-day activities within the wider building.
- Small Works information signage must be displayed at the main works entrance (see template, Appendix 4). This notice sets out the nature of the work, its expected duration and the contact details for the School / Professional Service SWCP responsible for them.
- Unauthorised or inadvertent access to the small works by staff, students, visitor or others must be prevented. There must be robust and secure segregation / separation by means of fixed door, barrier and/or Heras fence (hazard tape and cones are not acceptable).

4.2.6 Fire Safety

- Ensure that all the contractor's employees are familiar with the fire safety arrangements in place (see induction above).
- Ensure safe methods of work to eliminate any risk of injury or property damage from fire / smoke.
- SWCP to be aware of any flammable mixtures, LPG or explosive substances to be used or stored by contractors within the University premises.
- Hot Works to be managed through the University permit to work system.

4.2.7 Asbestos

- Asbestos and asbestos containing materials (ACM) are present within certain buildings at the University. Under no circumstances are contractors to carry out or undertake work on such materials without prior consultation with the SWCP, nor should any invasive or destructive works take place without first consulting the University's Asbestos Register (<http://web.lucion.co.uk/>). SWCPs must liaise with EFM and H&SS before permitting small works to start if asbestos/ACM is/are known to be present.
- Any removal of asbestos or ACM will only be by a licensed contractor, organised through EFM. It may be that, where such materials are in good condition, they may be left in situ, encapsulated and labelled. Reference must be made to the Asbestos Management Policy for further information on managing the known ACMs and the associated emergency procedures.
- Any instructions to contractors must include a statement: "*The absence of information on asbestos does not guarantee asbestos is not present in the area and reasonable precautions must be undertaken to safeguard contractors, staff and students*".

4.2.8 Welfare facilities

- Before commencing work there should be adequate and clearly designated facilities. The contractor should be made responsible for cleanliness of these facilities.

4.3 Managing Small Works – CONSTRUCTION PHASE

The management of Construction Small Works should follow the general principles of prevention. The principles require works on a construction project to:

- (a) avoid risks.
- (b) evaluate the risks which cannot be avoided.
- (c) combat the risks at source.
- (d) adapt the work to the individual, especially regarding the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view to alleviating monotonous work, work at a predetermined work rate and to reducing their effect on health.
- (e) adapt to technical progress.
- (f) replace the dangerous by the non-dangerous or the less dangerous.
- (g) develop a coherent overall prevention approach which covers technology, organisation of work, working conditions, social relationships and the influence of factors relating to the working environment.
- (h) give collective protective measures priority over individual protective measures.
- (i) give appropriate instructions to employees.

4.3.1. Construction Phase Plan

The contractor (or the principal contractor if there is more than one contractor) must draw up a plan explaining how health and safety risks will be managed. This should be proportionate to the scale of the work and associated risks. No work is permitted to start on site until it is in place and agreed by the Small Works Competent Person (SWCP).

Appendix 5 contains a Health and Safety Checklist to help ensure adequate arrangements are considered to manage and organise the health and safety aspects of the project.

4.3.2. Other aspects to consider during the works

Site Control and containment

The small works area should be under the control of the Contractor for the duration of the works. Suitable means of segregation from the School / Professional Service's activities, including appropriate signage, must be maintained throughout this time.

Asbestos

Should any worker come across a substance within the workplace with they suspect may contain asbestos, they must stop work immediately. Steps will then be taken to verify the

composition of the material. Workers must not resume work until it has been deemed safe to do so by the SWCP / authorised EFM representative.

Fire Safety

Contractors are expected to comply with the following points and report to the SWCP if any issues arise during the works:

- Make known the presence of any flammable mixtures, LPG or explosive substances to be used or stored by them whilst on the University premises,
- Ensure that compressed gas cylinders and containers are not left in unauthorised places and where oxygen, propane etc. is used, that flashback arrestors are fitted,
- Obtain a 'Hot Work Permit' prior to commencing any operations involving the use of any flame or heat producing equipment,
- Do not burn rubbish or light fires on any premises,
- Ensure that their employees comply with the University's No Smoking Policy,
- Provide additional firefighting equipment as appropriate or as required by their SWCP or the University Fire Safety Advisor.

In addition, during the works, the SWCP must check that the contractor's activities and equipment are not prejudicing the following:

- The integrity of a fire compartment (e.g. by not sealing holes made through fire resistant walls/structures).
- Means of escape in a fire.
- Fire warning or firefighting installations.
- Water supplies for firefighting.
- Access to firefighting equipment.
- Access for the emergency services.

Any issues must be reported to the SWCP.

4.3.3. Site Inspections / Meetings / Snagging

- **Inspections:** The SWCP is responsible for ensuring that any contractor or subcontractor is conducting themselves safely and in accordance with their submitted RAMS.

It is required that there is a site inspection on Day 1, following initial set-up of the works. Then, regular follow-on inspection visits to ensure safe working standards are maintained.

These inspections should be documented (using the Safety Tour app) and any identified actions remedied without delay.

The frequency and degree of scrutiny and oversight of these inspections will be determined:

- by the complexity of the work,
- the health and safety standards observed, and level of confidence conveyed,
- prior safety performance / activity on campus – if applicable.

Colleagues from EFM and/or the H&SS may also periodically undertake inspections of Small Works sites.

- **Site meetings** with relevant internal and external stakeholders should be conducted regularly for the duration of the works.
- **Monitoring** - The Contractor and SWCP should regularly monitor the work to ensure the safety of those working and those impacted upon by the works.
- **Identifying issues on completion of works** – The Contractor and SWCP are expected to carry out a snagging exercise to identify issues and put a plan in place to resolve them.

4.4 Upon completion of the works – POST-CONSTRUCTION PHASE

4.4.1. Physical Site Checks

As soon as possible after completion of the works, the SWCP should arrange for a check of the work to ensure that contractors have:

- Removed all surplus materials, refuse and debris,
- Removed tools, ladders, access equipment and scaffolding,
- Not breached fire compartments and left them unstopped,
- Replaced all manholes or access covers in a secure state,
- Ensured that all equipment is either brought back into service or made safe by disconnection and isolation as appropriate,
- Ensure all doors, gates or other accesses to restricted areas are secured to prevent unauthorised access,
- Return all keys to the SWCP or LU Site Security.

Following this, there should be formal handover of the site from the contractor to the School / Professional Service.

4.4.2. Documentation

The School / Professional Service, in conjunction with EFM, will continue to have responsibility for health and safety issues that arise from the maintenance and use of the building after construction work is finished and so it is important to ensure the correct documentation is kept on record.

The SWCP is responsible for ensuring that:

- Health and Safety file received (see below)
- User Training is provided (if required)
- O&M manual received and passed to the EFM FIT team so they may update Asset Registers and the Record of Drawings.
- University Directory updated.

- Any Risk Assessments are reviewed in light of any significant changes.

4.4.3. Health and Safety File

At the completion of the works the Contractor should provide a health and safety file. It should record useful information about the works undertaken to help manage health and safety risks during any future maintenance, repair, construction work or demolition. The file should be kept in a safe location and a copy passed to EFM - to ensure anyone who needs to alter or maintain the building and update it if circumstances change.

4.4.4. Construction Small Works Review

After the successful completion of the works, a review of the project should be undertaken with the intention of identifying any lessons learnt that can be applied to subsequent projects. This should consider performance at each stage listed above and involve all the relevant stakeholders.

5. Resources

Internal

- University Health and Safety policies
 - Permit to Work
 - Contractor management
 - Asbestos management
 - Contractor Health and Safety Handbook

External

- HSE construction guidance - [Guidance - HSE](#) – including:
 - Managing health and safety in construction - Construction (Design and Management) Regulations 2015 – HSE L153
 - Health and safety in construction – HSE – HSG150
 - Need building work done? A short guide for clients on the Construction (Design and Management) Regulations 2015 – HSE - INDG411
- Building Regulations – [Approved Documents - GOV.UK](#)

Appendix 1. Construction Small Works – examples

Small Works are likely to include the following elements listed below. Some of these examples are likely to affect the fabric of the building, e.g. from drilling into walls which could potentially disturb asbestos containing materials (ACM), or strike buried services such as electrics and gas. It will be the responsibility of the School or Professional Service to identify and manage all of these risks.

Item(s)	
1.	Floor coverings for small areas such as offices for advice, contact the Maintenance & Engineering. Schools are encouraged to use existing University flooring contractors. <i>(If the existing flooring is to be disturbed, then as there is a possibility that the existing floor covering may contain asbestos containing materials (ACMs), there is a risk that asbestos fibres could be released if disturbed. Before any flooring is disturbed, STOP, CHECK the Asbestos register link: http://web.lucion.co.uk/ and seek advice)</i>
2.	Free standing or fixed furniture items For advice, contact the Furniture and Domestic Service (FADS@lboro.ac.uk) . On agreement orders may be placed directly with the contractor.
3.	Internal signs (non-illuminated) that can be mounted without affecting the fabric of the building, and must follow corporate guidelines and use of mandatory contracts .
4.	Window dressing (inc. blinds) that do not affect the fabric of the building. For advice, contact Furniture and Domestic Services (FADS@lboro.ac.uk) . Schools are encouraged to place orders directly with the FADS team as this is their area of expertise. If the work includes drilling into the fabric of the building, then <i>the Asbestos register link: http://web.lucion.co.uk/</i> should be checked and advice sought as there is a risk of striking buried services (such as electricity and gas, disturbing asbestos, and also affecting the structural integrity of a building.
5.	Noticeboards / Whiteboards / Screens Installation of shelves / notice boards / blinds & curtains, that require fixings drilled into the walls: Full Risk Assessment must be completed to ensure services are not being affected, also check with Asbestos Register http://web.lucion.co.uk/
6.	Internal Decoration Painting of a wall in a School or Department controlled area with no fabric interference (e.g. the surface being painted is not damaged) or rubbing down of paint. Consult with the asbestos register http://web.lucion.co.uk/
7.	Shelving that does not affect the fabric of the building. Full Risk Assessment must be completed to ensure services are not being affected, also check with Asbestos Register http://web.lucion.co.uk/
8.	Removals & relocations - for advice, contact Furniture and Domestic Services (FADS@lboro.ac.uk) Schools are encouraged to place orders directly with the FADS team as this is their area of expertise
9.	Audio / visual equipment/services - for advice, contact IT Services (teachingsupport@lboro.ac.uk) Schools are encouraged to place orders directly with this team as this is their area of expertise
10.	Installation of equipment – installation of school/service-purchased equipment. The purchasing cost of the equipment is excluded from the £10k limit but costs related to building infrastructure and services or where additional items such as mechanical ventilation / LEV are required, must be factored in. Consult the asbestos register http://web.lucion.co.uk/

