

HEALTH AND SAFETY MANUAL

January 2017

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STATEMENT OF HEALTH AND SAFETY POLICY

It is the aim of Leeds Trinity University to ensure a safe and pleasant working environment for all its staff, students and visitors.

If the University is to maintain a safe and pleasant working environment all must work together to ensure that any risks to the health, safety or welfare of staff, students or visitors are reported and reduced to a tolerable level as quickly as possible. In order to facilitate this, designated senior members of staff are responsible for ensuring that regular risk assessments are undertaken and all members of staff are encouraged to report hazards to their managers so that remedial action may be taken.

All members of staff and students are encouraged to report any major concerns regarding health, safety or welfare to the Health and Safety Committee, which meets every two months. The Health and Safety Committee consists of staff and student representatives and is chaired by the Chief Operating Officer.

The University employs a part time Health and Safety Officer who advises all members of staff and students on health and safety issues, including their legislative responsibilities. The Health and Safety Officer, who reports to the Director of Estate and Facilities, acts as an advisor to the Health and Safety Committee.

The University has a number of procedures which have been introduced to reduce the risks to staff, students and visitors. These procedures are reviewed regularly. All members of staff and students are instructed in their responsibilities. Copies of University safety procedures are held in the Health and Safety Manual, which is issued on a controlled basis to Senior Managers, Directors and Heads of Department and is also available to staff and students via the University website: <http://intranet.leedstrinity.ac.uk/StaffServices/healthsafety/>

It is important that staff are competent to undertake the duties required of them. The necessary training and instruction sessions are provided for them and staff are expected to attend. All members of staff are provided with adequate equipment to enable them to perform their tasks in a safe manner. No member of staff would be required to undertake a task or use new equipment before receiving adequate training or instruction.

All members of staff have a responsibility for ensuring their own safety and that of their colleagues and students. Staff are expected to report any concerns they have regarding health, safety or welfare to their Head of Department or to the Vice-Chancellor. While undertaking work for the University, staff must not undertake any action which could pose a hazard to the health, safety or welfare of themselves or anyone else who could reasonably be expected to be affected by their actions.

Signed:



(Vice-Chancellor)

Date: 18/1/17

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Leeds Trinity University

Executive

Health and Safety Committee - Terms of Reference

To be responsible to the Executive for:

1. Advising the Board of Governors and Executive on policies and procedures for Health and Safety at the University, with particular reference to the Health and Safety at Work, etc. Act 1974 and other current legislation.
2. Instituting and reviewing as necessary appropriate measures taken to ensure the health and safety at work of University staff, students and visitors.
3. Promoting co-operation between employers and employees in instigating, developing and carrying out measures to ensure the health and safety at work of University staff, students and visitors.
4. Considering and making reports and recommendations to the Executive, as necessary, on:
 - 4.1 Statistics and trends relating to accidents and notifiable diseases.
 - 4.2 Reports and information provided by inspectors appointed under the Health and Safety at Work Act 1974.
 - 4.3 Reports submitted by safety representatives.
 - 4.4 The development of safety rules and safe systems at work.
 - 4.5 The training of employees in Health and Safety at Work.
 - 4.6 Communication and publicity on matters concerning Health and Safety at Work.
5. Providing a link with local representatives of the Health and Safety Executive.
6. Drawing up procedures for approval by the Executive in respect of the application of the Health and Safety at Work, etc. Act 1974 and any other relevant legislation.
7. Drawing up rules and procedures in respect of health and safety for approval by the Executive for inclusion in a Health and Safety Manual and to ensure that such rules and procedures are kept up to date as necessary.
8. Being aware of and to consider relevant new and forthcoming Health and Safety legislation and its implications for the University.
9. Monitoring all activity involving risk assessment falling within the responsibility of the sub-Committee.

10. Instituting and reviewing as necessary appropriate measures taken to ensure the health and safety in relation to lease contracts.

Membership 2016/2017

Chief Operating Officer (Chair)
Health & Safety Officer
Director of Estates and Facilities
Director of Human Resources
Director of Student Services
UCU representative
UNISON representative
Heads of Schools and Services or their Deputy/Nominee
President of the Student Union
Health Adviser

Corresponding member:

Vice-Chancellor

Quorum

Six members

Referring matters to the Health and Safety Committee

11. The Chief Operating Officer is the Chair of the Health and Safety Committee. All matters, which a member of the Committee wishes to be brought before the Committee, are to be referred to the Health and Safety Officer in the first instance.
12. Should any member of staff or any student have a matter which he/she wishes to be considered by the Committee, he/she is to refer the matter to any member of the Health and Safety Committee who will investigate the matter and, if he/she considers it to be suitable for discussion by the Committee, will refer it to the Health and Safety Officer.
13. At least seven days before Committees of the Health and Safety Committee the Chief Operating Officer is to issue an agenda for the Committee. The agenda should also include all matters referred to the Health and Safety Officer as above.
14. Any notifiable accident or dangerous occurrence which led to a report to the Health and Safety Executive under the **Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013** is to be reported to the Health and Safety Committee by the Secretary of the Committee at the first Committee to be held after the date of the accident (see **Accident Procedure SAF 001**).

POLICY ON HIV/AIDS

1. Background Information

- 1.1 AIDS (Acquired Immune Deficiency Syndrome) is a condition caused by the HIV (Human Immunodeficiency Virus) which can damage the body's defence system so that it cannot fight certain infections of the lungs, digestive system, central nervous system and skin. These illnesses can be fatal and, as yet, there is no known cure for AIDS.
- 1.2 HIV, the virus that causes AIDS, survives in body fluids such as blood and semen; there have been no proven cases of HIV infection from saliva and tears. People can catch the virus through sexual intercourse, or by getting infected blood into their bloodstream by, for example, sharing needles, syringes and other drug-injecting equipment. HIV can also be passed from a mother with the virus to her unborn child.

2. Policy Objectives

- 2.1 The Governors are committed to equality of opportunity in all areas of University activity and to the promotion of appropriate health and safety measures. The objectives of the Governors' policy are:
 - a) to ensure that there is no discrimination against any applicant for employment or admission as a student or against any employee or student of the University who has, or is suspected of having, HIV infection or AIDS;
 - b) to ensure that employees and students affected by HIV or AIDS receive adequate support;
 - c) to ensure that information on HIV and AIDS is regularly made available to members of the University; and
 - d) to educate staff and students in appropriate measures for the prevention of the spread of AIDS and other infectious diseases.

3. Policy

3.1 Recruitment and Admissions

- a) There shall be no discrimination against any applicant for employment or for admission as a student on the grounds that the applicant has or is suspected of having AIDS or is or is suspected of being HIV positive.
- b) Normal procedures for determining medical fitness on recruitment shall apply; there shall be no requirement to be tested for HIV.

3.2 Discrimination

- a) There shall be no discrimination against any member of the University on the grounds that the member has, or is suspected of having AIDS or is, or is suspected of being, HIV positive. Discrimination against a student or member of staff on the grounds of their presumed or actual HIV/AIDS status shall be regarded as a disciplinary offence and dealt with under appropriate University disciplinary procedures.

3.3 Confidentiality

- a) When people who are HIV positive or have AIDS are identified, no action shall be taken other than that which may, on the basis of appropriate medical advice, be considered necessary or advisable to prevent the spread of infection. In such cases, normal medical protocols of confidentiality will apply.
- b) Confidentiality shall be maintained in relation to any member of the University who is known to be HIV positive or to have AIDS and information shall be disclosed only with the specific and express consent of the member of University concerned.
- c) There shall be no requirement on members of the University who are aware that they are HIV positive or who have AIDS to inform the University.

3.4 Support

- a) The University shall, insofar as is practicable, offer support to members of the University who are known to be HIV positive or to have AIDS or who are otherwise affected by HIV or AIDS by allowing time off for counselling and giving sympathetic consideration to requests for special and/or compassionate leave.

3.5 Information

- a) Information about HIV, AIDS and other infectious diseases and on the prevention of infection shall be made available to members of the University both on appointment or admission and at regular intervals thereafter. The Vice-Chancellor shall be responsible for disseminating information as appropriate.

POLICY ON SMOKING

1. For the purpose of this Policy the term 'Smoking' shall include the use of cigarettes, cigars, pipes, electronic cigarettes, electronic nicotine delivery systems and personal vaporisers.

2. **Smoking Areas**

2.1 Smoking is restricted to designated areas of the University. Smoking shelters are provided throughout the campus for this purpose.

2.2 It is prohibited elsewhere on University campus.

3. **Resolution of Problems**

All staff and students are encouraged to politely request anyone seen smoking in areas other than those permitted refrains from doing so. Anyone refusing to do so following such request should be reported to their relevant Line Manager or Student Support.

Any difficulties encountered in the operation of this policy should be brought to the attention of the Health and Safety Officer, or to any member of the Committee.

4. **Help for Smokers**

The University will provide such counselling as is necessary for smokers who wish to stop smoking, if such help is requested.

5. **Signs**

No Smoking signs will be displayed in accordance with the Smoke-free (Signs) Regulations at each University entrance and members of the University and all visitors will be expected to observe them.

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STRESS MANAGEMENT POLICY

1. Introduction

- 1.1 Stress is defined by the Health and Safety Executive as “the adverse reaction people have to excessive pressure or other types of demand placed on them”. Leeds Trinity University recognises that workplace stress is a health and safety issue and that it is important for the institution to aim to identify and reduce workplace stress as far as is reasonably practicable.

2. Responsibilities

- 2.1 The Vice-Chancellor is responsible for the implementation of this procedure.
- 2.2 The Director of Human Resources is responsible for making available appropriate training for managers in how to carry out stress risk assessments, including how to identify and manage possible workplace stress. All Responsible Managers, including Heads of Department will be expected to attend the training provided in how to carry out stress risk assessments and how to manage workplace stress
- 2.3 The Director of Human Resources is responsible for making available appropriate training for all staff aimed at helping staff identify their own symptoms of stress and control measures to deal with stress as necessary.
- 2.4 The Director of Human Resources and Human Resources Officers will monitor institutional sickness absence records for all staff and aim to identify any instances where there is reason to believe that a member of staff may be sick as a result of work related stress and take the necessary action to prevent further stress to individuals returning to work after such absence, as far as is reasonably practicable.
- 2.5 The Director of Human Resources will be responsible for arranging analysis of Staff Perception Surveys and provide the Executive with any findings from such surveys where there is reason to believe that workplace stress may be a significant issue for staff.

3. Procedure

- 3.1 Staff Perception Surveys will be carried out by Leeds Trinity University on a biennial basis. The Director of Human Resources will arrange for the results of these to be analysed to help identify possible institution-wide areas of concern regarding stress and enable the institution to take action as necessary.
- 3.2 Stress risk assessments will be carried out and reviewed regularly by Responsible Managers at faculty and departmental level and control measures will be implemented to deal with stress as necessary. Where such risk assessments identify areas of concern, Responsible Managers will

ensure that relevant control measures are in place, and liaise with the Director of Human Resources and the Health and Safety Officer as appropriate, to decide on the appropriate course of action. An appropriate Stress Risk Assessment Checklist and Stress Risk Assessment Management Table are attached at Appendices 1 and 2.

- 3.3 Human Resources Officers and/or the Health and Safety Officer will carry out individual risk assessments with staff who are known or thought to be experiencing work related stress or who have recently returned to work following sickness absence, known or thought to be caused by workplace stress. Relevant actions to prevent/reduce further stress will be agreed with relevant managers as appropriate,
- 3.4 Leeds Trinity University provides a free and confidential counselling service available to members of staff and students. Where individual risk assessments identify recommended actions including specialist counselling, the institution will provide this as far as is reasonably practicable.

Appendix 1 Stress Risk Assessment Checklist

	Satisfactory	Not Satisfactory	Comments
Organisation:			
Do you find Management supportive and do they consult staff on changes?			
Are there clearly defined objectives without conflicting demands within the Institution?			
Is there clear and adequate communication from Management on Institutional-wide issues?			
Is there an absence of blame culture throughout the Institution?			
Job Design:			
Do you feel you have the right skills, motivation and ability to carry out your job?			
Are your training and development needs met?			
Content of Work:			
Is your workload clearly defined?			
Is the workload too little/great?			
Do you have some control over your workload?			
Are working arrangements satisfactory?			
Is the pace/pattern of your work satisfactory?			
Planning:			
Are you included in discussions about your department's plans?			
Do you feel your skills are taken into account in the department's plans?			
Physical:			
Do you find the workplace environment (space/light/temperature/noise) satisfactory?			

	Satisfactory	Not Satisfactory	Comments
Personal:			
Do you experience job satisfaction?			
Do you feel secure in your job?			
Are your working relationships satisfactory?			
Is any conflict in the department quickly resolved?			

Appendix 2 Stress Risk Management Table

Name:

Department:

Date:

Review Date:

Potential Area of Dissatisfaction	Identified Potential Issues	Proposed Action	Timescale

RESPONSIBILITIES OF KEY PERSONNEL

Under the Health and Safety at Work Etc Act 1974, employers have responsibility for the health, safety and welfare of all their employees and others, including visitors and contractors who may be affected by their work activities. Employees too have responsibilities for their own health and safety and that of others who may be affected by their actions or omissions. This section details the health and safety responsibilities for key personnel within Leeds Trinity University.

Governors

Chair of Health and Safety Committee

- Accountable to the Board of Governors for the operational activities of the Health and Safety Committee.

Executive

Vice-Chancellor

- Accountable to the Board of Governors for the health and safety of students, staff and visitors at Leeds Trinity University.
- Accountable to the Board of Governors for the operational management of the Health and Safety Policy Statement at Leeds Trinity University.
- Corresponding member of Health and Safety Committee.

Responsible for:

1. authorising and signing the Health and Safety Policy Statement for Leeds Trinity University and ensuring its effective implementation.
2. the health, safety and welfare of students and staff at Leeds Trinity University.
3. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the office of the Vice-Chancellor.
4. ensuring that risks identified, within the office of the Vice-Chancellor, are reduced to an acceptable level.
5. ensuring so far as is reasonably practicable that all staff and students receive appropriate facilities, training and instruction.

Deputy Vice-Chancellor

- Accountable to the Vice-Chancellor for the health and safety of staff under his/her control.
- Accountable to the Vice-Chancellor for ensuring that the work of departments under his/her control does not pose a health or safety risk to staff, students or visitors.

Responsible for:

1. ensuring as far as is reasonably practicable that staff under his/her control receive appropriate facilities, training and instruction.
2. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the office of the Deputy Vice-Chancellor
3. ensuring that risks identified within the office of the Deputy Vice-Chancellor are reduced to an acceptable level.

Chief Operating Officer and University Secretary

- Accountable to the Vice-Chancellor for the health and safety of staff under his/her control.
- Accountable to the Vice-Chancellor for ensuring that the work of departments under his/her control does not pose a health or safety risk to staff, students or visitors.

Responsible for:

1. ensuring as far as is reasonably practicable that staff under his/her control receive appropriate facilities, training and instruction.
2. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the office of the Chief Operating Officer and University Secretary
3. ensuring that risks identified within the office of the Chief Operating Officer and University Secretary are reduced to an acceptable level.

Head of Academic Quality

- Accountable to the Chief Operating Officer and University Secretary for the health and safety of staff under his/her control.
- Accountable to the Chief Operating Officer and University Secretary for ensuring that the work of departments under his/her control does not pose a health or safety risk to staff, students or visitors.

Responsible for:

1. ensuring as far as is reasonably practicable that staff under his/her control receive appropriate facilities, training and instruction.
2. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within his/her area of responsibility.
3. ensuring that risks identified, within his/her control, are reduced to an acceptable level.

Director of Finance and Planning

- Accountable to the Vice-Chancellor for the health and safety of staff under his/her control.

Responsible for:

1. ensuring as far as is reasonably practicable that staff under his/her control receive appropriate facilities, training and instruction.
2. ensuring appropriate control of funds to facilitate effective health and safety management.
3. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the office of the Director of Finance.
4. ensuring that risks identified within the office of the Director of Finance and Planning are reduced to an acceptable level.
5. ensuring that the University has appropriate employer liability insurance

Director of Marketing, Communications and Recruitment

- Accountable to the Chief Operating Officer and University Secretary for the Health and Safety of staff under his/her control.

Responsible for:

1. ensuring as far as is reasonably practicable that staff under his/her control receive appropriate facilities, training and instruction.
2. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within his/her area of responsibility.
3. ensuring that risks identified, within his/her control, are reduced to an acceptable level.

Director of Human Resources

- Accountable to the Director of Finance and Planning for the health and safety of staff within the Human Resources Department.

Responsible for:

1. fostering staff competence through appropriate selection, induction, appraisal and training.
2. ensuring that all new staff complete an appropriate declaration of health form prior to the commencement of their employment.
3. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the Human Resources Department.
4. ensuring that risks identified within his/her control are reduced to an acceptable level.

Director of International Development

- Accountable to the Deputy Vice-Chancellor for the health and safety of staff within the International Development Department.

Responsible for:

1. fostering staff competence through appropriate selection, induction, appraisal and training.
2. ensuring that all new staff complete an appropriate declaration of health form prior to the commencement of their employment.
3. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the International Development Department.
4. ensuring that risks identified within his/her control are reduced to an acceptable level.

Director of Student Services

- Accountable to the Chief Operating Officer and University Secretary for the health and safety of staff under his/her control.

Responsible for:

1. ensuring that adequate provisions are made for the health, safety and welfare of students.
2. ensuring that Resident Mentors are first aid trained and are aware of their responsibilities in emergency situations (i.e. fire, accident).
3. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within his/her area of responsibility.
4. ensuring that risks identified, within his/her control, are reduced to an acceptable level.

Health Adviser

- Accountable to the Director of Student Support for the provision of health care for students.

Responsible for:

1. promoting good health care.
2. providing emergency first aid treatment to students, staff and visitors.

Director of Information Services

- Accountable to the Chief Operating Officer and University Secretary for the health and safety of staff in the Information Services (IS) Department.

Responsible for:

1. ensuring that all equipment provided by the IS Department, for use by staff, students or visitors, is free from defects, which may pose a risk to their health or safety.
2. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the LLR Department.
3. ensuring that risks identified, within his/her control, are reduced to an acceptable level.

Director of Estates and Facilities

- Accountable to the Chief Operating Officer and University Secretary for:
 - the health and safety of staff under his/her control.
 - ensuring that reported faults are dealt with in an efficient manner.
 - checking and maintaining fire precaution measures e.g. fire alarms, fire doors, means of escape and signage.
 - reviewing and maintaining the Emergency Plan.

Responsible for:

1. ensuring that building and maintenance work is undertaken in a safe and efficient manner and where appropriate complies with the Construction, Design Management Regulations.
2. ensuring that adequate access and egress is maintained at all times.
3. ensuring that COSHH (Control of Substances Hazardous to Health 2002) assessments are undertaken for any hazardous substance used within the Facilities Department.
4. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the Facilities Department.
5. ensuring that Risk Assessments/Method Statements are undertaken by contractors as appropriate.
6. ensuring that risks identified, within his/her control, are reduced to an acceptable level.
7. ensuring relevant members of the Facilities Department maintain a current first aid at work certificate.
8. ensuring that the external catering contractor work is undertaken in a safe and efficient manner and where appropriate complies with relevant legislation and university policies where appropriate.
9. maintaining a register of all portable electrical equipment and ensuring that the routine University -wide cycle of PAT testing is carried out as necessary.

Director of the Institute of Childhood and Education

- Accountable to the Deputy Vice-Chancellor for the health and safety of staff under his/her control.

Responsible for:

1. ensuring that adequate provisions are made for the health, safety and welfare of students.
2. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within his/her area of responsibility.
3. ensuring that risks identified, within his/her control, are reduced to an acceptable level.

Heads of School of Arts and Communication

- Accountable to the Deputy Vice-Chancellor for the health and safety of students and staff under their control.

Responsible for:

1. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within their faculties.
2. ensuring that risks identified, within their control, are reduced to an acceptable level.

Head of the School of Social and Health Sciences

- Accountable to the Deputy Vice-Chancellor for the health and safety of students and staff under their control.

Responsible for:

1. ensuring the health, safety and welfare of University students, staff and visitors when they are in the gymnasium block, on the sports areas or in any other area controlled by the subject area.
2. ensuring that members of their team are aware of their responsibilities for the health and safety of themselves, students and visitors.
3. ensuring that any hazards to the health, safety and welfare of students, staff and visitors in his/her area of responsibility are swiftly reported to the Health and Safety Officer for remedial action.
4. ensuring that the gymnasium and associated facilities are not used for unauthorised purposes.
5. controlling the use of facilities and equipment by authorised users.
6. ensuring that food preparation within the food and nutrition area is carried out in accordance with the Food Safety Act 1990 and Food Safety and Hygiene (England) Regulations 2013.
7. ensuring that relevant members of the SHN department maintain a current first aid at work certificate.

Lecturers

- Accountable to their Head of Schools for the health and safety of staff and students under their direction.

Technician / Graduate Teaching Assistant in Sport

- Accountable to their line manager.

Responsible for:

1. checking and maintaining the science equipment and ensuring that signage are in place.
2. controlling access to the science laboratories and holding keys.
3. ensuring that chemicals are stored correctly in the laboratories, as described in COSHH (Control of Substances Hazardous to Health 2002) assessments.
4. disposing of waste from the laboratories in an appropriate manner, if necessary with regard to the COSHH (Control of Substances Hazardous to Health 2002) assessments.
5. ensuring that rooms used by the faculty staff and students are left in a safe condition at the end of the day.
6. ensuring that autoclaves and other apparatus involving gas under pressure are inspected annually in accordance with the Written Schemes of Examination – Pressure Systems Regulations 2000.
7. maintaining a current first aid at work certificate.

Media Services Manager

- Accountable to the Director of Information Services.

Responsible for:

1. the health and safety of all Media Services staff whilst they are at work.
2. ensuring that any hazards to the health, safety and welfare of staff and students in the Media Services Department are swiftly reported to the Director of Information Services for action.
3. ensuring that all tools and equipment used by staff within the department are maintained in an efficient and safe working order.

Primary Education Support Technician

- Accountable to the Director of the Institute of Childhood and Education

Responsible for:

1. checking and maintaining the science equipment and ensuring that guards and signage are in place.
2. controlling access to the science laboratories and holding keys.
3. ensuring that chemicals are stored correctly in the laboratories, as described in COSHH (Control of Substances Hazardous to Health 2002) assessments.
4. disposing of waste from the laboratories in an appropriate manner, if necessary with regard to the COSHH (Control of Substances Hazardous to Health 2002) assessments.
5. ensuring compliance with the Ionising Radiation Regulations 1999.
6. controlling access to the poison cupboard and maintaining antidotes.
7. ensuring that rooms used by the faculty staff and students are left in a safe condition at the end of the day.
8. ensuring that autoclaves and other apparatus involving gas under pressure are inspected annually in accordance with the Written Schemes of Examination – Pressure Systems Regulations 2000.
9. ensuring that laboratory equipment is electrically tested on a routine basis.
10. ensuring that all machinery, tools and equipment used by staff and students within the department are maintained in an efficient and safe working order.

Director of Library & Learning Resources

- Accountable to the Director of Information Services.

Responsible for:

1. the health and safety of all Library staff whilst they are at work.
2. ensuring that any hazards to the health, safety and welfare of staff and students in the Library are swiftly reported to the Director of Information Services for action.

Head of IT Services

- Accountable to the Director of Information Services.

Responsible for:

1. the health and safety of all Computing staff whilst they are at work.
2. ensuring that any hazards to the health, safety and welfare of staff and students within the Computing Department are swiftly reported to the Director of Information Services for action.
3. ensuring that all tools and equipment used by staff within the department are maintained in an efficient and safe working order.

Health and Safety Officer

- Accountable to the Director of Human Resources for the provision of accurate and professional advice to the University on all matters relating to health and safety to ensure compliance with all relevant statutory legislation/regulations, appropriate to education and training.

Responsible for:

1. developing, maintaining and implementing the Health and Safety Policy Statement and Health and Safety Manual.
2. developing, implementing and reviewing procedures which define safe working practices and meet the requirements of the Health and Safety Policy Statement.
3. advising accident investigation teams, ensuring that root causes are established and appropriate action is taken to prevent recurrence.
4. devising and establishing a system of regular safety audits, reporting findings to the Director of Estate and Facilities.
5. assisting the Director of Human Resources in determining training needs at all levels, in relation to health and safety at work and advising on the provision of training to meet those needs.
6. administrating and co-ordinating trained first aiders on campus in order to comply with legal requirements.
7. preparing statistical records and analyses of accident reports for management review and the deployment of accident prevention measures.
8. acting as an advisor to the Health and Safety Committee.
9. maintaining a current first aid certificate.
10. ensuring that new staff are made aware of the University health and safety policy statement and procedures as appropriate during their induction process.

Building Surveyor

- Accountable to the Director of Estate and Facilities.

Responsible for:

1. the health and safety of the maintenance staff whilst they are at work.
2. ensuring that any hazards to the health and safety of staff, students and visitors reported by maintenance staff are swiftly reported to the Director of Estate and Facilities and responsible manager for action.
3. ensuring that all machinery, tools and equipment used by the maintenance staff are maintained in an efficient and safe working order.

4. ensuring that all necessary safeguards are in operation and that members of the maintenance team are trained in the correct use and application of appropriate machinery, tools and equipment and that they are able to deal with any emergency resulting from their malfunction.

Interim Estates Officer

- Accountable to the Director of Estate and Facilities.

Responsible for:

1. the health and safety of the grounds staff whilst they are at work.
2. ensuring that any hazard to the health and safety of staff, students and visitors which arises in the University grounds and sports fields is swiftly reported to the Director of Estate and Facilities and responsible manager for action.
3. ensuring that all machinery, tools and equipment used by the grounds team are in an efficient and safe working order.
4. ensuring that all necessary safeguards are in operation and that members of the grounds team are trained in the correct use and application of appropriate machinery, tools and equipment and that they are able to deal with any emergency resulting from their malfunction.
5. ensuring the safe and correct stowage and use of chemicals, poisons, weedkillers, etc.

Bar Manager

- Accountable to the Director of Estate and Facilities.

Responsible for:

1. the health and safety of all personnel employed in the bars, cellars and licensed areas.
2. the implementation of relevant current legislation relating to food and hygiene including the Food Safety Act 1990, the Food Safety and Hygiene (England) Regulations 2013, the Food Hygiene (General Food Hygiene) Regulations 1995 and any specific legislation relating to the retailing of alcoholic beverages and cigarettes and to gaming machines.
3. ensuring that any hazards to the health, safety and welfare of staff, students and visitors are reported to the Director of Estate and Facilities as soon as they are discovered.
4. ensuring that precautions are taken against the possibility of fire from smouldering tobacco.
5. ensuring that proper lifting and handling techniques are used when handling crates, barrels, etc. in accordance with the provisions of the Manual Handling Operations Regulations 2007.
6. ensuring that precautions are taken against the possibility of accidents resulting from spilt drinks, horseplay, etc.
7. ensuring that bar equipment, including glassware, is maintained in a clean and safe condition.
8. ensuring that broken glass is safely disposed of.
9. informing the Director of Estate and Facilities of any staff suffering from sickness and/or diarrhoeal illness, skin infections, open wounds etc.
10. ensuring that the induction of new staff includes instruction in the basic principles of good hygiene practice.