Appendix 2. Construction Small Works – key phases and tasks

Planning <ul style="list-style-type: none"> Preparation & briefing 	<ul style="list-style-type: none"> Requirements / business case Project Brief Site information & information requirements Budget Programme
Pre-Construction <ul style="list-style-type: none"> Design (concept & technical) Procurement Appointment 	<ul style="list-style-type: none"> Outline/final specification Cost plan Construction information Building Regs application Produce the pre-construction information and issue to all tendering contractors. Evaluate all tender returns, following the University procurement guidelines. Formally appoint a Principal Contractor and Principal Designer (if more than one contractor is employed) Review and approve the Principal Contractor's risk assessment and method statements – these must be project specific.
Construction <ul style="list-style-type: none"> Induction Monitoring Completion Snagging 	<ul style="list-style-type: none"> Ensure the Contractors receive a H&S Induction Ensure the contractors sign in and out when entering and exiting the building. Consult and liaise with any neighbours to ensure members of the public are not adversely affected. Monitor the health and safety performance of the contractors throughout the contract and take the necessary steps to address poor performance. Liaise with EFM to ensure that any necessary permits (i.e. hot work permits) are issued to manage the works Practical completion Defects / snagging Asset information
Post Construction <ul style="list-style-type: none"> Handover Occupation/Use 	<ul style="list-style-type: none"> Final certificate Accept completed work on behalf of the University. Pass completed Health and Safety file to EFM. Pass all as-built information to Maintenance & Engineering, so that the University asset records are updated.
	<ul style="list-style-type: none"> Feedback from 'users' post occupancy Updated building manual (inc. fire and h&s information) Review of contractor performance

Appendix 3. Construction Small Works proforma

Construction Small Works - Authorisation Form

Form to be submitted by the Small Works Competent Person (SWCP) to EFM (Email to: fmhelp@lboro.ac.uk) at least 3 weeks prior to the intended start date of works. Work may only commence once authorisation from EFM is received.

School / Prof. Service Name			
Date			
Description of works - list all work involved - multiple activity work orders are not authorised, single only.			
Estimated Value of Works		Must be below £10,000 (tendered value, excluding VAT)	
Planned Start Date for Works		Planned Completion Date for Works	
Nominated Small Works Competent Person	Name:		
Operations Manager	Name:		
Competence of the Small Works Competent Person			
Has the competent person attended the University Small Works Training Course?			Yes No
Has the competent person had the required training to review RAMS?			Yes No
Has the competent person completed asbestos awareness training (online LU training)?			Yes No
Has the competent person completed the NEBOSH General / Construction Certificate?			Yes No
Does the competent person have sufficient time to oversee the works as per process?			Yes No
Has the competent person followed the correct procurement process (approved suppliers only)			Yes No
Operations Manager Approval (all answers to this section must be YES, to approve)			Yes No
Operations Manager Signature		Date	

E&FM and EHS Approvals: (approvals must be evidenced, verbal confirmation is not sufficient)			Yes	No
Does the work require any connectivity or modification to buildings power supply?				
If yes, has approval been gained from E&FM Electrical Engineering Team?				
Name of authorising engineer				
Does the work require any connectivity or modification of mechanical services?				
If yes, has approval been gained from E&FM Mechanical Engineering Team?				
Name of authorising Engineer				
Does the work change the layout of the building?				
If yes, have the EFM Building Fabric team approved the works?				
If yes, has the work been approved by the University Fire Officer?				
If yes, has EFM been informed for drawing updates and changes?				
If yes, has EFM been informed of key suiting changes?				
Do the works have potential to disturb asbestos, e.g. drilling walls, doors, moving floor tiles?				
If Yes, has the asbestos register been checked and cleared for works OR specific work is in hand to manage the asbestos risk?				
Are there any other local hazard constraints that need to be taken into consideration, e.g. radiological, biological?				
If yes, then has work been authorised by the EHS to and approved to proceed?				
Have all RAMS been checked and approved before work commences?				

Permits To Work / Permission to Access: List the permits/permissions that are required	
1	
2	
3	
4	
5	

Named Contractor (must be from EFM approved list)	State Name:
--	-------------

Induction Arrangements	Yes	No
University contractor induction will be completed by all workers involved in the small works?		
Site-specific induction will be provided for all workers involved in the small works?		

Site Safety Tours / Reporting - confirmation of arrangements in place		Yes	No
Will a Day 1 site safety tour be completed, including permit checks, equipment checks, inductions completed?			
Will ongoing safety tours be carried out throughout the duration of the works?			
Who will complete the safety tours? (Must be a competent person). Name			
How will the tours be recorded? (Safety Tour app recommended)			
Confirm that safety, quality or technical issues arising will be reported to EFM.			

Declaration and Approval to proceed			
As the assigned SWCP, I declare that all pre-works checks, approvals, permits / permissions and site safety arrangements will be completed in line with the University Construction Small Works Policy.			
Signed by SWCP before works commence	Signature		Date
As the authorised EFM representative, I declare that permission is given for this Small Works project to proceed			
Signed by EFM authorised person	Signature		Date

Form to be retained by School / Professional Service SWCP - completed copy to FM Helpdesk and H&S Service

Appendix 4. Construction Small Works Site template

Small Works Project: <title>
Who to Contact: <name> <School / Professional Service> <contact number> <email> Small Works Competent Person
Start Date: <day/month/ year> End date: <day/month/year>
What's happening? <works details>
Who is involved in delivering these works? <Contractor name(s) > <Contractor supervisor>
What will benefits be? <details>

Appendix 5. Construction health and safety checklist

Access on site	<ul style="list-style-type: none"> • Can everyone get to their place of work safely? • Are access routes free from obstructions and clearly signposted? • Are holes protected with clearly marked and fixed covers to prevent falls? • Are temporary structures stable, adequately braced and not overloaded? • Will permanent structures remain stable during any refurbishment or demolition work? • Is the site tidy, and are materials stored safely? • Is lighting adequate, especially when work is being carried on after dark outside or inside buildings?
Welfare	<ul style="list-style-type: none"> • Are toilets readily available and are they kept clean and properly lit? • Are there washbasins, hot and cold (or warm) running water, soap and hand towels? • Are the washbasins large enough to wash up to the elbow and are they kept clean? • Is there somewhere to change, dry and store clothing? • Is there a place where workers can sit, make hot drinks and prepare food? • Are drinking water and cups provided? • Can everyone who needs to use them get to the welfare facilities easily and safely?
Scaffolds	<ul style="list-style-type: none"> • Are scaffolds erected, altered, and dismantled by competent people? • Are all uprights provided with base plates (and where necessary, timber sole plates)? • Are all uprights, ledgers, transoms, and braces in position? • Is the scaffold tied to the building or structure in enough places to prevent collapse? • Are there double guard rails and toe boards or other suitable protection at every edge, to prevent falling? • Are brick guards provided to prevent materials falling from scaffolds? • Are the working platforms fully boarded and are the boards arranged to avoid tipping or tripping? • Are there effective barriers or warning notices in place to stop people using an incomplete scaffold, e.g. where working platforms are not fully boarded? • Is the scaffold strong enough to carry the weight of materials stored on it and are these evenly distributed? • Does a competent person inspect the scaffold regularly, e.g. at least once a week if the working platform is 2 m or above in height or at suitable intervals if less than 2 m, and always after it has been altered or damaged and following extreme weather? • Are the results of inspections recorded and kept? • Have proprietary tower scaffolds been inspected and are they being used in accordance with suppliers' instructions? • Have the wheels of tower scaffolds been locked, outriggers deployed, and handrails positioned to prevent falling when in use and are the platforms empty when they are moved?
Ladders	<ul style="list-style-type: none"> • Does risk assessment conclude that the work is short duration and ladders are the right way to the job? • Is there a safer way using more suitable equipment? • Are the ladders in good condition? • Do ladders rest against a solid surface and not on fragile surfaces or insecure materials? • Are they secured to prevent them slipping sideways or outwards? • Do ladders rise a sufficient height above their landing place (about five rungs)? • If not, are other handholds available? Are the ladders positioned so that users do not have to overstretch?

Roof work	<ul style="list-style-type: none"> • Is there edge protection to stop people or materials falling? • During industrial roofing, have nets been provided to stop people falling from the leading edge of the roof and from partially fixed sheets? • Where nets are used, have they been rigged safely by a competent person? • Have you identified fragile surfaces such as fibre cement sheets and roof lights? • Have you taken precautions to stop people falling through fragile surfaces when working on the roof, e.g. by providing barriers, covers or working platforms? • Are people kept away from the area below the roof work? • If this is not possible, have additional precautions been taken to stop debris falling onto them?
Powered access equipment	<ul style="list-style-type: none"> • Has the equipment been installed by a competent person? • Are the operators trained and competent? • Is the safe working load clearly marked? • Is the equipment inspected by a competent person? • Does the working platform of the powered access equipment have adequate, secure guard rails and toe boards or other barriers to prevent people and materials falling off? • Have precautions been taken to prevent people being struck by: <ul style="list-style-type: none"> ○ the moving platform. ○ projections from the building. ○ or falling materials?
Traffic, vehicles and plant	<ul style="list-style-type: none"> • Are vehicles and pedestrians kept apart? If not: <ul style="list-style-type: none"> ○ Separate them as much as you can and use barriers. ○ Tell people about the problem, and what to do about it. ○ Display warning signs • Can zero tail swing excavators be used or is there adequate clearance around slewing vehicles? • Can reversing be avoided, e.g. by using a one-way system, or if not, are properly trained signallers used? • Are vehicles and plant properly maintained, e.g. do the steering lights, handbrake and footbrake work properly? • Have drivers received proper training and are they competent for the vehicles or plant they are operating? • Are loads properly secured? • Passengers should only be carried on vehicles designed to carry them. • Plant and vehicles must not be used on dangerous slopes.
Hoists	<ul style="list-style-type: none"> • Has the equipment been installed by a competent person? • Are the operators trained and competent? • Is the rated capacity clearly marked? • Are the hoists inspected by a competent person? • Does the hoist have a current report of thorough examination and a record of inspection? • Is there a suitable base enclosure to prevent people from being struck by any moving part of the hoist? • Are the landing gates kept shut except when the platform is at the landing? • Are controls arranged so that the hoist can be operated from one position only?
Cranes	<ul style="list-style-type: none"> • Is the crane suitable for the job? • Has the lift been properly planned by an 'appointed person'? • Is the crane on a firm, level base? Are the riggers properly set? • Who is the appointed 'crane supervisor' responsible for controlling the lifting operation on site? Are the crane driver and signaller trained and competent? • Is the load secure? • Has the signaller/slinger been trained to give signals and to attach loads correctly? • Have arrangements been made to make sure the driver can see the load or has a signaller been provided to help? • Are people stopped from walking or working beneath a raised load? • Does the crane have a current report of thorough examination and record of inspection?