Domestic Services Manager

- Accountable to the Director of Estate and Facilities.

Responsible for:

1. the health and safety of staff under his/her control.
2. ensuring the cleanliness and general housekeeping of all areas.

Responsible for:

1. ensuring that the Porters and Domestic Supervisors maintain a current first aid at work certificate.
2. ensuring that all Porters are adequately trained to undertake manual handling tasks.
3. ensuring that COSHH (Control of Substances Hazardous to Health 2002) assessments are undertaken for any hazardous substance used within the Domestic Services Department and ensuring that staff are informed of all control measures identified.
4. ensuring that all Porters understand the procedures to be followed in an emergency.
5. providing the necessary information and, where appropriate, training to Porters and Domestic Supervisors.
6. ensuring that all equipment and machinery used by the Porters and Domestic Supervisors is maintained, used and stored correctly.
7. ensuring that risk assessments are undertaken and reviewed in accordance with the University Risk Assessment Procedure (SAF 004) within the Domestic Services Department.
8. ensuring that risks identified within the Domestic Services Department are reduced to an acceptable level.
9. ensuring that staff are issued with and trained in the use of protective clothing and equipment in accordance with the provisions of the Personal Protective Equipment at Work Regulations 1992.
10. ensuring that staff are trained in the principles of personal hygiene.
11. ensuring that furniture and fabrics purchased for use in the University are of the appropriate fire retardant standard.
12. ensuring that the handling, storage and disposal of rubbish are carried out with due regard to the possibilities of fire and hygiene problems and that suitable precautions are taken.
13. ensuring that University vehicles are maintained in a good state of general repair and service and that they are regularly serviced.
14. taking appropriate measures to ensure that all corridors are kept clear of obstruction.
15. ensuring that waste is not allowed to accumulate, especially within corridors and other means of escape.

Domestic Supervisors

- Accountable to the Domestic Services Manager.

Responsible for:

1. ensuring the health and safety of all domestic staff whilst they are at work.
2. providing the necessary information and, where appropriate, training to domestic staff.
3. ensuring that all cleaning materials, equipment and machinery are maintained, used and stored correctly.
4. ensuring that all hazards to the health, safety and welfare of staff, students and visitors are reported immediately to the Domestic Services Manager.

5. Maintaining a current first aid at work certificate.

Porters

- Accountable to the Domestic Services Manager.

Responsible for:

1. maintaining a current first aid at work certificate.
2. responding to emergencies as detailed in emergency procedures, providing co-ordination and first aid treatment as necessary.

Commercial Manager

- Accountable to the Chief Operating Officer.

Responsible for:

1. the health and safety of staff under his/her control
2. ensuring that conference organisers are aware of relevant health and safety procedures, (e.g. fire evacuation).
3. maintaining a current first aid certificate.

Sports Centre Manager

- Accountable to the Commercial Manager.

Responsible for:

1. ensuring that the gymnasium and associated facilities are prepared for use as necessary in accordance with the requirements of the appropriate user groups.
2. undertaking checks of the gymnasium and associated facilities to ensure that equipment is maintained in safe working order.
3. reporting any defects, following laid down procedures and liaising with suppliers and contractors.
4. liaising with portering and security staff to ensure that the gymnasium and associated facilities are kept secure.
5. liaising with the Domestic Services Manager to ensure that the gymnasium and associated facilities are maintained to the required standards of cleanliness.
6. prohibiting unauthorised use of the gymnasium and associated facilities.
7. maintaining a current first aid at work certificate.
8. providing suitable training for users of the fitness room.

Student Union

Student Union General Manager

- Accountable to the Chief Operating Officer for the health, safety and welfare of students, staff and visitors whilst they are in the Student Union areas.

Responsible for:

1. keeping records of maintenance of equipment, which must be produced to the Vice-Chancellor on request.
2. ensuring that any hazard to the health, safety and welfare of students, staff and visitors is reported to the Vice-Chancellor as soon as it is discovered.
3. ensuring that the Student Union Offices are maintained in a clean and tidy state.
4. ensuring that the First Aid Box in his/her possession is fully stocked.
5. ensuring that his/her Executive and staff are aware of their responsibilities for the health, safety and welfare of students, staff and visitors.
6. ensuring that fire access doors and routes in the Student Union Offices are kept clear at all times.

7. ensuring that all equipment which is either owned or hired by the Students' Union is safe and regularly maintained and that electrical equipment conforms to the **Electricity at Work Regulations 1989**.
8. ensuring that theatre lighting in the Student Union Offices is moved and maintained only by competent persons.
9. ensuring that at all Committees and events held in the Students' Union Offices or other areas, visitors are informed of exit points and fire assembly points in the event of the need for evacuation as a result of a fire alarm.

General

All students and staff in general

1. must not undertake any task which could pose a risk to the safety of themselves, colleagues, students or visitors.
2. must not misuse any piece of equipment provided for the safety of themselves or others.
3. must inform their line manager, tutor or the Health and Safety Officer if they are aware of anything which could pose a risk to themselves or others.
4. must ensure that they understand and follow any safety instruction that is issued to them.
5. must report any accident as required by the Accident Procedure (SAF 001).
6. are required to attend any training courses for which they are nominated.
7. must seek prior permission from the President of the Student Union when organising events in the Student Union Building. If such an activity is permitted outside normal working hours, the Duty Porter should be informed so that in the event of fire or other emergency, it is known that the Student Union Building is occupied.
8. must ensure that the locations of the nearest fire exits and fire assembly points are included on the front of the agenda, when chairing a Committee with external membership.
9. must ensure that the following measures are taken to reduce the risk of fire:
 - Combustible waste must be placed in metal waste bins and disposed daily.
 - Machines which are not required to run permanently must be switched off at the end of the day.
 - All inflammable materials are to be stowed in a suitable store. Container stoppers must be replaced immediately after use.
 - All staff must be aware of the location of the nearest fire alarms, fire points and fire exit doors.
 - All lecturers and other staff must ensure that no obstacles are placed in corridors as these impede the means of escape in the event of fire.

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SAFETY PROCEDURES

ACCIDENT PROCEDURE

1. **Introduction**
 - 1.1 The aim of this procedure is to ensure that first aid treatment is provided for accident victims swiftly and to ensure that all accidents are reported as required by the Reporting of Diseases and Dangerous Occurrences Regulations 2013 and Leeds Trinity University.
2. **Responsibility**
 - 2.1 It is the responsibility of the Vice-Chancellor to ensure that systems are in place to ensure the efficient working of the Accident Procedure.
 - 2.2 Senior Managers, Directors and Heads of Schools shall ensure that all staff in their area of responsibility are aware of their responsibilities within the accident procedure.
 - 2.3 The Director of Student Services shall ensure that all students are aware of their responsibilities within the accident procedure.
 - 2.4 All members of staff shall ensure visitors, they invite onto Leeds Trinity University property are made aware of the Accident Procedure, as necessary.
 - 2.5 The Health and Safety Officer shall ensure that Accidents are reported to the Health and Safety Executive as required by the Reporting of Diseases and Dangerous Occurrences Regulations 2013.
 - 2.6 The Director of Human Resources shall ensure that all new entrants shall be briefed on the Accident Procedure as part of the induction programme.
3. **Procedure**
 - 3.1 **Action to be taken in the event of an accident requiring immediate medical treatment**
 - 3.1.1 Appendices I and II to this procedure are copies of notices, which lay down the procedure to be followed by a person in the vicinity of an accident within the University. The Director of Estate and Facilities is to ensure that a copy of the appropriate notice is displayed alongside each notice of Fire Instructions.
 - 3.1.2 When an ambulance is called by the University Telephone Operator he/she should also inform the Health Adviser, if at work, (either at the Medical Centre or via her pager), the Porters and the Human Resources Department, of details and location of the accident. It should be noted that when an ambulance is requested the Emergency Medical Dispatcher will also request details of the emergency. The main details requested will be:

The age of the patient;
The patients gender;
If the patient is conscious
If the patient is breathing

3.1.3 When an ambulance is called outside working hours, the Health and Safety Officer or the Human Resources Officer is to be so informed as soon as possible by the Duty Porter.

3.2 Follow-up on all accidents

3.2.1 Where an accident victim is detained in hospital, the Director of Human Resources or the Director of Student Services as appropriate, in consultation with the Vice-Chancellor, is to obtain, if possible, the consent of the victim and, if appropriate, contact the next of kin or other appropriate person. The same procedure is to be followed where students and staff on University business suffer accidents outside the University grounds.

3.2.2 As soon as possible after any accident the casualty is to fill in a Personal Injury Report form (see Appendix 11). Copies of the form are available from the Porters Lodge on request. If, for any reason the casualty cannot write, the form is to be completed by the casualty's immediate superior, or the Health Adviser. When completed, the form is to be sent to the Human Resources Department, without delay, who is to make an appropriate entry in the University accident database.

3.2.3 The Health and Safety Officer or the Human Resources Officer is to keep the University Union representatives informed of all accidents. All notifiable and reportable accidents are to be investigated as soon as possible after the event by the Health and Safety Officer, Human Resources Officer, Director of Estate and Facilities (where appropriate), and the Head of Department with responsibility for the area in which the accident occurred. Where necessary, they are to obtain written statements from the victim, from witnesses and from anyone else they consider necessary. After reaching conclusions, they may take such steps as are appropriate and make any recommendations that they consider appropriate, including rectification of any fault, the stoppage of work or activity considered by them to be dangerous and the issue of warnings to others on the effects of similar action on their part which led to the cause of the accident. This procedure will in all cases include the completion by the Investigating Team of a full written report in respect of the accident.

3.2.4 The Health and Safety Officer or the Human Resources Officer is to take action in accordance with **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013** where applicable. He/she is to inform the Health and Safety Executive as soon as possible by on-line reporting, on the prescribed form, of any notifiable accident of which he/she is made aware.

3.2.5 The Health and Safety Officer or the Human Resources Officer is to record any notifiable dangerous occurrence listed in the 2013 Regulations (and

Appendix III to this procedure) of which he/she is made aware and is to inform the Health and Safety Executive, on the prescribed form, of such dangerous occurrence.

3.2.6 The Human Resources Officer is to keep a written record of all enquiries received from the DSS concerning claims by University employees in respect of any disease which is prescribed under S.76 of the **Social Security Act 1998** for the purpose of industrial injuries benefit.

3.2.7 Details of an accident or dangerous occurrence, which have been reported to the Health and Safety Executive, are to be reported to the Health and Safety Committee at the first Committee to be held after the submission of the report.

3.3 **Statistics**

3.3.1 At the Health and Safety Committee held in the Autumn Term each year, the Health and Safety Officer is to present to the Committee a summary of the types of accidents which have occurred in the past year.

3.3.2 The Health and Safety Officer shall ensure that accident statistics are regularly reviewed to ensure that remedial action is taken to reduce the risk of further accidents.

3.4 **First Aid Boxes and First Aid Training**

3.4.1 First Aid boxes are to be situated throughout the University as follows:

- Halls of Residence, in each Resident Mentor's flat
- Porters Lodge
- Maintenance Department
- Grounds Department
- Gymnasium
- Minibus
- Media Services
- Science Laboratories
- Health Centre
- Student Union
- Trinity Building

3.4.2 Departmental Managers are responsible for carrying out risk assessments within their area of control to determine the adequacy of first aid provision. The following staff are to be trained in First Aid work. They shall attend a statutory certificated course followed by a certificated refresher course every 3 years

- Domestic Supervisors
- Resident Mentors
- Head of Grounds or his appointee
- Maintenance Staff
- Porters

Assistant Bar manager
Sport and Fitness Duty Managers
A designated member of Information services staff
Commercial Manager
Health and Safety Officer
Media Technician

The University also has three Automatic External Defibrillators. These are located in the Main Reception, the Bar Area and the Sports Office Reception areas. All University First Aiders are offered annual training in the use of these. It is their responsibility to ensure they have received the training and have the skills and knowledge to use the equipment.

3.4.3 The First Aid boxes are to be regularly inspected by the relevant First Aiders and replenished from Health Centre stocks once each half term, as necessary. First Aiders are to familiarise themselves with the exact location of the boxes and ensure they are kept fully stocked and inform the Health Adviser should any item(s) require replacing.

3.4.4 Each box is to contain a copy of **Practical First Aid** issued by the British Red Cross Society and a contents list to conform to **Health and Safety (First Aid) Regulations 2013**.

3.5 **Plaster Points**

3.5.1 Stocks of plasters are held at the following points:

Computing Helpdesk
Publications
Registry

3.5.2 Prior to dispensing plasters the identified holders shall ensure that the individual is not allergic to Elastoplast. If they are then they should be referred to the Health Adviser or an appointed first aider.

3.5.3 If anyone has an injury requiring more than the use of a plaster the plaster holders shall contact the Health Adviser or an appointed first aider.

3.5.4 The plaster holder shall maintain a record, in the book provided of the date, details of the injured person and details of the injury. An accident report should also be completed.

4. **Appendices**

Appendix I Accident Procedure Notice
Appendix II Leeds Trinity University Personal Injury Report Form
Appendix III Notifiable Dangerous Occurrences

IF IMMEDIATE MEDICAL ATTENTION IS REQUIRED

8.30 am to 5.30 pm - Monday to Friday

1. Do not attempt to move the victim unless it is essential to do so.
2. Summon an ambulance:
 - a) Go to the nearest University telephone and dial '0'.
 - b) When switchboard operator answers, give her details of the accident, clearly and slowly, and ask her to call an ambulance.