Excavations	<ul style="list-style-type: none"> • Is there adequate support for the excavation, or has it been sloped or battered back to a safe angle? • Is there a safe method used for putting in the support, without people working in an unsupported trench? • Is there safe access into the excavation, e.g. a sufficiently long, secured ladder? • Are there barriers or other protection to stop people and vehicles falling in? • Are properly secured stop blocks provided to prevent tipping vehicles falling in? • Could the excavation affect the stability of neighbouring structures or services? • Are materials, spoil and plant stored away from the edge of the excavation to reduce the chance of a collapse? • Is the excavation regularly inspected by a competent person?
Manual handling	<ul style="list-style-type: none"> • Are there heavy materials such as roof trusses, concrete lintels, kerbstones or bagged products which could cause problems if they have to be moved by hand? Alternatives include: <ul style="list-style-type: none"> ○ choose lighter materials. ○ use wheelbarrows, ○ hoists, ○ telehandlers and other plant or equipment so that manual lifting of heavy objects is kept to a minimum. ○ order materials such as cement and aggregates in 25 kg bags. ○ and/or avoid the repetitive laying of heavy building blocks weighing more than 20 kg? • Have people been instructed and trained how to lift safely?
Hazardous substances	<ul style="list-style-type: none"> • Have all harmful substances and materials, such as asbestos, lead, solvents, paints, cement and dust been identified, and exposure controls implemented? • Asbestos removal requires a licensed contractor (Most work with asbestos requires a licence, although you can do some very limited work with material that contains asbestos without one.) • Have precautions been identified and put into place to prevent or control exposure to hazardous substances, by: <ul style="list-style-type: none"> ○ doing the work in a different way, ○ to remove the risk entirely. ○ using a less hazardous material. ○ or using tools fitted with dust extraction? • Have workers had information and training so they know what the risks are from the hazardous substances used and produced on site, and what they need to do to avoid the risks? • Are procedures in place to prevent contact with wet cement (as this can cause both dermatitis and cement burns)? • Has health surveillance been arranged for people using certain hazardous substances (e.g. lead)?
Noise	<ul style="list-style-type: none"> • Have workers had information and training so they know what the risks are from noise on site, and what they need to do to avoid those risks? • Has workers' exposure to noise been identified and assessed? • Can the noise be reduced by using different working methods or selecting quieter plant, e.g. by fitting breakers and other plant or machinery with silencers? • Are people not involved in the work kept away from the source of the noise? • Is suitable hearing protection provided and worn in noisy areas? • Have hearing protection zones been marked? • Has health surveillance been arranged for people exposed to high levels of noise?

Hand-arm vibration	<ul style="list-style-type: none"> • Have workers had information and training so they know what the risks are from hand-arm vibration (HAV) on site, and what they need to do to avoid those risks? • Has the risk to workers from prolonged use of vibrating tools such as concrete breakers, angle grinders or hammer drills been identified and assessed? • Has exposure to HAV been reduced as much as possible by selecting suitable work methods and plant? • Are reduced-vibration tools used whenever possible? • Are vibrating tools properly maintained? • Has health surveillance been arranged for people exposed to high levels of hand-arm vibration, especially when exposed for long periods?
Electricity and other services	<ul style="list-style-type: none"> • Have all necessary services been provided on site before work begins and existing services present on site (e.g. electric cables or gas mains) identified and effective steps taken (if necessary) to prevent danger from them? • Are low voltage tools and equipment being used, e.g. battery-operated tools or low-voltage systems? • Where mains voltage has to be used, are trip devices (e.g. residual current devices (RCDs)) provided for all equipment? • Are RCDs checked daily by users and properly maintained? • Are cables and leads protected from damage? • Are all connections to the system properly made and are suitable plugs used? • Are tools and equipment checked by users, visually examined on site and regularly inspected and tested by a competent person? • Where there are overhead lines, has the electricity supply been turned off, or have other precautions been taken, such as providing 'goal posts' or taped markers? • Have hidden electricity cables and other services been located (e.g. with a locator and plans) and marked, and have you taken precautions for safe working?
Confined spaces	<ul style="list-style-type: none"> • No work is to be undertaken in confined spaces without a University Permit to Work due to the potential for inadequate supply of oxygen or the presence of poisonous or flammable gas • Confined spaces include tanks, sewers and manholes; they do not have to look dirty to be dangerous!
Tools and machinery	<ul style="list-style-type: none"> • Are the right tools or machinery being used for the job? • Are all dangerous parts guarded, e.g. gears, chains drives, projecting engine shafts? • Are guards secured and in good repair? • Are tools and machinery maintained in good repair and are all safety devices operating correctly? • Are all operators trained and competent?
Fires and emergencies	<ul style="list-style-type: none"> • Are there emergency procedures, e.g. for evacuating the site in case of fire or for rescue from a confined space? • Do people on site know what the procedures are? • Is there a means of raising the alarm, and does it work? • Is there a way to contact the emergency services from site? • Are there adequate escape routes and are these kept clear? • Is there adequate first-aid provision? • Is the quantity of flammable materials, liquids and gases on site kept to a minimum? • Are they properly stored? • Are suitable containers used for flammable liquids? • Are flammable gas cylinders returned to a ventilated store at the end of the shift? • Are smoking and other ignition sources banned in areas where gases or flammable liquids are stored or used? • Are gas cylinders, associated hoses and equipment properly maintained and in good condition? • When gas cylinders are not in use, are the valves fully closed? • Is flammable and combustible waste removed regularly and stored in suitable bins or skips?

	<ul style="list-style-type: none"> • Are suitable fire extinguishers provided?
Protecting the public	<ul style="list-style-type: none"> • Is the work fenced off from the public? • Are roadworks barriered off and lit, and a safe alternative route provided? • Are the public protected from falling material? • Have you provided a safe route through roadworks or pavement scaffolding for people with prams, wheelchair users and visually impaired people? • When work has stopped for the day: <ul style="list-style-type: none"> ○ Is the boundary secure and undamaged? ○ Are all ladders removed, or their rungs boarded so that they cannot be used? ○ Are excavations and openings securely covered or fenced off? ○ Is all plant immobilised to prevent unauthorised use? ○ Are bricks and materials safely stacked? ○ Are flammable or dangerous substances locked away in secure storage places?



Health and Safety Service

Working at Height Policy

Document Control

Document Details	
Reference	HSS-WaH
Version Number	1
Effective From	tbc
Approval Date	tbc
Review Date	tbc
Original Author	S Watson – UHSS

Document Revision History			
Date	Revisions Made	Revisions made by	Approved by
Pre-2025	Draft Annex M and Appendices		
July 2026	Policy and Appendices finalised and published	M.Haynes-Coote	H&S Committee

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1. Introduction

1.1 Policy Statement

It is the policy of Loughborough University to provide a safe environment for all users of the campus and to ensure that all work involving work at height, is subject to the standards of control necessary to prevent, or where this is not possible to minimise, risks to health and safety.

This policy states the requirements that need to be in place within departments and schools to proceed with work at height activities safely.

1.2 Scope

This policy applies to all aspects of working at height (see definition below) indoors and outdoors, ranging from portable access equipment to working on University building roofs.

It applies to

- any location owned or controlled by the University – be it live or unoccupied.
- all staff, students, visitors and contractors and sub-contractors whilst on University-owned or controlled property or premises.

NB: Where control of premises has been signed over (e.g. to a contractor for a construction site or to a residing tenant to occupy let space) the responsibility for safe working at height will reside with the controller of the defined premise.

1.3 Purpose

This policy is intended to provide:

- An explanation of what constitutes work at height
- The key hazards and risks that must be considered in the risk assessment of working at height
- The key safety controls relating to safe working at height
- Responsibilities for implementing the requirements of this policy
- The training and competency requirements of those managing and undertaking work at height

2. Definition of Work at Height

Work at height is work in any place, including a place at, above or below ground level, where a person could be injured if they fell from that place. The Work at Height Regulations 2005 require that “every employer shall take suitable and sufficient action to prevent, so far as reasonably practicable, any person falling a distance liable to cause personal injury”.

Examples of work activities that are classified as working at height:

- Working on a leaning ladder or stepladder
- Working on a fixed platform, trestle or from mobile access equipment
- Working on a roof or other surface above ground level
- Erecting false work or formwork (scaffolding)
- Working near or adjacent to fragile materials
- Working at ground level adjacent to an excavation
- Working on formwork within an excavation

There is no height below which the Work at Height Regulations do not apply as it is recognised that serious injury can result from falls from any height.

To apply a reasonable but compliant approach to work at height, the following table summarises the application of certain requirements, guiding on whether the work at height is considered higher or lower risk. The subsequent sections in the policy provide additional detail.

Table 1: Summary of Lower vs Higher Risk Work at Height

Nature of work & requirements →	Nature of the work at height			Requirements		
	Duration/ Nature of Work	Typical Environment	Access Means or Equipment	Permit Required	Training & Competency	Health Monitoring
Level of Risk ↓						
Lower Risk	<30 mins Light weights only (<10kg)	Indoor low risk e.g. work at height in offices, meeting rooms Roof work where there is no fall risk potential, i.e. fully enclosed or fall protection by design	Step stools Low-level stepladders, small leaning ladders, hop-ups, podiums, platforms Fixed steps with fall protection	No	Local information and instruction	No
Higher Risk	>30 mins Heavier weights (>10kg)	Indoor higher risk, e.g. laboratories, commercial kitchens and workshops Outdoor work at height or on a roof with no safety features Locations where other risks exist, e.g. LEV venting, fragile roof, excavations, pits, chambers	Large leaning telescopic, combination & multi-purpose and stepladders Latchway-type systems MEWPs Mobile Tower Scaffolds Form work (fixed scaffolding) Use of fall arrest / fall restraint PPE	Yes	Yes (see Sec 9)	Yes (See Sec 13)

3. Key Legislative Requirements

Work at Height Regulations 2005 - the purpose of these regulations is to prevent death and injury caused by a fall from height.

Related Legislation

- Lifting Operations and Lifting Equipment Regulations (e.g. MEWPs)
- Provision and Use of Work Equipment Regulations
- Personal Protective Equipment at Work Regulations 1992 (fall-arrest equipment)
- Management of Health and Safety Regulations (risk assessment)
- The Construction (Design and Management) Regulations

4. Roles and Responsibilities

4.1 Chief Operating Officer (COO)

The COO is the statutory duty holder and, as the senior person responsible, has overall accountabilities for all aspects of the management of Health and Safety at the Loughborough University.

4.2 Deans of Schools/Directors/Heads of Professional Services

- Ensure there are arrangements for the risk assessment of work at height and the provision of appropriate procedures for carrying out such work
- Ensure those staff who are managing work at height activity are competent in the health and safety aspects of it
- Ensure relevant staff have the necessary training and competence to undertake, manage and authorise/approve work at height.
- Where work at height activity is to be carried out by non-employees, ensure the appointment of suitable contractors.