At other times if an internal phone is not accessible or if there is no reply on '0'

1. Do not attempt to move the victim unless it is essential to do so.
2. Summon an ambulance:
 - a) Either use the nearest telephone and dial **'999'**.
 - b) When operator answers, ask for "ambulance".
 - c) When Ambulance Service answers, state clearly and slowly:

"Accident at Leeds Trinity University ', Brownberrie Lane, Horsforth.
Enter University grounds by Main Westgate entrance (as appropriate)".
3. Summon assistance from the duty porter or a Resident Mentor who will send someone to meet the ambulance.

IF INJURY IS A MINOR ONE

1. Summon assistance from a porter (tel. ext.203) or a Resident Mentor.

As soon as possible after the accident the casualty is to complete a University Personal Injury Form. If, for any reason the casualty cannot write, the form is to be completed by the casualty's immediate superior or the Health Adviser. When completed the form is to be sent to the Health and Safety Officer without delay.

**LEEDS TRINITY UNIVERSITY
PERSONAL INJURY REPORT FORM**
(The Reporting of Injuries Diseases and Dangerous Occurrences Regulations, 1995) See schedule 2 of regulation 7 of RIDDOR of Dangerous Occurrences.

<u>Injured Person</u> Name: Forenames: Address: Sex: Age:	Status: Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Resident Student <input type="checkbox"/> Member of Public <input type="checkbox"/> Non-Resident Student <input type="checkbox"/> Other <input type="checkbox"/> If EMPLOYEE state Department in which normally employed
<u>Date/Time of Accident</u>	<u>Location of Accident</u>
<u>Nature of Work/Activity Being Carried Out</u>	
<u>Full Details of How Accident Occurred</u> (continue on separate sheet if necessary)	
<u>Details of injury</u> Was first aid given: Yes/No If YES by whom:	
Did the injured person receive hospital treatment: Yes/No. If YES at which hospital:	
<u>Name and Address of Witnesses:</u>	
Name:	Name:
Address:	Address:

To whom was the Accident reported:

Name:

Position:

Declaration

I certify that, to the best of my belief, the information given on this form is accurate

Signature of Injured Person Reporting the Accident:

Date:

Delay in Reporting (where delay of more than 3 days between the accident and completion of this form).

Reason for delay:

NOTIFIABLE DANGEROUS OCCURRENCES
(The Reporting of Injuries Diseases and Dangerous Occurrences
Regulations, 2013) See schedule 2 of regulation 7 of RIDDOR of Dangerous
Occurrences.

DANGEROUS OCCURRENCES WHICH ARE NOTIFIABLE WHEREVER THEY OCCUR

1. Collapse or overturning of any lift, hoist, crane, excavator or mobile powered access platform, or failure of any load bearing part thereof, which, taking into account the circumstances of the occurrence, might have been liable to cause a major injury to any person; and in this paragraph a "lift, hoist, crane or mobile powered access platform" does not include a crab, winch, teagle, pulley block, gin wheel, transporter or runway.
2. Explosion, collapse or bursting of any closed vessel including a boiler or boiler tube in which there was any gas (including air) or vapour at a pressure greater than atmospheric which might have been liable to cause major injury to any person or which resulted in significant damage to the plant.
3. Electrical short circuit or overload attended by fire or explosion which resulted in the stoppage of the plant involved for more than 24 hours, and which, taking into account the circumstances, might have been liable to cause major injury to any person.
4. An explosion or fire occurring in any plant or place which resulted in the stoppage of that plant or suspension of normal work in that place for more than 24 hours, where such explosion or fire was due to the ignition of process materials, their by-products (including waste) or finished products,
5. The sudden, uncontrolled release of one tonne or more of highly inflammable liquid, within the meaning of Regulation 2(2) of the Highly Flammable Liquids and Liquefied Petroleum Gases Regulations 1972(a), inflammable gas or inflammable liquid above its boiling point from any system or plant or pipe line.
6. A collapse or part-collapse of any scaffold which is more than 12 metres high, which results in a substantial part of the scaffold falling or overturning.
7. At any building or structure under construction, reconstruction, alteration or demolition, a collapse or partial collapse of any part of the building or structure, or of any falsework, involving a fall of more than 10 tonnes of material, except where the manner and extent of the collapse was intentional.
8. The uncontrolled release or escape of any substance or agent in circumstances which, having regard to the nature of the substance or agent and the extent and location of the release or escape, might be liable to cause damage to the health of, or major injury to, any person.

9. Any incident in which any person is affected by the inhalation, ingestion or other absorption of any substance, or by lack of oxygen, to such an extent as to cause acute ill health requiring medical treatment.
10. Any cause of acute ill health where there is reason to believe that this resulted from occupational exposure to isolated pathogens or infected material.
11. Any ignition or explosion of explosives, where the ignition or explosion was not intended.
12. Failure of any freight container or failure of any load bearing part thereof while it is being raised, lowered or suspended and in this paragraph a "freight container" means a freight container as defined in Article II of the International Convention for Safe Containers (CSC) except that any container specially designed for air transport or any skip or cage in a mine or quarry.
13. Either of the following occurrences in relation to a pipe line:
 - (a) the bursting, explosion or collapse of a pipe line or any part thereof; or
 - (b) the ignition of any thing in a pipeline, or of any thing which immediately before it was ignited was in a pipeline.
14. An incident in which a road tanker to which the **Hazardous Substances (Labelling of Road Tankers) Regulations 1978(a)** applies:
 - (a) overturns;
 - (b) suffers serious damage to the tank in which a prescribed hazardous substance is being conveyed.

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FIRE PRECAUTIONS AND PROCEDURES

SECTION 1: GENERAL

1. Introduction

It is the aim of this procedure to ensure that all members of staff, students and visitors can be safely evacuated in the event of a fire. It is essential that all members of staff fully understand their responsibilities in the case of an emergency.

2. Responsibility

2.1 The Vice-Chancellor is responsible for ensuring that suitable fire risk assessments are undertaken and precautionary measures are maintained, in accordance with The Regulatory Reform (Fire Safety) Order 2005.

2.2 The Director of Estate and Facilities is accountable to the Chief Operating Officer and University Secretary for efficient fire precautions and procedures in the University, and he/she is to ensure that the following instructions are implemented and complied with.

2.3 All Staff are responsible for ensuring that they understand and follow fire precaution measures and ensure that any visitors or new members of staff under their control are made aware of the fire precautions measures.

2.4 All Students are responsible for ensuring that they understand and follow the fire precaution measures.

2.5 The Director of Student Support is responsible for ensuring that an effective system is in place to bring the fire precautions measure to the attention of all students.

2.6 The Director of Human Resources shall ensure that all new entrants receive a brief on the requirements of the Fire Procedure as part of their induction programme.

3. Procedure

3.1 Training

All staff must undertake the University On-Line Fire Safety training course, and this should be retaken at least every two years.

The following persons must also attend a training course on the theory of fire and the practical use of fire extinguishers:

- Porters
- Designated Maintenance Staff
- Designated Technical Staff
- Technician/Graduate Teaching Assistant (Sport)
- Resident Mentors

Other staff identified according to Risk Assessments

3.2 Equipment

In addition to the fire fighting equipment etc., detailed in these instructions, the Maintenance Department is to keep a spare stock of each type of extinguisher for the replacement of defective items.

3.3 Inspections

3.3.1 Equipment

The Director of Estate and Facilities is to ensure that inspections of fire fighting equipment are carried out by a suitable contractor at annual intervals and that a record of inspection is affixed to each item of equipment. The spare equipment held by the Maintenance Department is to be included in these inspections.

3.3.2 Safety/Emergency Lighting

The Director of Estate and Facilities is to ensure that inspections of the Emergency Lighting system are carried out, by a suitable contractor, at regular intervals, which shall be at least once a year. A record shall be kept of each inspection.

3.3.3 Signs

The Director of Estate and Facilities is to tour all University Buildings once each term to inspect, and arrange replacement where necessary, all fire signs, warning signs, exit signs, etc which are placed in corridors and areas of general circulation. He/she is to keep a record of his inspections.

Senior Managers, Directors and Heads of Department are to carry out similar inspections once each term in their own areas, and also to include means of escape, fire doors etc and to keep a record of their inspections.

Any person noticing a defective sign are to bring it to the attention of the Director of Estate and Facilities.

3.3.4 Alarm Systems

The Alarm System is to be activated by the Director of Estate and Facilities at the beginning of each academic year to familiarise staff and students with both evacuate and standby alarm tones. Adequate notice is to be given prior to these tests and staff are to be informed not to evacuate when the alarm system is tested unless the alarm continues to sound.

3.3.5 Fire Drills

The Director of Estate and Facilities shall conduct fire drills at least once a term. Records shall be maintained of when these drills are undertaken, and a report shall be given to the Health and Safety Committee as to the effectiveness of the evacuation.

3.3.6 Fire Assembly Points

In the event of a fire alarm, persons occupying the University buildings are required to proceed to the appropriate Fire Assembly Point as indicated on Fire Instruction Notices displayed in every room. Staff, students and visitors should make themselves aware of the appropriate Assembly Points and inform visitors at the start of each Committee, lecture or other event of the nearest means of escape and Fire Assembly Point.

Assembly Point	Location
1	Walsingham Car Park
2	Grassed area adjacent to Dining Room
3	South Car Park
4	Grassed area adjacent to Bungalows
6	Grassed area opposite Jervaulx Hall
7	Grassed area Trinity Close

3.3.7 General

- (i) The Director of Estate and Facilities is to invite the West Yorkshire Fire Service to send a representative to the University to inspect and report on the adequacy of the University fire precautions, from time to time.
- (ii) The Director of Estate and Facilities is to ensure that the University buildings are inspected to ensure that stairways and escape doors are not obstructed;
- (iii) The Domestic Services Manager is to take appropriate measures to ensure that corridors are kept clear of obstruction.
- (iv) The Domestic Services Manager is to instruct his/her staff in the storage and/or disposal of combustible waste and to ensure that such waste is not allowed to accumulate.
- (v) All staff are to ensure that waste is disposed of as soon as possible, in a safe manner and to ensure that corridors and exit routes are not blocked.

3.4 Conferences and Committees

3.4.1 The Commercial Manager is to ensure that the visiting Conference Organiser is aware of University fire precautions and procedures before the start of a conference. Chairpersons of University Committees with external memberships should at the beginning of each Committee announce the location of the nearest exit points and fire assembly points in the event of the need for evacuation as a result of a fire alarm.

3.4.2 Where in-house conferences / Committees are held, the organizer responsible shall ensure that the location of the nearest fire exit(s) and fire assembly points in the event of the need for evacuation are announced.

3.5 Disabled Persons

The assistance and provision required by individual disabled persons should be clearly defined between the individual and the Disability Co-ordinator. Where appropriate, a Personal Emergency Egress Plan (PEEP) should be drawn up by the Disability Co-ordinator in consultation with the individual concerned and the Health and Safety Officer if required. The following guidelines should be implemented. Where disabled persons visit the university, the individual inviting them onto University premises shall be responsible for ensuring adequate provision for evacuation.

3.5.1 Blind/Partially Sighted Persons

In the event of evacuation, arrangements should be in place to assist such persons. They should not work alone, unless they are in an area with an adjacent exit leading directly outside, and they are familiar with the layout of such an area.

3.5.2 Deaf/Hard of Hearing Persons

Any deaf or hard of hearing staff or students should arrange for assistance in the event of activation of the fire alarm. Where such persons may be alone, consideration should be given to devices to achieve this such as fixed or portable flashing lights.

3.5.3 Wheelchair Users

- (i) Wheelchair users, should, where possible, occupy only the ground floor or floors with direct access outside. Where upper floors are occupied, the lift must not be used in the event of activation of the fire alarm.
- (ii) In the event of the activation of the fire alarm, wheelchair users should proceed to a place of relative safety, either a linked adjoining building separated from the affected building, or a designated waiting area, such as staircase enclosure protected by fire resistant, self closing doors.

3.6 Fire Wardens

(i) General

The University has designated Fire Wardens who in the event of activation of the fire alarm, shall be responsible for checking their areas of responsibility **if safe to do**, reporting to the Duty Porter (Fire Warden Co-ordinator) the whereabouts of anyone known to be left in the building

- (ii) All Lecturers and Conference Organisers are responsible for checking **if safe to do so** to ensure that all staff, students, visitors etc within their charge safely evacuate from conference rooms, lecture theatres and lecture rooms, reporting to the Fire Officer/Duty Porter the whereabouts of anyone known to be left in the building.

3.7 Hot Work Permits

Hot work permits apply to all operations involving: blowlamps, bitumen boilers and metal grinding, flame, arc-welding, brazing, cutting equipment and other heat generating equipment (e.g. used during soldering). Staff or contractors carrying out any activity involving the above should be issued with a hot work permit by the relevant Head of Department experienced and competent in the nature of hot work permit prior to the commencement of work. The permit to work will specify the work to be done, precautions to be taken and the expected completion time. (See Appendix III).

- N.B. Hot work carried out within activities covered by the Construction, Design Management Regulations remains the responsibility of the Principal Contractor and/or Planning Supervisor concerned.

SECTION 2: HALLS OF RESIDENCE

1. Fire Equipment

One fire blanket is kept in each kitchen in Halls of Residence.

2. Signs

A Fire Instruction Notice is to be displayed on the door in each student's room and in each kitchen (see Appendix II).

3. Fire Procedure

In addition to the procedure stated in Appendix II, the following routine is to be followed:

- (a) All students and staff are to vacate the Hall and proceed to the appropriate fire assembly point.
- (b) The Duty Porter and, where appropriate, member of the maintenance staff are to proceed to the Hall. Until their arrival, the Resident Mentor on duty if present will control the situation if safe to do so.