4.3 Director of Estates and Facilities Management

- Ensure the University's "landlord" duties are complied with as appropriate
- Ensure suitable resources are in place for planning and carrying out work at height activities
- Maintain (and improve where necessary) roof safety in line with current health and safety standards
- Ensure suitable arrangements are in place for controlling roof work and work at height in terms of permissions and a permit system
- Ensure the suitable appointment of contractors for provision of work at height structures and carrying out roof work and work at height.
- For works coming under the Construction (Design and Management) Regulations, ensure the specific responsibilities of clients, designers and contractors to design out, or eliminate work at height hazards as far as reasonably practicable, are adhered to.

4.4 School and Departmental Safety Officers

- Ensure suitable and sufficient risk assessments and SOPs (including emergency procedures) are in place and reviewed as necessary
- Ensure local arrangements are in place for monitoring work at height activities
- Ensure local arrangements are in place for the inspection and maintenance of access equipment
- Support with arrangements for suitable training and competency checks
- Advise line managers and academic supervisors on occupational health referrals for work-at-height assessments

4.5 Project/Line Managers and Academic Supervisors/Technical Managers

Project/Line managers and academic supervisors are responsible for the health and safety of the staff, students and visitors they manage and others who may be affected by their work. They may also have responsibilities for certain areas and facilities.

They shall:

- Ensure the risks posed by work at height activity are risk assessed and adequately controlled before work commences
- Design safe systems of work (SOPs/method statements) for the work at height activity to be undertaken safely
- Ensure staff, students and contractors they manage/supervise are competent to undertake the work at height activities assigned to them and have been provided with sufficient training and deemed competent to follow the safe system of work. This includes ensuring successful completion of a safety critical medical assessment (SCMA) before permitting higher risk work at height training or activity to be undertaken.
- Liaise with the Occupational Health service to arrange SCMA and health surveillance as required.
- For work at height that is to be undertaken by contractors, ensure appropriate specification and appointment of contractors and consider CDM Regulations¹ as relevant to the overall job.

4.6 University Health and Safety Service (UHSS):

- Produce and review the University Work at Height Policy and associated guidance documents.
- Support Deans/Directors/Heads of Professional Services in their duty to provide sufficient training to comply with this policy.
- Monitor compliance with this policy through periodic surveys.
- Support the investigation of serious incidents related to work at height

¹ CDM – Construction (Design & Management) Regulations - HSE L153 Guidance on Regulations

4.7 Occupational Health:

- Carry out a safety critical medical assessment (SCMA) for staff undertaking 'higher risk' work at height where the risk assessment indicates there is a potential risk to the health of the worker or the safety of others in the vicinity (see section 13).
- Liaise with line managers and academic supervisors in relation to the outcome of the SCMA.

4.8 Staff and students:

- Work in accordance with risk assessments and SOPs to ensure the health and safety of themselves and others when working at height
- Attend training and undergo competency checks as requested.
- Report any equipment defects, unsafe conditions, near misses and accidents.

4.9 Contractors (in line with the University's Contractor Management Policy)

- Co-ordinate with the School/Service representative and follow instructions while on site.
- Control their work area where work at height is undertaken to avoid risk of injury to others
- Work to their Risk Assessments and Method Statements at all times
- Report any issues to their School/Service representative.

5. General Requirements

When considering work at height activity that comes under the scope of this policy, the following steps must be taken:

- Aim to avoid work at height if at all possible
- Where work at height remains a requirement, conduct a risk assessment (Section 6 below)
- Draw up safe working procedures (SOP / method statement) to record the exact control measures that are to be used to minimise the risks
- Measures that protect everyone at risk (collective protection) should be prioritised, over measures that only protect the individual (personal protection).
- Ensure workers are competent to do the specific work at height activity, and where relevant, are trained and competent to erect/adjust access equipment (Section 8 for Training and Competency)
- Ensure access equipment² is suitable, maintained and meets required safety standards – e.g. EN131 Professional (for ladders) and, where relevant, fall prevention measures (e.g. edge protection, latchway/mansafe systems including the use of harnesses and lanyards).

² e.g. ladders (leaning & step), work platforms, scaffolds (fixed or tower/mobile), mobile elevated work platforms [MEWPs]

6. Risk Assessment

Risk assessment is an integral part of planning for any work at height task. By following the standard LU risk assessment, work at height hazards will be identified and evaluated and will inform the control measures considered necessary to prevent or minimise the likelihood of harm. Those responsible for the work at height, must ensure a risk assessment is in place prior to the work starting and must review when there are significant changes or every two years.

6.1 Hazards to be considered in the risk assessment of work at height

- Falls from height (e.g. off access equipment, trees or a roof)
- Falling materials (e.g. tools, building materials)
- Fragile or harmful roof materials (e.g. roof lights, non-reinforced fibre cement sheets, corroded metal sheets, glass, rotted wood, asbestos-containing materials)
- Pitch of roof
- Collapse or fall of equipment due to poor surface
- Hazardous substances emitted from LEV
- Slips and trips on surfaces
- Dangers to others below from falling objects or during set-up of access equipment
- Weather conditions (e.g. wind speed)

6.2 Other Considerations

- Duration, frequency, complexity of the task
- Hazards of the task, e.g. hot bitumen in roof-surfacing
- Manual handling of tools and materials
- Access and egress to working area
- Ease of rescue or evacuation in emergencies
- Unsuitable or defective access equipment
- Inexperienced / untrained staff
- Lone or isolated working
- Radiation or magnetic fields relating to work inside buildings

6.3 Hierarchy of Control

The hierarchy of control must be applied:

- **Avoid** work at height where possible by carrying out the work in another way, e.g. drones for roof surveys
- **Prevent** - Where work at height cannot be avoided, the risk of falling must be prevented and the consequences of a fall minimised. This must be through provision of an existing safe place to work or the right type of work at height equipment.
- **Minimise** - If falls cannot be prevented, mitigate the consequences through work equipment and appropriate rescue procedures.

See Appendix 1 for the hierarchy of control with examples.

6.4 Controls for Others who may be affected by work at height

Managers of work at height must ensure that suitable controls such as exclusion zones are instigated to protect those who are not directly involved in the work at height. These persons may be in the vicinity and thereby, at risk from falling objects/materials or the erection of the access equipment itself. Robust, secure, physical controls for preventing injury (e.g. barriers, fencing, overhead protection) must be put in place, including the appropriate safety signage before any work at height commences.

In addition, the security of access equipment and plant must be considered, particularly out of hours, ensuring unauthorised access and use are prevented.

7. Specifics for University Roofs

EFM, in conjunction with UHSS, maintains an inventory of University roofs with details of specific access requirements. Reference to this must be made in advance of organising access (request form) onto or, working on roofs (WaH permit).

- Any work, including inspections, on roofs must be specifically risk assessed.
- Where collective fall protection measures are in place (e.g. fixed railing) and the activity is of short duration, a roof access request must be raised to ensure suitable notification and tracking/key control.
- Where collective fall protection measures are absent and falls are possible, i.e. no suitable edge protection or other safety features in place as part of the roof design, the University Work at Height permit system must be applied.
- Work must be assessed and safe procedures put in place. The same hazards and considerations apply as listed in Sections 6.1 and 6.2 above.
- Contractors must provide risk assessment and method statements for their activity on University building roofs.

7.1 Personal Fall Protection - Fall Restraint v Fall Arrest

- Fall restraint is the process by which a fall is stopped before it has happened.
- Fall arrest aims to protect after the fall, stopping the fall before impact with a surface, i.e. it stops the person falling to the ground.

Fall-restraint lanyards connecting to suitable points such as the Latchway 'mansafe' systems that the University has installed on a number of its roofs (temporary solutions are also available). Fall restraint measures mean the person is physically prevented from reaching the point where they could fall, e.g. roof edge.

Fall arrest measures include a harness and lanyard system where the person could fall but will not fall far enough to hit the ground, thereby avoiding serious or fatal injury.

This policy requires that emphasis must be on use of fall restraint control measures rather than fall arrest as this is a safer level of protection.

Please note: For fall arrest, a formal rescue procedure for promptly and safely transferring the person to solid ground is required. Due to the difficult nature of performing a rescue (requires specialist training and equipment), the University requires this type of work to be carried out by a suitable approved contractor.

The following requirements must be in place for any work where personal fall protection measures are being used:

- Completion of a Work at Height permit supported by approved risk assessment and method statement (RAMS)
- Trained workers in respect of the personal fall-protection equipment (harnesses and lanyards)
- Worker holds a valid safety critical medical assessment before undertaking any such work or training
- Inspected and maintained personal fall-protection equipment
- For Fall Arrest - a written rescue plan with approved rescuers identified and easily summoned and the rescue equipment in place

8. Selection, Use, Maintenance and Storage of Work at Height Equipment

(See Appendix 2 for guidance on specific types of access equipment)

8.1 Selection of Equipment

Managers of work at height activity must ensure suitable work equipment is provided for the task whether this be the means of access or protective equipment in line with required safety standards (e.g. EN131 Professional - for ladders and BS EN 1004-1:2020 for tower scaffolds).

The risk assessment process supports the decision on the most appropriate means of access and type of equipment to be employed.

See Appendix 2 for details regarding the main types of access equipment.

Aim to give collective protection measures (e.g. guard rails) priority over personal protection measures (e.g. safety harnesses). This lowers the risk of individual behaviours playing a part.

See Appendix 1 Hierarchy of Controls with examples.

8.2 Inspection and Maintenance of Access Equipment

All work equipment (under PUWER) must be suitably maintained. This applies to all access equipment and fall protection measures used for work at height.

See Appendix 3 for guidance on the type of inspection and maintenance to be carried out and the recommended frequency.

For any hired access equipment, the maintenance falls to the supplier. Any concerns relating to the maintenance must be reported and the equipment taken out of use.

8.3 User checks

All users of access equipment must be instructed on any checks that are required, usually before each use of the equipment. This is generally part of the training to use the equipment. Users must also be informed of any requirements for recording their checks.

8.4 Storage of access plant, equipment and personal protective equipment

Access plant / equipment and personal protective equipment must be stored in accordance with the manufacturer's instructions as failing to do so, can lead to defects and deterioration in performance which are safety critical. It must also be stored securely to prevent unauthorised use.

9. Training and Competency Requirements

All workers undertaking work at height must be:

- Competent to work at height (or, if under training, be appropriately supervised by a competent person).
- Competent to use the relevant access equipment, fall protection equipment and/or PPE
- Where circumstances require, trained in how to avoid falling and how to minimise injury should they fall (where control measures do not eliminate the risk of falling); and managers must ensure that this training takes place and is refreshed at appropriate intervals.

See Appendix 4 for specific training and competencies required under this policy.