The Resident Mentor and the Porter will co-ordinate the evacuation of the Hall until the arrival of the Fire Brigade and will prevent anyone from gaining access to the Hall until they are satisfied that no danger will result from it.

- (c) As soon as he/she is able, the Duty Porter in liaison with the Resident Mentor is to arrange for the students and staff resident in the Hall to be mustered against a register kept for that purpose. As many students and staff as possible must be accounted for quickly in order that the Fire Officer will have knowledge of any persons left or trapped inside the Hall.
- (d) No one is to be allowed to re-enter the Hall until permission has been given by the Fire Officer or the Porter in charge, until the alarms have been cancelled.

4. Fire Drills

Drills are to be carried out in all Halls of Residence at the beginning of each academic term and at other times during the year as necessary. These drills are to be supervised and recorded by the Director of Estate and Facilities. The Duty Porter will be required to attend drills. The Fire Service will be informed in advance of the drill but will not be required to attend.

SECTION 3: CONTRACT CATERING

1. Fire Equipment

The contract caterer is required to keep the following fire equipment in the kitchen area:

- 3 CO2 Extinguishers
- 2 Fire Blankets
- 2 Foam Extinguishers

2. Training

The Contract Caterer is accountable to the Director of Estate and Facilities for ensuring that relevant kitchen staff are trained in the use of the above fire-fighting equipment and know what to do in the event of a fire in the kitchen.

3. Signs

The Contract Caterer is to ensure that a Fire Instruction Notice is displayed in the kitchen that meets University standards (see Appendix II).

4. Fire Procedure

In addition to the procedure stated in Appendix II the following routine is to be followed:

- (a) If the fire occurs in the kitchen or servery, the Chef in charge is to take charge of the situation until the arrival of the Fire Brigade.
- (b) If the fire occurs in the dining room, the Catering Customer Services Team Leader is to take charge of the situation until the arrival of the Fire Brigade.
- (c) If the fire occurs in the bar, the Bar Steward on duty is to take charge of the situation until the arrival of the Fire Brigade.
- (d) The appropriate member of maintenance staff is to turn off gas and electricity supplies to the kitchen if it is safe to do so.

5. Fire Drills

The Contract Caterer is responsible, in consultation with the Director of Estate and Facilities, to carry out fire drills in the kitchen once at the beginning of each academic term and at other times during the year as necessary, without warning and is to keep a record of such drills. The Fire Service will be informed in advance of the drill but will not be required to attend.

SECTION 4: MAIN UNIVERSITY BUILDING

1. Fire Equipment

Fire-fighting equipment is located throughout the University.

2. Signs

- (a) Copies of the Fire Instruction Notice (see Appendix I) are to be displayed throughout the University.
- (b) Fire exit signs are to be displayed in corridors on all floors of all buildings.
- (c) A sign indicating that the door is a fire door is to be displayed on each fire door.

3. Action on hearing the alarm

In addition to the procedure stated in Appendix I the following routine is to be followed:

- (a) The Switchboard Operator is to inform the Duty Porter of the location of the fire.
- (b) The appropriate member of maintenance staff is to cut off electricity and gas supplies to the affected area so long as it is safe to do so.
- (c) In high-risk areas, the appropriate Head of Department is to ensure that procedures are in place whereby the Fire Brigade may be informed of any particular risk (e.g., chemical, etc). Heads of Department are to provide a list of high risks (e.g. chemicals, gas bottles etc.) to the duty porter in order that this may be given to the Fire Brigade on their arrival.

4. Fire Drills

The Director of Estate and Facilities is to carry out drills once each term without warning and is to keep a record of such drills. The Fire Service will be informed in advance of the drill but will not be required to attend.

ACTIONS TO BE TAKEN ON ACTIVATION OF FIRE ALARMS

ACTION TO BE TAKEN BY THE SWITCHBOARD OPERATOR

1. Upon receiving report of a fire alarm the switchboard operator will:

Summon assistance from the duty porter. If the location of the fire is uncertain refer to the alarm indicator panel adjacent to reception.

ACTION TO BE TAKEN BY THE SENIOR DUTY PORTER

1. Upon receiving a report of a fire the duty porter will:

- a) Proceed to the location of the suspected fire and assess the situation. If there are signs of a fire, he/she should first telephone the Fire Service and then co-ordinate the evacuation of the building and prevent anyone from gaining access to the building.
- b) Between the hours of 11.00pm and 06.00am the gates to the Westgate entrance should be opened if necessary.
- c) Wait until the arrival of the Fire Service.
- d) Where there are no signs of fire he/she will reset the panel and fill in an incident report.
- e) The Duty Porter will act as a Fire Warden Co-ordinator collating information from Fire Wardens to ensure relevant buildings have been safely evacuated reporting findings to and assisting in checking any building(s) areas unaccounted, for in conjunction with instructions from the Fire Officer in Charge

ACTION TO BE TAKEN BY THE BUILDINGS/ESTATES STAFF

1. Upon receiving a report of a fire the appropriate member of maintenance staff will proceed to the area concerned to assist the Fire Officer in charge. Alarms are to be cancelled and reset only upon authorisation from the Fire Officer in charge.

ACTION TO BE TAKEN BY HEAD OF DEPARTMENT/SCHOOL

1. In high-risk areas, the appropriate Head of Department/School is to ensure that procedures are in place whereby the Fire Brigade may be informed of any particular risk (e.g., radiation, chemical, etc.).

ACTION TO BE TAKEN BY FIRE WARDENS

1. In the event of activation of the Fire Alarm, designated Fire Wardens will sweep their designated area **IF SAFE TO DO SO**, reporting findings good or bad and the whereabouts of persons left behind to the Duty Porter (Fire Co-ordinator) and assisting the Duty Porter as required.



Fire Action



Sound The Alarm



Leave Building By
Nearest Available Exit



Report To Assembly Point



Do Not Return To The Building
Until Authorised To Do So



Do Not Use The Lifts

Leeds Trinity University Hot Work Permit

Permit No. Date:

1. DESCRIPTION OF WORK, to include any plant, equipment and specific area to which this permit applies

.....

2. FIRE PRECAUTIONS REQUIRED (TICK WHERE APPROPRIATE)

- Area cleared of all loose combustible materials. Remove or protect all flammable liquids or gases
- Other sides of partitions/walls checked to ensure combustible materials will not be ignited by conducted heat
- Exposed wooden flooring or other immovable combustible material covered with sand or other non-combustible material
- Welding, cutting or grinding work screened using non-combustible material
- Smoking not allowed
- Ensure smoke and heat detectors rendered inoperable by disconnection or enclosing with plastic bag. These must be made operable immediately after completion of work
- Gas cylinders secured in vertical position
- Flash back arrestors fitted to gas cylinders
- Gas cylinders three meters from burners
- Appropriate extinguishers located in the working area
- Competent persons standing by with extinguishing equipment whilst work is in progress
- Check one hour after completion of work
- If operating adjacent to a gas supply, turn off gas or protect piping

3. RELATED DOCUMENTS PROVIDED (TICK AS APPROPRIATE)

- Risk Assessment
- Method Statement
- Isolation Certificate(s)
- Others (please specify)

4. AUTHORISATION

Permit issued to..... of.....

Valid fromhrs to.....hrs on.....

Signed/time..... Signed/time.....
 (AUTHORISED ISSUER) (AUTHORISED RECIPIENT)

5. PERMIT CLEARANCE/RETURN

The above work area has been checked 1 hour after completion of work

Print Name..... Signed.....

Date..... Time.....

Confirmation of return of permit:

Print Name..... Signed.....

Date..... Time.....

PROCEDURE FOR ACCESS TO ROOF AREAS

1. Introduction

- 1.1 The purpose of this procedure is to restrict access to roof areas to competent persons, thus ensuring the safety of all. This procedure details the responsibilities of all members of Leeds Trinity University staff and contractors, who may wish to gain access to the roof areas.

2. Responsibilities

- 2.1 While on University premises everyone has a basic duty to act with reasonable care for his/her own safety and health and that of other people and to co-operate with the University Authorities and anyone else upon whom a statutory duty or requirement is imposed.
- 2.2 The Director of Estate and Facilities maintains a register of personnel competent to gain access to the roof areas. A controlled copy of this register is held by the Director of Estate and Facilities.
- 2.3 Senior Managers, Directors, and Heads of Department nominate, as necessary, members of staff to the Director of Estate and Facilities for inclusion in the register.
- 2.4 The Director of Human Resources, in consultation with the relevant line manager, ensures suitable training is given to staff, as required, to enable them to be included in the register of competent people.

3. Procedure

- 3.1 Only members of staff and contractors who are aware of and practice the guidelines from the Health and Safety Executive on Health and Safety in Roof Work and comply with the Work at Height (Amendment) Regulations 2007 are permitted access on to the flat roof areas of the University. Senior Managers, Directors, and Heads of Department nominate one member of staff, if necessary, for this purpose and provide details of the member of staff to the Director of Estate and Facilities, who keeps a register of competent personnel.
- 3.2 Training in Health and Safety in roof work is provided to nominated personnel as required.
- 3.3 Access to pitched roofs is restricted to competent Buildings/Estates personnel and contractors who have received the necessary training.
- 3.4 Directors, Senior Managers and Heads of Department should in no circumstances allow a contractor under their control access to roof areas without first satisfying themselves that the contractor is competent and is aware of the relevant Health and Safety Regulations. When the access is allowed, the Director of Estate and Facilities must be notified accordingly,

- 3.5 People with medical conditions which cause drowsiness or blackouts or who are taking medication which could cause either of the above are not allowed access to University roof areas.
- 3.6 Access points exist for securing ladders to various roof areas. Nominated competent persons will be shown them by the Buildings/Estates Department upon request. Where there are no access points, ladders should be held at ground level by a second person.
- 3.7 Access to roof areas may be gained by competent persons through opening windows where access is safe. Such persons should not climb over furniture.
- 3.8 Contractors must be requested to bring and use their own ladders and other equipment. Ladders will not be provided to contractors by the Buildings/Estates Department.
- 3.9 Competent members of staff may use Buildings/Estates Department access equipment provided it is pre-booked with adequate notice and the staff are competent in the use of the equipment.
- 3.10 The Director of Estate and Facilities can be contacted during normal working hours. A member of Buildings/Estates Department is on call for emergencies out of normal working hours.

4. **Appendices**

None

RISK ASSESSMENTS PROCEDURE

1. Purpose

- 1.1 The purpose of this procedure is to ensure that risk assessments are undertaken in a consistent manner.
- 1.2 When undertaking risk assessments the guidelines for undertaking risk assessments (appendix 1) should be used.

2. Scope

- 2.1 This procedure covers all risk assessments undertaken within Leeds Trinity University to comply with our legal responsibilities, such as those required by:
 - The Regulatory Reform (Fire Safety) Order 2005
 - Management of Health and Safety at Work Regulations 1999
 - Health and Safety (Display Screen Equipment) Regulations 2002
 - Manual Handling Operations Regulations 2007
 - Personal Protective Equipment at Work Regulations 1992
 - Provision and Use of Work Equipment Regulations 1992
 - Workplace (Health, Safety and Welfare) Regulations 2013
 - Control of Substances Hazardous to Health (COSHH) Regulations 2002

3. Responsibilities

- 3.1 The following members of staff (known in this procedure as 'the responsible manager') are responsible for ensuring that risk assessments are undertaken within their area of responsibility

Vice-Chancellor
Deputy Vice-Chancellor
Chief Operating Officer and University Secretary
Director of Finance and Planning
Director of Human Resources
Director of Marketing, Communications and Recruitment
Heads of Schools
Other Directors (including Research, Business Development)
Director of Student Support
Director of Information Services
Director of Estate and Facilities
Director of International Development
Head of Academic Quality
Finance Officer
Commercial Manager
Domestic Services Manager
Chaplain

4. Procedure

- 4.1 The responsible manager selects appropriate members of staff, who are responsible for undertaking risk assessments (these people are referred to in this procedure as Assessors).
- 4.2 The responsible manager implements a plan for undertaking all risk assessments. The plan must clarify the extent of the Assessors' responsibilities.
- 4.3 The responsible manager ensures that members of staff undertaking risk assessments are adequately trained. Training may be arranged by consulting Human Resources staff.
- 4.4 The Assessors record their findings on form SAF004F1, refer to Appendix 2.
- 4.5 The responsible manager reviews the risk assessments and identifies an action plan for reducing all risks to a tolerable level.
- 4.6 A copy of the action plan and the risk assessments is passed to the Health and Safety Officer.
- 4.7 The Health and Safety Officer reviews all risk assessments to ensure consistency.
- 4.8 The Health and Safety Officer maintains a file of risk assessments undertaken.
- 4.9 Responsible managers shall ensure that risk assessments are undertaken prior to new equipment, new staff or new methods of work being introduced.
- 4.10 The Director of Human Resources shall ensure that risk assessments are carried out as part of the induction process.
- 4.11 Responsible managers shall review risk assessments at least every two years to ensure that they are still valid.

5. Appendices

Appendix 1 - Guidelines for undertaking risk assessments
Appendix 2 - Risk Assessment Form SAF004F1

GUIDELINES FOR UNDERTAKING RISK ASSESSMENTS

Employers are legally obliged to ensure that Occupational Health and Safety Risk Assessments are carried out. The best person to undertake the risk assessment is the local manager as he or she will have the best knowledge of the work undertaken in their area of responsibility, how it is done, the tools or equipment used and the working environment.

The aim of the risk assessment is to ensure that any hazards that have the potential to cause an accident are identified and removed before an accident happens.