9.1 Fitness to work at height – Safety Critical Medical Assessment

- Certain working at height activity is deemed safety-critical in that workers who are prone to sudden incapacity, loss of consciousness, impairment of balance or coordination or similar ill-health issue, are potentially more prone to fall from height.
- All workers who are expected to undertake higher risk work at height (see Table 1, Section 2), as identified through local risk assessments, will be called for an appointment with an occupational health nurse to discuss the nature of their work-at-height activity and if deemed appropriate, a safety critical medical assessment and only proceed with this type of work if declared fit, as recorded on a Fit Slip, which will be sent to their line manager. The assessment is reviewed at a set regularity in line with the University's Health Surveillance Policy.
- Managers must take action as appropriate to the report findings from Occupational Health. Also, if they have a worker who starts working at height after the start of their job, they must direct them to Occupational Health for the assessment.
- For contractors, their management are responsible for applying health monitoring/surveillance requirements as relevant.

10. Emergencies and Rescue Plans

- Emergency procedures and rescue plans must be in place prior to work at height commencing.
- Standard University emergency evacuation procedures apply to those carrying out work at height within or on buildings, or on access equipment adjacent to buildings. Particular attention must be given to work outside a building, e.g. on the roof or a building scaffold, to ensure the fire alarm can be heard and that all persons involved know the evacuation procedure.
- Consider other emergency situations that could arise, e.g. working in close proximity to vents, flues and chimneys that could release harmful fumes and gases. Include these in the risk assessment.
- Rescue plans, as stated in Section 7 above, must be drawn up for any work where fall arrest measures are being used. Due to the difficult nature of performing a rescue (requires specialist training and equipment), the University requires this type of work to be carried out by a suitable approved contractor and the plan submitted as part of their safety documentation. It should be reviewed and appended to the relevant Work at Height permit.

11. Incident and Near Miss Reporting

The outcome of a fall from height can be very serious. All incidents and near misses must be reported on the University's online incident reporting system and an appropriate level of investigation shall be carried, with support of H&S Services as deemed necessary.

12. Further Resources

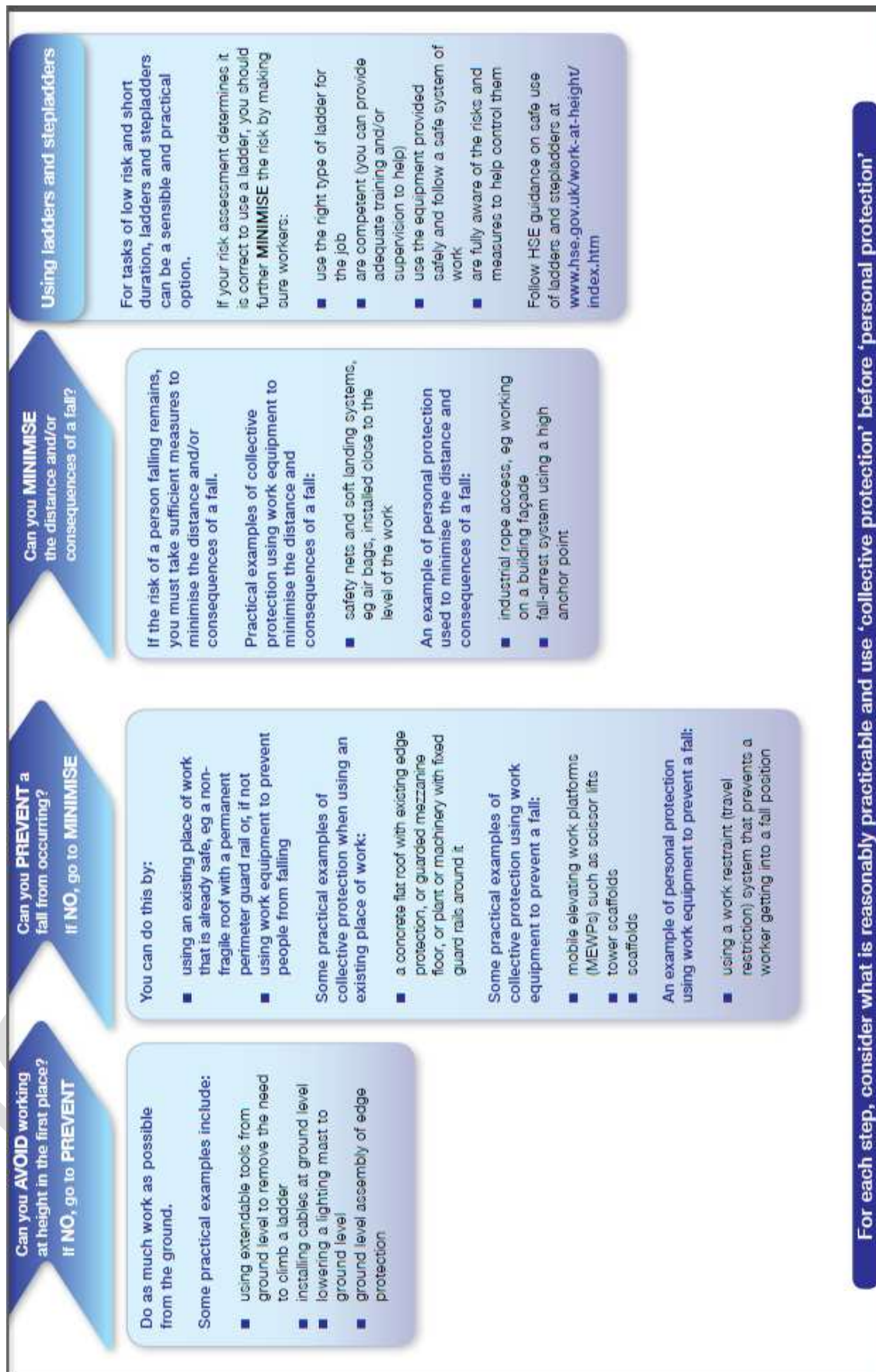
- A brief guide to the Work at Height Regulations (2005) HSE INDG 401
- Health and Safety in Roof Work (2020) HSE HSG33

Loughborough University – Related UHSS Documents

- Contractor Management Policy
- Permit to Work Policy
- Construction Small Works Policy
- Risk Assessment Policy
- Occupational Health policies

Appendices

Appendix 1 Hierarchy of Control with Examples - Table 2



Appendix 2 *Selection of Access Equipment*

Reference: The Work at Height Regulations contain schedules that cover the detailed requirements for the following:

- Collective fall protection (e.g. guard rails, toe guards)
- Working platforms
- Collective fall arrest (e.g. nets, airbags)
- Personal fall protection (e.g. work restraints, work positioning)
- Ladders and step ladders

Fixed Scaffold and Scaffold 'Access' Towers

This is generally used for larger and longer-duration works but may also suit shorter term tasks. Erection requires specific training and it must be regularly inspected by a competent person (e.g. PASMA for tower scaffolds).

Fixed scaffolding will be set up by trained and competent contractors appointed by Estates and Facilities. NASC TG20:21 for tube-and-fitting scaffolds and BS EN 1004-1:2020 is the safety for tower scaffolds.

Mobile Access Equipment (including MEWPs – Mobile Elevated Work Platforms)

An extensive range of mobile access equipment is available for work of short duration. Such equipment may provide safe access to roofs or other parts of buildings (inside and out). It is generally much quicker to set up but selection must take account of the work, the ground status and weather conditions (in particular wind speed).

Users of mobile access equipment are expected to carry out pre-use checks.

When using boom-type equipment, workers shall wear a safety harness attached a fall-restraint lanyard.

Fall Prevention/Arrest Equipment (including safety harnesses and lanyards)

Where incorporated in/on a building, fall prevention systems must be properly installed, maintained and suitable for those who will be using them with appropriate training provided before use.

Ladders, steps, hop-ups, trestles and platforms without guarding

Such equipment must only be used for short duration work in low-risk environments where it is not reasonably practicable to use other appropriate equipment.

For work activity, domestic access equipment is not appropriate. The equipment should therefore be rated EN131 'professional' use.

Appendix 3 *Inspection and Maintenance of Equipment*

All work equipment (under PUWER) must be fit for purpose and suitably maintained. This applies to all access equipment and fall prevention measures used for work at height.

All departments owning and operating access equipment must maintain an inventory of equipment, showing when it was last inspected/examined. An inventory template is available from UHSS.

Table 3: Guide to Examination and Inspections of Equipment

Type of equipment	Inspection type
Ladders and stepladders	<ul style="list-style-type: none"> Pre-use check by trained user (see list of checks but this does not need to be recorded) Detailed visual inspection by competent staff member, 6-monthly or annually depending on type of use and environment (Record on a checklist, see template, Appendix 4. Label item with a Laddertag or equivalent)
MEWPs	<ul style="list-style-type: none"> Pre-user check by trained user 6-monthly LOLER thorough examination by independent competent person (recorded and reported to LU) Servicing and maintenance in line with manufacturer's instructions by competent person
Mobile scaffolds & podiums	<ul style="list-style-type: none"> After assembly by trained user Weekly inspection (>2m height) Servicing and maintenance in line with manufacturer's instructions by competent person
Fixed scaffolds & towers	<ul style="list-style-type: none"> Inspection prior to first use by competent person Weekly inspections by a competent person, recorded, shown on Scaff-tag
Temporary edge protection measures, e.g. guard rails	<ul style="list-style-type: none"> Pre-use checks by trained user Weekly inspection by competent person when in use Servicing and maintenance in line with manufacturer's instructions by competent person
Permanent fall-prevention or arrest measures, e.g. mansafe system	<ul style="list-style-type: none"> Inspection annually by a competent specialist, recorded and reported to LU EFM (More frequently if system is subject to harsher conditions and/or heavier loads)
Safety harnesses and lanyards	<ul style="list-style-type: none"> Inspection before and after use by trained user 6-monthly LOLER thorough examination by independent competent person (recorded and reported to LU) Interim detailed inspections if equipment likely to be subject to arduous working environments

In general, all inspections must be recorded and kept in line with the University's record retention policy.

Appendix 4 *Training and Competency Requirements*

Table 4: Specific training and competencies required under this policy

Role	Minimum requirements
Ladder/Steps user – lower risk	<ul style="list-style-type: none"> Local instruction in line with risk assessment and procedures
Ladder/Steps user – higher risk	<ul style="list-style-type: none"> Safe Use of Ladders/Steps – F2F practical course including safe use and inspection. Refresh 3-yearly. eLearning for safe use and refresher.
MEWPs	<ul style="list-style-type: none"> IPAF Recognised operator training (given card or licence stating categories of MEWP that can be operated). 5-yearly refresher.
Mobile scaffolding, towers & podiums	<ul style="list-style-type: none"> PASMA (safe assembly, dismantling, moving and use) 5-yearly refresher
Fixed Scaffolding	<ul style="list-style-type: none"> Approved contractor only
General work at height	<ul style="list-style-type: none"> Work at Height eLearning (Awareness and refresher only)
Use of Latchway systems – installed on several LU building roofs	<ul style="list-style-type: none"> Specific course from supplier for Latchway systems including use of harnesses and lanyards, rescue plans and emergency procedure
Set up and use of hoists, safety nets, soft landing systems	<ul style="list-style-type: none"> Generally approved contractor. If in-house set-up, training specific to the equipment by supplier
Managers of higher-risk work at height, incl roof work	<ul style="list-style-type: none"> Working knowledge of this policy Managing Work at Height Course (F2F) – includes Permit Policy (3-yearly refresher)
SSO/DSOs in schools/depts undertaking higher-risk work at height	<ul style="list-style-type: none"> Working knowledge of this policy Managing Work at Height Course (F2F) – includes Permit Policy (3-yearly refresher) Familiar with work at height activities in their school/department Knowledge of inspection and maintenance regimes for portable access equipment and PPE (harnesses and lanyards)

Appendix 4 Assess Equipment Register, Visual Inspection Checklists, and Pre-Use Checks

Templates for the above are available from UHSS. The screenshots below provide an overview of the content.

Access Equipment Register					 Loughborough University
School / Department		Date Register last updated		Responsible Person Name and Role	
<small>Note: Ladders must be rated BS/EN 131 'Professional Use'</small>					
Equipment ID No	Description of Access Equipment (Ladder / Stepladder, MEWP, etc)	Make and Model	Year of Purchase	Location	



Ladder / Stepladder Visual Inspection Form					
Ladder ID Number		Ladder Location (building and room number)			
School / Dept		Ladder Rating – Confirm BS/EN131 Professional Use.		YES / NO	
Inspector Name and Role		Date of Inspection			
Check No	Inspection Item	Serviceable	Unserviceable	Not Applicable	Comments / Actions Required, e.g. removed from service, repaired, etc. (action must be stated for any item marked as Unserviceable)
1	Safety/Identification tag present and serviceable				
Stiles					
2	Not cracked, split, twisted or distorted				
3	Free from over wear				
4	Free from contaminants i.e.grease, mud, paint etc				
5	Feet present & in good condition				
6	Caps and fittings present and in good condition				
Rungs and Treads					
7	Not cracked, split, twisted or distorted				
8	Free from over wear				
9	Not loose (can they be moved by hand?)				
10	Not missing				
Ladder Fittings/Rivets/Welding					
11	All intact				
12	Free from decay or corrosion				
13	Tie rods and bracing secure and condition				
14	Distortion free (ladder stands correctly)				
Rails and Repairs					
15	Handrail intact and condition				
16	Guardrail intact and condition				
17	Any unofficial repairs				
18	Ladders of suitable standard/ classification (see above)				



Pre-Use Ladder Checklist



Pre-use checks do not need to be recorded.

Write 'Y' for an item which is acceptable. Write 'N' for an item which is unacceptable. If an item is not applicable to this ladder write NA in the findings box. If any of the check items reads 'N' work should not be carried out until the matter is rectified.

Item ID	Inspection Item	Y / N / N/A	Comments / Actions Required
1	Has the correct type of ladder been selected?		
2	Ladder positioned in a secure location, free from being struck by vehicles or knocked over by opening doors and windows		
3	Ladder is placed against a strong non-fragile surface		
4	Ladder is placed on even and stable ground		
5	Ladder placed at the correct angle (75 degrees / 1 in 4).		
6	Can the work be done without over reaching / stretching?		
7	Ladder extends 1 metre above the working platform or there is a suitable handhold available		
8	Top of the ladder is tied securely by the use of ropes, ties or other stability devices.		
9	If the top of the ladder is not tied, bottom of the ladder is secured or second footed.		
10	Are suitable working platforms provided for ladders that are more than 9 metres in length?		
11	Is the correct foot wear being worn? i.e. clean soles, in good condition, no dangling laces.		
12	Are tools stored in shoulder bags or holster belts?		
13	Are barriers and signs in place to prevent people straying into the work area?		

Stepladder Specific Checks

14	Step ladder placed on even ground.		
15	Step ladder positioned correctly (it should not be positioned side on to work tasks)		
16	Is there a handhold such as a handrail available? Ensure that the top two or three rungs are not worked from.		
17	Are the side hinges fully extended and securing clips-in good condition and in working order?		

Further guidance can be accessed here: [EIA - Equality Impact Assessments | Equity, Diversity and Inclusion | Loughborough University](#)

For support, please contact edi@lboro.ac.uk

Stage1 – Administrative Details

Category	Input
Title of proposal / policy / decision	Work at Height Policy .
Brief outline of the aims/objectives of the work	<p>It is the policy of Loughborough University to provide a safe environment for all users of the campus and to ensure that all work involving work at height, is subject to the standards of control necessary to prevent, or where this is not possible to minimise, risks to health and safety.</p> <p>This policy states the requirements that need to be in place within departments and schools to proceed with work at height activities safely</p>
Lead / team	M. Haynes-Coote
Job Title	Deputy H&S Manager
School/Professional Service	University H&S Service
Contact email	m.haynes-coote@lboro.ac.uk
Date of assessment	15/09/2026
EIA version number	V 0.01

Stage 2 – Evidence Gathering and Engagement

Please complete the below:

Does this proposal affect any of the following groups?
☒ Staff
☒ Students
☐ Visitors
☒ Other (please state):__Contractors__
What Data sources have you used to inform (consider bench marks, research, lived narrative, Quantitative or Qualitative data):
<ul style="list-style-type: none">• Previous Estates Appendix M• Consultation with key university stakeholders and Trade Union colleagues• Key legislation e.g. The Work at Height Regulations 2005• Other Higher Education Institutions (HEIs) safety policy• Relevant literature on working safely at height (HSE / PASMA / IPAF / Ladder Association)

Could it impact any protected characteristic group under the Equality Act 2010? These are listed here

- [Protected characteristics | EHRC](#)

☒ Yes

☐ No

Does this policy/ process affect how individuals or groups may express lawful speech of academic views'

☐ Yes

☒ No

If you ticked **yes** to any of the questions above, a full Equality Impact Assessment is required. **Please continue to Section 3.**

EIA completed ☐ Yes ☐ No

Stage 4 – Sign off

Decision & sign off	Input
Final decision / outcome	
Sign-off by (name & role)	
Date	

Upload pages 1-2 to EIA Teams space.

Stage 3 – Potential impact.

Reviewed Characteristic	Impact of this policy or practice? Please indicate:	Does this impact any other area (Yes/No)	Mitigation and action	Risk Level (low/medium/high) Please see below for a colour coded key.
Age	<p>P1a: Policy provides information on work at height that may be restricted for young persons (under 18 years old). Young persons are at increased risk due to a range of age related / maturity factors and this can be identified and mitigated prior to commencing work.</p> <p>N1a: A young person should not be required to work at height where the task involves:</p> <ul style="list-style-type: none"> • Significant risk of falling. • Use of complex work-at-height equipment that requires experience or judgement. • Work where close supervision cannot be provided. • Situations where the young person's lack of experience or maturity could increase the likelihood of injury 		<p>P1a: Policy reinforces the responsibility of line managers/supervisors to review work activities with the young person, to ensure further risk assessments are carried out, and any additional control measures are identified and implemented. This enables the young person to complete their work in a safe manner</p> <p>N1a: Under the Management of Health and Safety at Work Regulations 1999, the University must ensure that young persons are not exposed to risks arising from:</p> <ul style="list-style-type: none"> • Lack of experience • Lack of awareness of existing or potential hazards • Lack of maturity 	Low

	<p>P2a: Younger staff who are less experienced with working at height now have further information on safe management of such tasks</p> <p>N1b: Policy is available on the University website, mature students and older staff may be is proportionately affected by digital only option.</p>		<p>N1b: Policy can be provided in alternative formats (e.g. printed versions of the policy can be provided by the persons line manager if required). The website is compatible with adaptive software which may also benefit users.</p>	
Disability	<p>P2a: Provides information on high-risk work at height that pose an increased risk due to health condition and identifies the requirement to pass a Safety Critical medical.</p> <p>N2a: Policy is only available in a written format on the University website. May affect dyslexic users or visually impaired persons.</p>		<p>P2a: Policy reinforces the responsibility of line managers/supervisors to review work activities with the individual, to ensure further risk assessments are carried out, and any additional control measures are identified and implemented.</p> <p>The need for health surveillance is identified for high-risk work at height as outlined in the policy. This will enable staff with pre-existing health conditions to receive additional advice; support as needed or restrict activity.</p> <p>N2a: Website is compatible with adaptive software such as text to speech software, beneficial for dyslexic users or visually impaired persons</p>	LOW
Gender Reassignment	NE: provides information for all users		No specific differential impact identified.	LOW
Marriage and Civil Partnership (employment)	NE: provides information for all users		No specific differential impact identified.	LOW

Pregnancy and Maternity	P5a: Provides information on high-risk work at height that pose an increased risk due to health (e.g. pregnancy) and identifies the requirement to pass a Safety Critical medical.		P5a: Policy reinforces the responsibility of line managers/supervisors to review work activities with the individual, to ensure further risk assessments are carried out, and any additional control measures are identified and implemented	LOW
Race / Ethnicity	NE: provides information for all users		No specific differential impact identified	LOW
Religion or Belief	NE: provides information for all users		No specific differential impact identified	LOW
Sex	NE: provides information for all users		No specific differential impact identified	LOW
Sexual Orientation	NE: provides information for all users		No specific differential impact identified	LOW
Socio-economic backgrounds	NE: provides information for all users		No specific differential impact identified	LOW
People with caring responsibilities	NE: provides information for all users		No specific differential impact identified	LOW
Intersectionality (include any other relevant information relating to the intersection of any of these protected groups)	NE: provides information for all users		No specific differential impact identified	LOW

*The characteristic listed in **bold** are listed as a protected characteristics group under the Equality Act 2010.

Colour Code	Risk
Red	Highest
Orange	Medium/High
Yellow	Medium
Green	Low

Monitoring:

How will you monitor the actual impact of this proposal once it is implemented? Please describe the data you will collect, the frequency of reviews, and who is responsible for tracking the outcomes to ensure no group is disproportionately disadvantaged.

- Compliance with policy is monitored through auditing of Schools and Services. During these audits, there is an opportunity to receive feedback on policy and identify any issue(s) of disproportionately disadvantaged.
- School / Dept safety committee meet three times a year. During these meetings there is an opportunity to receive feedback on policy and identify any issue(s) of disproportionately disadvantaged.

EIA is reviewed in-line with Work at Height Policy, reviewed every three years or when legislation changes.

Stage 5 - Review

Please include the D/M/Y when this EIA will be reviewed.