There are 5 basic steps to good risk assessments, as determined by the HSE:

- Identify the hazards
- Decide who might be harmed and how
- Evaluate the risk and decide whether the existing precautions are adequate, (i.e if the risk is tolerable) or if more needs to be done. Prioritise and carry out the remedial work accordingly
- Record the findings
- Review the assessment from time to time and revise it where necessary

How to estimate the risk

The risk from the hazard should be determined by estimating the potential severity of harm and the likelihood that harm will occur.

When seeking to establish potential severity of harm, the following should needs to be considered:

- a) how persons might be affected, extent of injury, ill health including mental illness
- b) nature of the harm, ranging from slightly to extremely harmful:
 - 1) slightly harmful, e.g.:
 - superficial injuries; minor cuts and bruises; eye irritation from dust;
 - nuisance and irritation (e.g. headaches); ill-health leading to temporary discomfort;
 - 2) harmful, e.g.:
 - lacerations; burns; concussion; serious sprains; minor fractures;
 - deafness; dermatitis; asthma; work related upper limb disorders; ill-health leading to permanent minor disability;

- 3) extremely harmful, e.g.:
 - amputations; major fractures; poisonings; multiple injuries; fatal injuries;
 - occupational cancer; other severely life shortening diseases; acute fatal disease

When seeking to establish **likelihood of harm** the adequacy of control measures already implemented and complied with needs to be considered. Here legal requirements and codes of practice are good guides covering controls of specific hazards. The following issues should then typically be considered in addition to the work activity:

- a) number of personnel exposed;
- b) frequency and duration of exposure to the hazard;
- c) failure of services e.g. electricity and water;
- d) failure of plant and machinery components and safety devices;
- e) exposure to the elements;
- f) protection afforded by personal protective equipment and usage rate of personal protective equipment;
- g) unsafe acts (unintended errors or intentional violations of procedures) by persons, for example, who:
 - 1) may not know what the hazards are;
 - 2) may not have the knowledge, physical capacity, or skills to do the work;
 - 3) underestimate risks to which they are exposed;
 - 4) underestimate the practicality and utility of safe working methods.

It is important to take into account the consequences of unplanned events.

These subjective risk estimations should normally take into account all the people exposed to a hazard. Thus any given hazard is more serious if it affects a greater number of people. But some of the larger risks may be associated with an occasional task carried out by just one person, for example maintenance of inaccessible parts of lifting equipment.

Evaluation of the risk

The table below shows a simple method for estimating risk levels and for deciding whether risks are tolerable. Risks are classified according to their estimated likelihood and potential severity of harm.

	Slightly harmful	Harmful	Moderately Harmful	Extremely Harmful
Highly unlikely	TRIVIAL RISK	TRIVIAL RISK	TOLERABLE RISK	MODERATE RISK
Unlikely	TRIVIAL RISK	TOLERABLE RISK	MODERATE RISK	SUBSTANTIAL RISK
Possible	TOLERABLE RISK	MODERATE RISK	SUBSTANTIAL RISK	INTOLERABLE RISK
Likely	MODERATE RISK	SUBSTANTIAL RISK	INTOLERABLE RISK	INTOLERABLE RISK

The Risk categories shown in the above table form the basis for deciding whether improved controls are required and the timescales for action.

The Control Plan

The outcome of a risk assessment should be an inventory of actions, in priority order, to devise, maintain or improve controls.

When controls are being considered, the following should be taken into account:

- a) if possible, eliminate hazards altogether, or combat risks at source e.g., use a safe substance instead of a dangerous one;
- b) if elimination is not possible, try to reduce the risk e.g. by using a low voltage electrical appliance;
- c) where possible adapt work to the individual, e.g. to take account of individual mental and physical capabilities;
- d) take advantage of technical progress to improve controls;
- e) adopt measures which protect everyone;
- f) a blend of technical and procedural controls is usually necessary;
- g) the need to introduce planned maintenance of, for example, machinery safeguards;
- h) adopt personal protective equipment only as a last resort, after all other control options have been considered;
- i) the need for emergency arrangements;
- j) controls should be regularly reviewed to ensure that they remain effective.
- k) ensure that individuals are adequately trained for the work involved.

The table below gives an indication of the action and timescales required for control measures to be implemented as dictated by the level of risk.

RISK LEVEL	ACTION AND TIMESCALE
TRIVIAL	No action is required and no documentary records need to be kept.
TOLERABLE	No additional controls are required. Consideration may be given to a more cost-effective solution or improvement that imposes no additional cost burden. Monitoring is required to ensure that the controls are maintained.
MODERATE	Efforts should be made to reduce the risk, but costs of prevention should be carefully measured and limited. Risk reduction measures should be implemented within a defined time period. Where the moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.
SUBSTANTIAL	Work should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves work in progress, urgent action should be taken.
INTOLERABLE	Work should not be started or continued until the risk has been reduced. If it is not possible to reduce risk even with unlimited resources, work has to remain prohibited.

LEEDS TRINITY UNIVERSITY RISK ASSESSMENT FORM SAF 004 FI (front)	Department:	Name of Assessor:	Review Date:	Actioned on:
	Location Activity:	Post held:	Name of Reviewer:	Actioned by:
	Date of Assessment:	Signature of the Assessor:	Signature of Reviewer:	Signature:
	Ref No:	Signature of Head of Department:	Action/No action (delete as appropriate)	
	Page:		(If further action is required as a result of review, another risk assessment form should be completed).	
HAZARD AND RISK Look only for hazards which you could reasonably expect to result in significant harm under the conditions in your workplace. Use the following examples as a guide: * Slipping * Fire (eg from flammable materials) * Chemicals * Moving machinery parts * Work at height * Pressure systems * Vehicles * Electricity * Dust, (eg grinding) * Fumes (eg welding) * Manual handling * Noise * Poor lighting * Low temperature	WHO MIGHT BE HARMED There is no need to list individuals by name - just think about groups of people doing similar work or which might be affected, eg: * Office staff * Maintenance staff * Academic staff * Domestic staff * Students * Visitors * Technical staff * Maintenance staff * Catering staff * Members of the public Pay particular attention to: * Staff and students with disabilities * Visitors They may be more vulnerable. Where appropriate, indicate the frequency and duration of exposure to hazard.	IS THE RISK ADEQUATELY CONTROLLED Have you already taken precautions against risks from the hazards you listed? For example, have you provided: * Adequate information instruction or training * Adequate systems or procedures Do the precautions: * Meet the standards set by a legal requirement? * Comply with a recognised industry standard? * Need to be reviewed? * Reduce the risks as far as is reasonably practicable? If so, then the risks are adequately controlled, but you need to indicate the precautions which you have in place. You may refer to the Health & Safety Manual and other documents in giving this information.	FURTHER ACTION NECESSARY TO CONTROL THE RISK What more could you reasonably do for those risks which you found were not adequately controlled? You will need to give priority to those risks which affect large numbers of people and/or could result in serious harm. Apply principles below when taking further action, if possible in the following order: * Remove the risk completely * Try a loss risk: option * Prevent access to the hazard (by guards) * Organise work to reduce exposure to hazard * Provide welfare facilities (eg. washing, first aid). * Issue personal protective equipment	FURTHER CONTROL MEASURES DOCUMENTED HAVE BEEN ACTIONED AND THE RISK HAS BEEN REDUCED FROM THE ORIGINAL LEVEL RECORDED PRIOR TO FURTHER CONTROL MEASURES BEING PUT IN PLACE.

Estimation of Risk Table:

		Potential Severity Of Harm			
		Slightly harmful	Harmful	Moderately Harmful	Extremely harmful
Estimated Likelihood	Highly unlikely	TRIVIAL, RISK	TRIVIAL RISK	TOLERABLE RISK	MODERATE RISK
	Unlikely	TRIVIAL RISK.	TOLERABLE RISK	MODERATE RISK	SUBSTANTIAL RISK
	Possible	TOLERABLE RISK	MODERATE RISK	SUBSTANTIAL. RISK	INTOLERABLE RISK
	Likely	MODERATE RISK	SUBSTANTIAL RISK	INTOLERABLE RISK	INTOLERABLE RISK

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PROCEDURE FOR HAZARD INSPECTIONS

1. Introduction

- 1.1 The aims of this procedure are to ensure that there is an effective system of reviewing the workplace to ensure that hazards are quickly eliminated. This procedure applies to all departments at Leeds Trinity University.

2. Responsibilities

- 2.1 All students and members of staff at Leeds Trinity University have a responsibility to report any hazards that they may observe. Procedure SAF 006 Hazard Reporting details the process for reporting hazards.
- 2.2 As part of their normal duties, Directors, Senior Managers and Heads of Department are expected to carry out regular walk through inspections of their areas, to discover and take action to eliminate actual and potential hazards to the health and safety of any person who might enter their areas.
- 2.3 All Managers have a responsibility to ensure that any risks to Health and Safety within their area of responsibility are assessed and those that are not tolerable are reduced to a tolerable level.
- 2.4 Safety Representatives have the right to inspect areas of the University where the group or groups of employees they are appointed to represent are likely to work or which they are likely to frequent in the course of their employment or incidental to it, provided that reasonable notice of the intention to do so is given in writing to the Vice-Chancellor.

3. Procedure

- 3.1 Inspections by Academic Heads of Schools and Director of the Institute of Childhood and Education
- 3.1.1 All Academic Heads of Schools and Director of the Institute of Childhood and Education are expected to carry out inspections of their areas to discover and take action to eliminate actual and potential hazards to the health and safety of any person who might enter their areas.
- 3.1.2 Where such action is beyond the capability of the person undertaking the inspection, he or she should send written details of the hazard to the Health and Safety Officer who is to investigate the matter and recommend or propose action to the Committee as appropriate. Where the hazard occurs in an area, which is of interest to a Safety Representative, a copy of the communication to the Health and Safety Officer may be sent to the appropriate Safety Representative.
- 3.1.3 All hazards should be noted on a hazard report form as shown in Appendix 1 and progressed as detailed in procedure SAF 006 Hazard Reporting.

3.2 Inspection by Safety Representatives

- 3.2.1 Safety Representatives may carry out inspections at three monthly intervals; they will notify the Vice-Chancellor in writing, of their intention to do so, at least 14 days before the date of their intended inspection.
- 3.2.2 The Human Resources Officer or Health and Safety Officer and appropriate Academic Head of Department will accompany the Safety Representatives throughout their inspection.
- 3.2.3 On completion of their inspection, the Safety Representatives will send a copy of the report of their findings to the Vice-Chancellor.
- 3.2.4 The Vice-Chancellor will cause each item of the Safety Representatives' report to be investigated and, where he/she considers it to be reasonable and necessary, take appropriate action.
- 3.2.5 A copy of the Safety Representatives' report and a report of the action taken by the Vice-Chancellor is to be presented to the Health and Safety Committee at the first Committee after the date of the Safety Representatives' report.
- 3.2.6 At this Committee meeting, the Committee will consider what action is to be taken on any item in the Safety Representative's report where action has not been agreed by the Vice-Chancellor or where action is taken by the Vice-Chancellor which does not meet with the agreement of the Safety Representatives.

3.3 Inspections by the Health and Safety Executive Inspectors

- 3.3.1 Inspections by an Inspector from the Health and Safety Executive may be carried out at the invitation of the Vice-Chancellor, at the request of a Safety Representative or on the initiative of the Health and Safety Executive at any time without notice.
- 3.3.2 Throughout an inspection, the Inspector is to be accompanied by the Health and Safety Officer or the Human Resources Officer. The accompanying officer is to ensure that the Inspector is not hindered in any way and that he/she is afforded entry into any building, room or space to which he/she requires access. The accompanying officer is also to ensure that any person the Inspector wishes to see is aware of the Inspector's presence in the University.
- 3.3.3 The accompanying officer is to take note of any action recommended or insisted on by the Inspector orally and is to report details to the Vice-Chancellor immediately, so that appropriate action may be taken in advance of any written report by the HSE Inspector.

On receipt of the HSE Inspector's written report the Vice-Chancellor will take appropriate action and will present the report, with a summary of the action

taken, to the Health and Safety Committee at their first Committee after the date of the report.

4. **Prohibition and Improvement Notices**

- 4.1 Immediately on receipt of a Prohibition Notice from the Health and Safety Executive, the Vice-Chancellor will consider the action to be taken. When action has been implemented the Vice-Chancellor will inform the Secretary to the Health and Safety Committee.
- 4.2 Similar action will be taken on the receipt of an Improvement Notice except that the Health and Safety Committee will be informed of it, and action taken, at the first ordinary Committee after the receipt of the Notice.

5. **Appendices**

Appendix 1 SAF 006 F1 Hazard Reporting Form

LTUHAZ	Leeds Trinity University Hazard Reporting form	SAF 006 F1
Date: Location of Hazard: Nature of Hazard:		
Name of Person Reporting Hazard: Phone Number: Other Contact information:		
To be Completed by Health and Safety Officer: Responsible Manager: Hazard Rating: Likelihood Rating: Risk Rating:		
To be Completed by Responsible Manager: Date: Action to be Taken: Proposed Action to be completed by: Signed: _____ Date: _____		
To be Completed by Health and Safety Officer: Further Action Required Yes/No Hazard reduced to a tolerable level of risk and reportee informed Signed: _____ Date: _____		

PROCEDURE FOR HAZARD REPORTING

1. Introduction

- 1.1 The aims of this procedure are to ensure:
- that there is an effective system of reporting hazards.
 - reported hazards are swiftly assessed and effectively controlled. This procedure applies to all hazards discovered at Leeds Trinity University.

2. Responsibilities

- 2.1 All students and members of staff at Leeds Trinity University have a responsibility to report any hazards that they may observe.
- 2.2 All Managers have a responsibility to ensure that any risks to Health and Safety within their area of responsibility are assessed and those that are not tolerable are reduced to a tolerable level.