As per date of Policy approval (tbc -

Action Plan:

Consider linking and aligning into University [governance structures](#)

Action	Owner	Deadline	Status



Health and Safety Department

Lone Working Policy



Document Control

Document Details	
Reference	
Version Number	2
Effective From	17/8/2026
Approval Date	17/8/2026
Review Date	17/8/2028
Author	Neil Budworth

Document Revision History			
Date	Revisions Made	Revisions made by	Approved by
01/04/2013	H Weaver		HSE Committee
01/12/2016	H Weaver	Update logo	HSE Committee
08/04/2020	O Preedy/W O'Connell	Update and App info added	N Budworth
17/8/2026	N Budworth	Updated to reflect adoption of Safezone app	N Budworth

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1. Introduction

Due to the increased risk to the health and safety of employees and students when working alone, additional measures need to be considered in order to minimise the associated risk.

2. Scope

This policy and associated code of practice provide a framework for Schools and Services to fulfil their statutory duties. Ensuring the health and safety of staff and students while lone working.

3. Key Legislative Requirements

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999

4. Duty Holders

4.1. Deans of Schools/Directors of Professional Services

Deans of Schools/ Heads of Professional Services shall:

- Ensure that suitable risk assessments are in place for all lone working activity
- Ensure that any required risk reducing measures are implemented to reduce the risk so far is reasonably practicable
- Ensure that adequate time and resources are made available to control and manage lone working arrangements
- Ensure the effectiveness of this policy is monitored within Schools, Departments and Professional Services

4.2. University Health and Safety Service

The University Health and Safety Service shall:

- Monitor compliance with this policy
- Review the policy and associated guidance periodically
- Provide information, advice and training

4.3. School / Departmental Safety Officers

School / Departmental Safety Officers shall:

- Ensure that all lone working practices are compliant with this policy
- Ensure that members of staff and students are familiar with this policy. As well as the way that the policy is implemented within the school or service
- Review risk assessments

- Monitor lone working activity to verify that suitable and sufficient assessments are in place and up to date
- Report lone working incidents to the University Health and Safety Service using the Evotix incident reporting system

4.4. Line Managers/Academic Supervisors

Staff who are responsible for managing the activities carried out by staff, students or volunteers are considered supervisors. As such they have a duty to ensure the health and safety of the staff/students they supervise and have responsibility where their students/staff are lone working.

Line Managers/Academic Supervisors will ensure:

- Personnel they manage are competent to complete the task and have been provided with suitable information and training, to manage the risks posed by the activity
- Risk assessments are reviewed and updated regularly, when significant changes occur or following an incident
- That relevant staff have downloaded and use the Safezone app
- If for any reason the Safezone app can not be used to support lone working, alternative arrangements are in place.

4.5. University Staff and Students

University Staff and Students shall ensure:

- They comply with this policy
- Only continue to work if it is safe to do so
- Report incidents or defects
- They utilise the lone working features of the Safezone app and if for any reason tis is possible agree alternative monitoring and alarm arrangements with their line manager.

5. Further Information

- University Lone Working Code of Practice
- Violence at Work; INDG 69, HSE Books [INDG69. R8 - Violence at work: a guide for employers.](#)
- Additional information and advice are available from bodies such as the TUC, trade associations or employers' organizations and some charities, e.g. The Suzy Lamplugh Trust, a national charity for personal safety which offers a range of free and priced publications providing guidance on various aspects of personal safety in the workplace, including lone working.
- [Introduction to managing health and safety - HSE](#)
- Managing risks and risk assessment at work. [Risk assessment: Steps needed to manage risk - HSE](#)

Health and Safety Services

Smoking Policy

Smoking at Work Policy

Contents

University Policy

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Scope

The Smoking at Work policy applies to the lighting of pipes, cigarettes or cigars.

The policy also applies to electronic cigarettes (e cigarettes or vapes) and similar products.

The policy applies to all smokers and users of vapes or e cigarettes on the University campuses and to all smokers and users of vapes or e cigarettes travelling in vehicles whilst on University business.

Exemptions

Exemption may be applied to individual members of staff with a disability, where a reasonable adjustment have been agreed to allow use of medically prescribed treatment/products. These exemptions should be agreed in advance with the Occupational Health team

This document forms part of Loughborough University's health and safety policy

Version 4 July 2026

Arrangements

By law, smoking is banned in virtually all ‘enclosed’ and ‘substantially enclosed’ public places and workplaces. (Relevant legislation; The Health Act, 2006 and the Smoke-free (Premises and Enforcement) Regulations 2006.

In addition, Residential and Domestic Services and imago@lboro Ltd do not permit smoking or vaping in any of its residential areas or hotel rooms.

Accordingly, smoking or vaping is not permitted in any University buildings or vehicles.

Where individuals smoke or vape outside they:-

- Must not smoke close to doors, windows or air inlets where smoke may be sucked into the building. A distance of 3m from openings is considered to be a reasonable distance to prevent smoke drifting inside the building.
- Must observe no smoking signs or hazard warning signs in proximity to highly flammable liquids and gases

Some exterior areas of the Loughborough campus have been designated as smoke free areas. Smoking or vaping materials should not be used in the following locations:

- Outside of the Pilkington library
- James France Walk
- Holywell Park
- The sunken seating area behind the Sire David Davis building (with the exception of the designated smoking area)
- Martin Hall Square and the open areas around the adjoining sports related buildings of Sir David Wallace and Sir John Beckwith buildings.

Smoking shelters have been provided adjacent to these designated areas to accommodate staff, students or visitors who wish to smoke or vape in the vicinity.

The attached maps identify the boundaries of the smoke free areas.

Sports pitches and recreational areas are also deemed no smoking

In addition, those who smoke or vape outside are asked to be considerate of the University's reputation by not smoking in areas which are highly visible to customers and members of the public.

Support

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Smokers wishing to give up smoking will be directed to the free local service Quit Ready Leicestershire and Rutland [About QuitReady - Quit Ready](#) or the NHS service [Quit smoking - Better Health - NHS](#)

Additional support for University staff may be arranged periodically through the University Health and Safety Service (UH&SS), information on current resources will be publicized on the UH&SS website <http://www.lboro.ac.uk/admin/hse/> when available.

Contraventions of this policy will be dealt with through the usual disciplinary procedures. In addition, those who do not comply with the law in this respect may be liable to fixed penalty fines and possible prosecution

Duty Holders

Estates and Facilities Management shall ensure that the provision of smoking shelter, bins and no smoking signage is suitable and sufficient. Concerns regarding these items shall be directed to the Estates and Facilities Management helpdesk on 01509 222121.

School and Professional Service management will be responsible for enforcing this policy where appropriate through the use of existing disciplinary procedures.

The University Health and Safety Service shall consider issues arising out of this policy which have not been resolved by other means. Complaints should be made in writing to the Director of Health, Safety and Wellbeing.

All staff and students are expected to comply with this policy as well as encourage and educate colleagues to do likewise.

All tenants, visitors and contractors are required to abide by this policy. Staff members are expected to inform students, visitors and contractors of the requirements of this policy.

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Version 4 July 2026

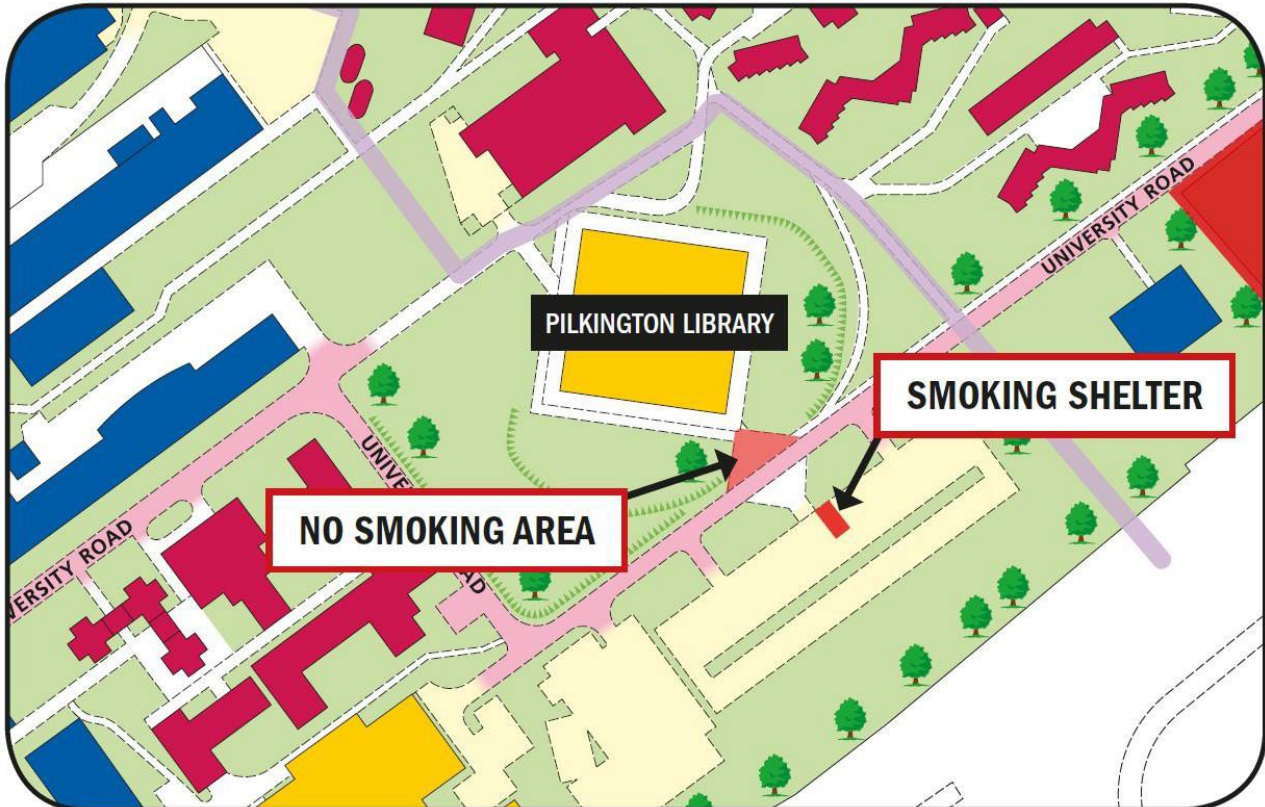
Document management table

Version	Owner	Revised by	Summary of revision	Date of revision
V2	C Moore & N Hunt			2014
V3	UH&SS	H Weaver	Update formatting and inclusion of doc. Mngt. box	Dec 2016
V3.1	UH&SS	N Budworth	Updating of departmental names and of NHS contact details	May 2022
V4	UH&SS	N Budworth	Updated to include additional reference to vaping and detail added regarding enforcements	July 2026

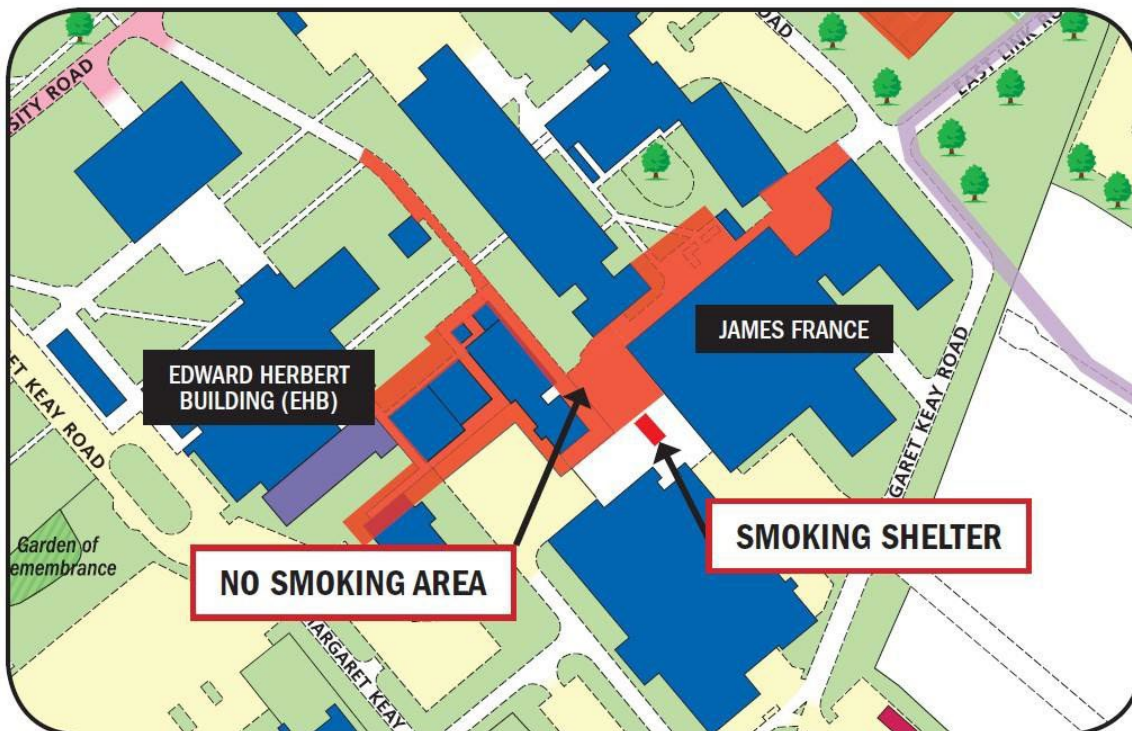
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Pilkington Library No Smoking Zone



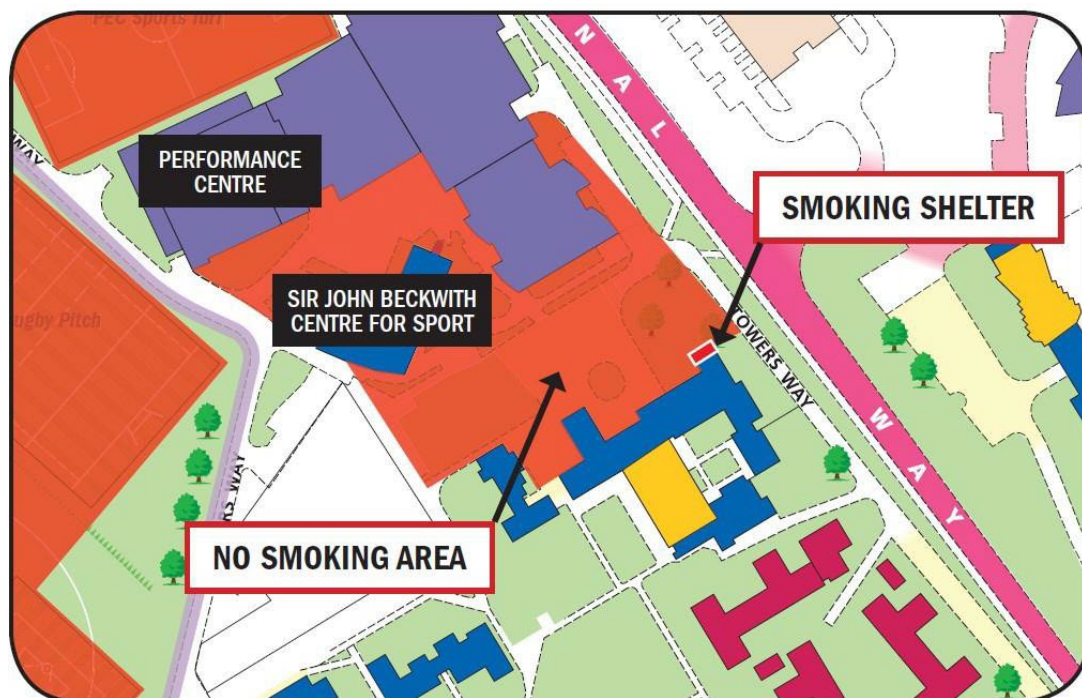
James France Walk No Smoking Zone



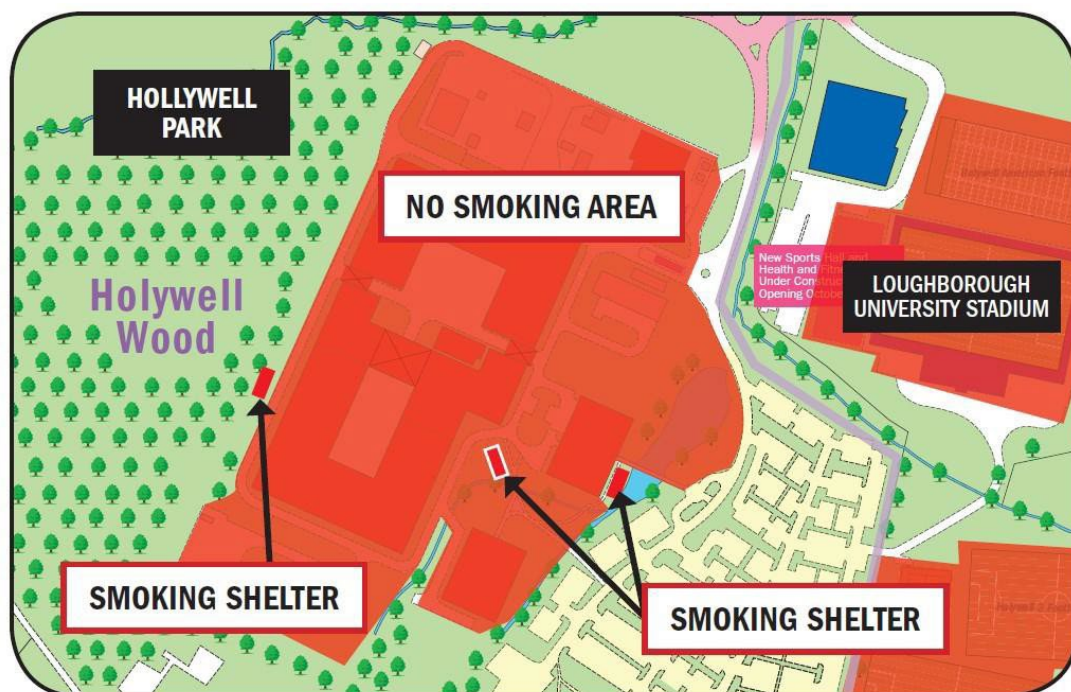
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Martin Hall Square No Smoking Zone



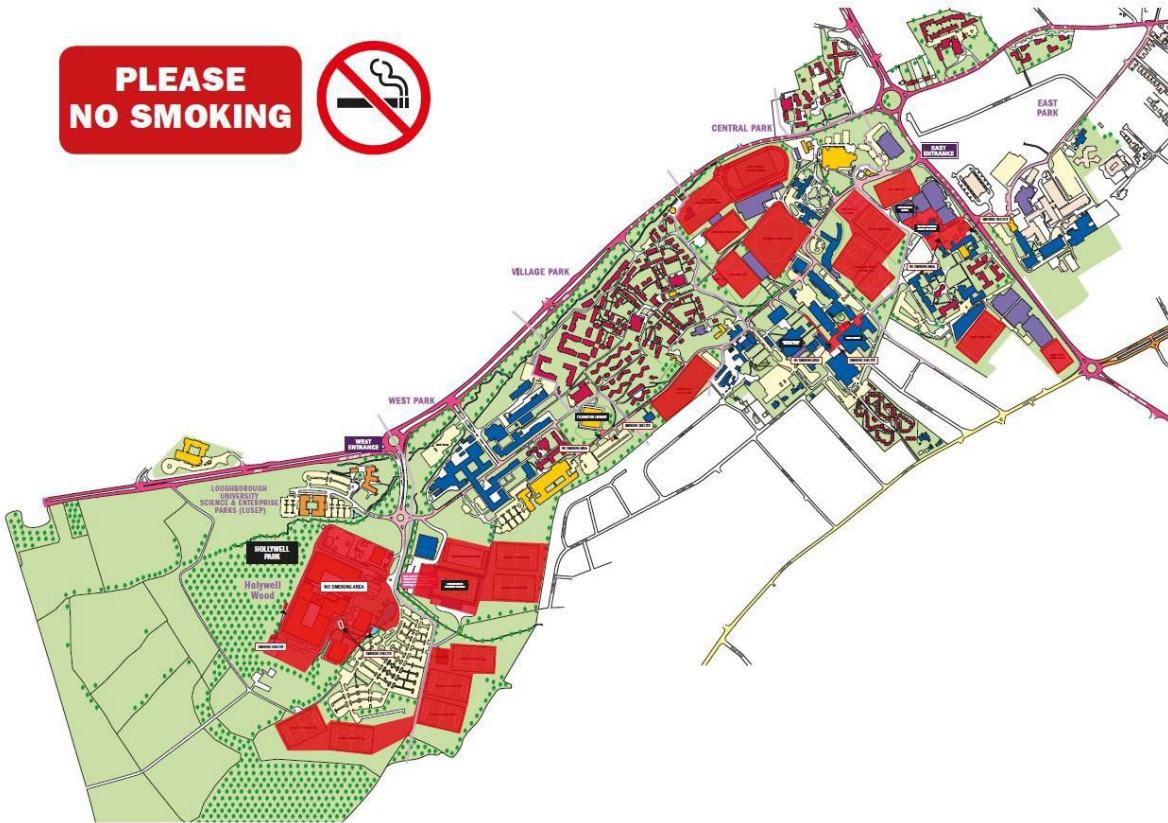
Holywell Park No Smoking Zone



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**PLEASE
NO SMOKING**



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safety policyVersion 3 December 2016

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Version 4 July 2026