3. Procedure

- 3.1 Any person noticing a hazard should report the hazard to the Health and Safety Officer on form SAF 006F1. If the hazard poses a serious risk to the Health and Safety of any person at Leeds Trinity University the reportee should also:
- If possible and safe to do, remove the hazard, if this is not possible.
 - Prevent access to the area of the hazard, if this is not possible,
 - Warn others of the hazard.
 - Finally, always, inform the manager responsible for that area.
- 3.2 The Health and Safety Officer shall assess the risk posed by the hazard and pass the report on to the Manager responsible for rectification of the hazard.
- 3.3 The Manager shall undertake action to remove or control any hazard, which poses a risk that is greater than tolerable.
- 3.4 This action, with timescales, shall be reported to the Health and Safety Officer, who shall ensure that it is appropriate.
- 3.5 When the action has been taken the Hazard Report shall be returned to the Health and Safety Officer who shall sign to agree that appropriate action has been taken.
- 3.6 The Health and Safety Officer shall inform the reportee of the action taken.
- 3.7 The Health and Safety Officer shall maintain a database of hazards reported, action taken and proposed timescales. The Health and Safety Officer shall review this database to ensure that appropriate timescales are achieved.

4. Appendices

Appendix 1 SAF 006 F1 Hazard Reporting Form

LTUHAZ	Leeds Trinity University Hazard Reporting form	SAF 006 F1
Date: Location of Hazard: Nature of Hazard:		
Name of Person Reporting Hazard: Phone Number: Other Contact information:		
To be Completed by Health and Safety Officer: Responsible Manager: Hazard Rating: Likelihood Rating: Risk Rating:		
To be Completed by Responsible Manager: Date: Action to be Taken: Proposed Action to be completed by: Signed: _____ Date: _____		
To be Completed by Health and Safety Officer: Further Action Required Yes/No Hazard reduced to a tolerable level of risk and reportee informed Signed: _____ Date: _____		

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PROCEDURE FOR CONTRACTORS

1. Purpose

- 1.1 The purpose of this procedure is to ensure that work undertaken by external contractors (including catering, building work, data cabling, equipment installations, and on-site maintenance by external organisations), does not pose a risk to themselves, other contractors, visitors, employees or students. This procedure details the responsibilities of all members of Leeds Trinity University staff and contractors.

2. Responsibilities

- 2.1 In addition to the responsibilities of the University for the Health and safety of all persons employed in the University, it owes a common duty of care to visitors and other persons on University premises. Under Section 3 of the **Health and Safety at Work, etc. Act 1974**, an undertaking must be conducted in such a way as to ensure insofar as is reasonably practicable that persons not in the employ of the University who may be affected thereby are not thereby exposed to risks to their health and safety.
- 2.2 The person employing a contractor will notify the contractor's representative concerned of any known hazard which is likely to affect the work or investigation or the health and safety of the contractor's employees and will keep him/her informed of hazards which may occur.
- 2.3 Persons employing contractors are to ensure that they are provided with an emergency telephone number on which they can contact the contractor outside normal working hours if necessary.
- 2.4 The Domestic Services Manager shall include particular health and safety guidelines as part of any contract awarded for any contractors employed in cleaning University windows.
- 2.5 The Director of Estate and Facilities shall ensure that the requirements of the Construction (Design and Management) Regs 2015 are met when any contract is given for construction, major refurbishment or maintenance work.
- 2.6 Persons employing contractors must satisfy themselves, so far as is reasonably practicable, that the contractor is competent to carry out the work in a safe manner. A database of Contractors outlining previous performance both positive and negative is maintained by the Director of Estate and Facilities. All contractors must complete the Contractors checklist, and return this with the relevant documentation to support it, to the Head of Department prior to the issuing of the contract. Persons employing contractors should liaise with the Health and Safety Officer, as appropriate to assess the information contained within the checklist to determine the competence of the Contractor. (See Appendix One SAF007).

3. Procedure

3.1 When a contract is issued, it should be made clear that:

3.1.1 On being invited to enter the University grounds to do any work or carry out any investigation, contractors should direct the person responsible for the work or investigation to report, through University reception, to the person employing the contractor before beginning any such work or investigation.

3.1.2 The contractor will provide the University with details of any aspect of the work or investigation which is likely to affect the health and safety of University employees, students or visitors and arrange, where necessary, for appropriate protective and warning action to be taken.

3.1.3 The contractor's foreman shall report to reception at the start and end of each day stating the number and location of contractor's employees on the premises.

3.1.4 Contractors' vehicles may enter the site to deliver materials and tools, etc. but may park only in areas designated for their use by the University and then only at their own risk. A car-parking permit is obtainable from reception. Vehicles not complying with University parking regulations may be clamped.

3.1.5 Drivers of contractors' vehicles must take especial care when reversing. The use of audible warning devices does not absolve drivers of the responsibility for ensuring that their way is clear.

3.1.6 Smoking is not permitted in the University and contract personnel must not, therefore, smoke in any University buildings.

3.1.7 Contractors are to provide the University with an emergency telephone number so that they may be contacted outside normal working hours if necessary.

3.1.8 The contractor shall ensure that all employees (including subcontractors) are made aware of University Fire Instructions Notices displayed in each room.

3.2 The person employing the contractor will notify the contractor's representative concerned of any known hazard which is likely to affect the work or investigation or the health and safety of the contractor's employees and will keep him/her informed of hazards which may occur.

3.3 Particular health and safety guidelines for external contractors employed in cleaning University windows are to be provided to such contractors by the Domestic Services Manager as part of any contract awarded.

APPENDIX ONE – Contractors checklist

I/we have read, understood and agree to abide by the requirements of the Procedure for Contractors document, (Ref SAF 007), contained within the Health and Safety Manual of Leeds Trinity University.

I/we understand that failure to comply with any of the requirements of this Procedure will be subject to a warning, and subsequent to that warning, further breaches may lead to the termination of my/our contract with Leeds Trinity University.

I/we enclose the following information. (Please tick where enclosed)

Insurance Certificates

Documentation demonstrating the competency of Staff to undertake the work

Copies of Risk assessments, safe working methods, etc relating to the work to be carried out

Documentation relating to the suitability/safety of Products/items to be used in the work to be carried out (where applicable)

Name (Please print) Position.....

Signature Date.....

For Use by Leeds Trinity University only	
Reviewed By.....	
Information supplied suitable and sufficient?	Y/N
Comments	

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PROCEDURE FOR VISITORS

1. Introduction

- 1.1 In addition to the responsibilities of the University for the health and safety of all persons employed in the University, it owes a common duty of care to visitors and other persons on University premises. Under Section 3 of the **Health and Safety at Work, etc. Act 1974**, an undertaking must be conducted in such a way as to ensure insofar as is reasonably practicable that persons not in the employ of the University who may be affected thereby are not thereby exposed to risks to their health and safety. This procedure details the responsibilities of all members of Leeds Trinity University in the care of visitors.
2. Procedures to be followed for the reception of University visitors are as follows:
 - 2.1 On being invited to enter the University grounds visitors will be required to report to University reception. Reception staff will contact the host who will be expected to come to reception to meet the visitor.
 - 2.2 Reception staff will, where appropriate, issue visitors with a car-parking permit. Vehicles not complying with University parking regulations may be clamped.
 - 2.3 Reception staff will issue all visitors with a small card containing Health and Safety Information drawing their attention to the University Fire and Accident Procedures in particular.
 - 2.4 Reception staff will notify visitors of any particular hazards that are likely to affect the health and safety of visitors.
 - 2.5 Members of staff organising group visits, rather than Reception staff, will assume responsibility for their visitors and for drawing their attention to the points set out above, in advance of their arrival at the University.

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PROCEDURE FOR GENERAL HEALTH AND HYGIENE

1. Introduction

- 1.1 This Procedure contains details of measures to be taken throughout the University to ensure that the standards of general health and hygiene of staff, students and visitors are maintained at as high a level as possible.

2. Responsibilities

- 2.1 While on University premises, everyone has a basic duty to act with reasonable care for his/her own safety and health and that of other people and to co-operate with the University Authorities and anyone else upon whom a statutory duty or requirement is imposed. This includes observance of S.8 of the Health and Safety at Work, etc. Act 1974 which provides that nobody shall intentionally misuse or interfere with anything provided in the interests of health, safety and welfare.

3. Procedure

3.1 Washplaces and Toilets

- 3.1.1 All washrooms and toilets are to be equipped with water, soap and hand-drying facilities. Signs advising people to wash their hands after using toilets are to be prominently displayed in all washrooms.
- 3.1.2 The Domestic Supervisor shall ensure that the washrooms and toilets are cleaned and appropriate sanitizing material used at least once daily.

3.2 Roads and Footpaths

- 3.2.1 There are clear directions showing permitted routes, speed restrictions, parking spaces and turn round areas for vehicular traffic. So far as is reasonably practicable roads and footpaths are to be adequately lit and maintained. The Director of Estate and Facilities is responsible for ensuring that roads and footpaths are maintained in a safe state and for maintaining safe access and egress routes around the University.

3.3 Cleanliness and Tidiness

- 3.3.1 All corridors and gangways are to be kept clear. All floors are to be kept clean, in good repair and free from slippery substances. Warning or hazard notices are to be displayed where necessary. The Domestic Services Manager shall ensure that an adequate number of litterbins are provided throughout the University.

3.4. Manual Handling

- 3.4.1 Heads of Department/Responsible Managers shall undertake risk assessments of any manual-handling task, which could pose a risk to health.

They shall ensure that appropriate equipment, training, and instruction is received by anyone undertaking manual handling tasks.

3.4.2 Lifting and handling must be carried out as instructed and must not be attempted if it is unsafe to do so.

3.4.3 All persons whose work requires them to lift and carry often should receive adequate training as required by the **Manual Handling Operations Regulations 2007**.

3.5 Personal Protective Equipment

3.5.1 Heads of Department are responsible to their line managers for ensuring that the risks to which staff may be exposed are assessed and that staff are provided, where necessary, with suitable personal protective equipment that is both in accordance with the requirements of the Personal Protective Equipment at Work Regulations 1992 and fit for the purpose of its use. Staff are instructed in the correct use and maintenance of any personal protective equipment for which they are issued.

3.5.2 Instructions on the wearing of protective clothing and of equipment for personal safety are to be clear and unambiguous. In any practical area where protective clothing may be required there is to be a notice stating the conditions under which it must be worn.

3.5.3 Heads of Department shall ensure that all personal protective equipment is adequately maintained.

3.6 Accidents

3.6.1 The procedure for reacting to and reporting accidents is given in the Accident Procedure SAF 001; this procedure also contains instructions concerning First Aid Boxes.

3.7 The Health Centre

3.7.1 The following persons will be provided with the appropriate medical treatment by the Health Centre:

- (a) all resident students;
- (b) non-resident students registered with the general practice which provides a service to the University;
- (c) all accident cases occurring during normal working hours;
- (d) any member of staff or visitor requiring emergency medical treatment (after such treatment the patient must visit his or her own doctor).

3.7.2 The Health Centre is to be open normally from 9.00am to 3.30pm, Monday to Friday, during term time. Outside these times, the Accident Procedure is to be followed for persons requiring emergency medical treatment.

4. **Appendices**

None

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INDUCTION AND TRAINING PROCEDURE

1. Purpose

1.1 The aims of this procedure are to ensure:

- All new staff to Leeds Trinity University undertakes an induction programme, which will include health and safety policies and procedures.
- Training needs for all staff will be identified and training requirements will be prioritised to ensure that staff are competent in their areas of responsibility.
- Training records shall be maintained to prove the competence of staff.

This procedure details the induction process for new staff and the processes for identifying the training needs of all staff.

2. Responsibilities

2.1 The Director of Estate and Facilities is responsible for ensuring that the training budget is allocated to the priorities identified in the training needs analysis.

2.2 The Director of Human Resources shall ensure that all new staff undertake an induction programme.

2.3 Each Head of Department shall ensure that the training needs of their staff are identified and prioritised.

2.4 The Director of Human Resources shall ensure training records are maintained.

3. Procedure

3.1 All new staff shall undertake an induction programme, details of a typical induction programme are included in Appendix 1.

3.2 The Health and Safety Officer shall give all staff an introduction to the health and safety policies and procedures at Leeds Trinity University, a record of this induction, with next of kin details, shall be held by the Human Resources office. Details of this induction are held in Appendix 2.

3.3 A training needs analysis shall be undertaken on induction, training requirements shall be passed to the Director of Human Resources.

3.4 Heads of Department shall undertake an annual training needs analysis for all staff. An example of the format of this training needs analysis is given in Appendix 3.

- 3.5 The Director of Human Resources shall prioritise the training requirements for all staff so that an adequate budget is allocated by the Chief Operating Officer.
- 3.6 The Human Resources Department shall review training records to ensure that refresher training is given as required.
- 3.7 Staff shall be requested to complete a training appraisal form after attending a training course. The personnel department shall review these forms to ensure that the training given is effective.

4. **Appendices**

- Appendix 1: Typical Induction Programme
- Appendix 2: Health and Safety Introduction
- Appendix 3: Training Needs Analysis

Appendix 1: Typical Induction Programme

Name		
9.30 - 10.30 am	Human Resources Briefing: Induction Process Statement of Particulars of Employment Job description Annual Leave Public holidays Sick pay Maternity provisions Procedures Salary details Trade Unions Car Parking University facilities	Human Resources Officer
10.30 - 11.00 am	Health and Safety Induction	Health and Safety Officer
11.00 - 11.30 am	Finance details	Finance Officer
11.30 - 12.00	Tour of University, including ID and car parking	Local department
12.00 -	Departmental Induction	Head of Department

Appendix 2: Health and Safety Induction

Health & Safety Induction Checklist (SAF OI0/F2)

Name:

Department:

Job Title:

Date of Induction:

The following procedures and policies are to be explained to new members of staff. Copies of the relevant policies and procedures are to be issued. A copy of the completed checklist must be returned to the Human Resources Department.

1. University Health and Safety Policy Statement

- a) Responsibilities of the institution re Health and Safety at Work, etc. Act 1974
- b) The structure of the health and safety responsibility in the institution
- c) Responsibilities of the individual.

2. Specific Health & Safety Procedures:

- a) Departmental health and safety procedures.
- b) Guidelines to statutory health and safety regulations relating to the post to which appointed (where applicable). e.g.:
 - COSHH Regulations 2002
 - Health and Safety (Display Screen Equipment) Regulations 2002
 - Electricity at Work Regulations 1989
 - Manual Handling Operations Regulations 2007
 - Personal Protective Equipment at Work Regulations 1992

3. General Health & Safety Procedures:

- a) Fire Precautions and Procedures
 - Fire alarms
 - Fire Assembly points
 - Summoning Emergency services

- b) Accident Procedures
- Details of medical facilities
- First Aid trained staff
- Reporting of accidents
- Reporting of incidents
- Summoning emergency services
- c) Policy on Smoking.
- d) HIV/Aids Policy.
- e) Driving
- f) Stress

4. General

- a) Persons to whom health and safety concerns may be referred.

Vice-Chancellor
 Chief Operating Officer and University Secretary
 Head of Department / School
 Health and Safety Officer
 Human Resources Officer
 UCU Health & Safety representatives
 UNISON Health & Safety representatives

- b) Details of enforcing authority.

Health and Safety Executive, 8 St Pauls Street, Leeds.

- c) Details of next of kin to be contacted in the event of emergency.

Name:

Address

.....

.....

Telephone:

FOR OFFICE USE ONLY

Induction Conducted By:

Signature: Date:
.....

Appendix 3: Training Needs Analysis

Training Needs Analysis Form SAF010/F3	
Name:
Job Title:
Department:
Date entered service:
On Induction	
Details of any training required to meet the job specification:	
First aid training	<input type="checkbox"/>
Fire Training	<input type="checkbox"/>
Manual Handling	<input type="checkbox"/>
Other (details below)	<input type="checkbox"/>
.....	
.....	
Annual Review	
Details of any training required to maintain competencies:	
Refresher first aid training	<input type="checkbox"/>
Other (details below)	date certificate expires:
.....	
.....	
Details of training requested to improve competencies, with reasons:	
.....	
.....	
Training offered	
.....	
.....	
Signed (Head of Department)	
Date:	

DISPLAY SCREEN EQUIPMENT POLICY GUIDELINES

1. Introduction

Under the Health and Safety (Display Screen Equipment) Regulations 2002 employers are required to assess and reduce to the lowest extent reasonably practicable the risks to the health and safety of staff arising out of or in connection with the use of display screen equipment.

The following guidelines reflect the aims and intentions of the University with respect to the use of display screen equipment by staff.

2. Responsibility

- 2.1 The Chief Operating Officer / University Secretary shall be responsible as far as is practicable, for the implementation and regular review of this policy.
- 2.2 Heads of Department are responsible for ensuring that assessments are carried out on the workstations of those within their control, who fall within the scope of this policy and that corrective action is taken where necessary. Display screen assessments should be carried out by someone competent to do so and the Health and Safety Officer can assist in carrying these out if required.

3. Policy Objectives

- 3.1 To enable the University to comply with the requirements of the Health and Safety (Display Screen Equipment) Regulations 2002.
- 3.2 To enable employees of the University who work with display screen equipment to increase their competence and develop their skills.
- 3.3 To reduce the risks to the health and safety of staff involved in the operation of display screen equipment to the lowest reasonably practicable level.
- 3.4 To review and amend policy guidelines and work practices as appropriate and at least annually in light of new information produced by research in the field of display screen operation.

4. Scope of the Policy Guideline

- 4.1 The provisions of the policy shall apply to those staff who habitually use display screen equipment as a significant part of their normal work. It will generally be appropriate to classify the member of staff as a habitual user if most or all of the following circumstances apply:

- 4.1.1 The member of staff depends on the use of display screen equipment to do the job, as alternative means are not readily available for achieving the same results;
- 4.1.2 The member of staff has no discretion as to the use or non-use of display screen equipment;
- 4.1.3 The member of staff needs particular skills in the use of display screen equipment to do the job;
- 4.1.4 The member of staff normally uses display screen equipment for continuous spells of more than one hour;
- 4.1.5 The individual uses the display screen equipment in this way more or less daily;
- 4.1.6 Fast transfer of information between the user and the screen is an important requirement of the job;
- 4.1.7 The performance requirements of the system demand high levels of attention and concentration by the member of staff for example, where the consequences of error may be critical.

5. Provision and Siting of Equipment

- 5.1 The University will endeavour to provide the best available equipment within the limits imposed by financial constraint.
- 5.2 The University will endeavour to minimise levels of stress, fatigue and frustration in the operator, through the correct application of ergonomic principles in display screen workplaces. Accordingly, every practicable effort will be made to ensure that:
 - 5.2.1 the display screen equipment, workstation furniture and accessories (where appropriate) are of the correct ergonomic design.
 - 5.2.2 the type, level and direction of lighting are appropriate;
 - 5.2.3 the display screen is correctly sited in relation to the main light sources;
 - 5.2.4 the display screen equipment and workstation furniture are adjustable;
 - 5.2.5 the work desk is of adequate size;
 - 5.2.6 the display screen equipment and workstation equipment are regularly cleaned and maintained in correct working order;
 - 5.2.7 the working environment is monitored in respect of space requirements, noise, temperature and humidity levels.

6. **Work Organisation**

- 6.1 As far as is reasonably practicable work will be organised so as to avoid extended periods of display screen work by individual operators.
- 6.2 Where long periods of work cannot be avoided, frequent short breaks should be taken, with longer breaks away from the display screen at intervals of not more than two hours.
- 6.3 Any work performed during breaks in display screen operation should not require sustained visual concentration on a single stimulus.
- 6.4 Job design will, wherever practicable, allow for a mixture of display screen and other types of work.

7. **Eye Tests**

- 7.1 There is no reliable evidence to suggest that display screen operation causes permanent damage or deterioration to eyesight, nor an exacerbation of existing sight defects. There are, however, indicators that existing deficiencies in eyesight may be brought to light as a result of display screen operation. Moreover, in common with many other occupations requiring sustained and prolonged periods of visual concentration on a single stimulus, display screen operation can cause eye-strain. It is, therefore, important that any existing pathological condition in employees be identified before they operate display screen equipment.
- 7.2 Habitual users of display screen equipment will be entitled to have eye tests at University expense at the following intervals:
 - 7.2.1 when the member of staff first becomes a user;
 - 7.2.2 at two year intervals for habitual users of display screen equipment aged 40 and over;
 - 7.2.3 at three year intervals for habitual users of display screen equipment under the age of 40; or
 - 7.2.4 on any occasion where the member of staff experiences visual difficulties which may reasonably be considered to be related to the display screen work.
- 7.3 Eye tests should be carried out by an Optician of the employee's choosing and approved in advance by the University. Alternatively, the employee may choose to request the University to nominate an appointed Optician to carry out the eyetest.

The University reserves the right to specify that eyetests and any subsequent prescription of corrective appliances is undertaken by a company appointed by the University.

- 7.4 Charges relating to such eye tests will be met by the University to a maximum of £18.00 per test.
- 7.5 The University will meet the cost of special corrective appliances prescribed as a result of an approved eye test for use with display screen equipment.
- 7.6 A special corrective appliance is defined as that which is prescribed to correct vision defects at normal display screen viewing distance.
- 7.7 The University is not responsible for any corrections for near or distance vision defects, or for examinations for eye complaints not attributable to display screen work. These are the responsibility of the member of staff.
- 7.8 The University's liability for costs is restricted to the cost of a basic NHS appliance. The University will fund the cost of an appliance prescribed specifically for display screen work to a maximum of £50. Any additional costs above the maximum of £50 are the responsibility of the member of staff.
- 7.9 If the member of staff chooses an appliance to correct for distances other than display screen viewing distances, the University will contribute only the costs attributable to the requirements of the display screen work involved with the same maximum of £50.
- 7.10 The University has no responsibility for costs incurred if, as a result of an eye test, the member of staff is prescribed an appliance to correct eye defects or vision defects at distances other than that at which the display screen is viewed.

8. **Other Health Considerations**

- 8.1 The presence of a static electric field has in a number of cases been linked to the development of skin rash. In the event of a skin rash developing, medical advice should be sought with regard to treatment and prevention and the problem reported to the Human Resources Officer.

The National Radiological Protection Board has concluded that electromagnetic radiation emission levels from display screen equipment are well below national and international limits for occupational exposure. Most radiation from display screen units is much less than that received from natural environmental sources. Because radiation from display screen equipment does not add significantly to the natural background level of radiation the National Radiological Protection Board considers that display screen radiation emissions do not put the user at risk.

- 8.2 During pregnancy some women may feel concern with regard to the possible harmful effects of VDU operation. Medical research has established no evidence of harmful effects resulting from VDU operation during pregnancy. The National Radiological Protection Board considers that display screen emissions do not put unborn children at risk. If, however, any University employee is concerned they should bring it to the attention of the Human Resources Officer and seek the advice of their doctor early in the pregnancy.
- 8.3 Work-related upper limb disorders can be caused by fast repetitive work of the type which places strain on muscles and tendons such as during prolonged and intensive keyboard operation. The condition normally manifests itself in pain, swelling and numbness in the affected muscles or tendons. The University will endeavour to minimise the risk of such injury by the application of the policy as set out in Sections 3 and 4 above. If any employee has a genuine medical concern regarding work related upper limb disorders arising from display screen operation or experiences any discomfort which may reasonably be attributed to such a condition, they should bring it to the attention of the Human Resources Officer.
- 8.4 Employees diagnosed as suffering from photosensitive epilepsy should consult their medical practitioner and inform the Human Resources Officer before undertaking display screen operation.
- 8.5 If any employee has a genuine medical concern regarding the possible harmful effects of display screen operation they should bring it to the attention of the Human Resources Officer.

9. **Training**

- 9.1 The University will ensure that staff are provided with appropriate health and safety information and training in the use of display screen equipment and workstations. All staff using display screen equipment will be expected to complete On-line training and a Self-checklist and report any concerns to the Health & Safety Officer.
- 9.2 The training needs of staff will be monitored so that maximum benefit can be gained from training opportunities provided either externally or in-house.

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CONTROL OF ASBESTOS PROCEDURE

1.0 Policy Statements for Compliance with the Regulations

1.1 Take reasonable steps to find asbestos containing materials and check their condition;

Policy

Asbestos management surveys in accordance with HSG 264 have been undertaken to all buildings on the site.

Prior to any refurbishment or demolition works carried out by Leeds Trinity University or by contractors on behalf of Leeds Trinity University, an asbestos “refurbishment or demolition” survey (previously “type 3”) is carried out to identify any concealed asbestos which may not have been accessible during a management survey.

1.2 Presume materials contain asbestos unless there is strong evidence to suppose they do not;

Policy

Any parts of the site that have not been subject to an asbestos survey will have all materials within presumed to contain asbestos unless there is strong evidence to suggest they do not. Materials in a poor state of repair will be surveyed with urgency and/or areas affected by such materials will be isolated.

1.3 Make a written record of the location and the condition of the ACM and keep it up to date;

Policy

Leeds Trinity University will meet the requirements of this duty through use of an asbestos register. This register is based on the findings of the asbestos management surveys. To keep the information up to date, Leeds Trinity University will add all suitable information to this register as it becomes available. Furthermore, re-inspections of asbestos materials will be carried out to ensure that the condition of the ACMs is up to date, with the period of re-inspections based on the risk scores as indicated in 1.5.1.

1.4 Assess the risk of the likelihood of anyone being exposed to asbestos from these materials;

Policy

Leeds Trinity University aims to account for all reasonably likely scenarios in its assessment of potential human exposure to airborne asbestos fibres. This

includes the potential of staff, in-house maintenance, IT and media services and external contractors to be exposed.

1.5 Prepare a written plan to manage that risk and put it into effect to ensure that:

- *Any material known or presumed to contain asbestos is kept in a good state of repair*
- *any material that contains or is presumed to contain asbestos is, because of the risks associated with its location or condition, repaired and adequately protected or, if it is in a vulnerable position and cannot be adequately repaired or protected, it is removed;*
- *Information on the location and condition of ACM is given to people who may disturb them during work activities*

1.5.1 Keep ACMs in a good state of repair;

Policy

Where asbestos-containing materials are sound, in good condition, not releasing fibres and not subject to abrasion or damage, it is the policy of Leeds Trinity University that the material will be left undisturbed. This will be recorded in the Asbestos Register and re-inspected at regular intervals to ensure that the condition of the material does not deteriorate. The frequency of re-inspection will vary according to the level of risk.

Generally asbestos materials with an algorithm score of 15 and above will be inspected every month. Materials with scores under 15 are generally low risk and will only be inspected every six months. Other low risk materials within the University e.g. floor tiles and artex textured coatings, will be inspected for damage and deterioration in accordance with the annual inspection regime.

1.5.2 Repair or remove any material that contains asbestos if necessary because of the likelihood of disturbance, and its location or condition;

Policy

The asbestos register will enable Leeds Trinity University to produce a combined risk score based on material & priority assessments. In accordance with Leeds Trinity University procedures, any high risk material will be programmed for removal, with remedial works on remaining ACMs prioritised by the risk score.

Remediation and removal works will be carried out in accordance with the approved code of practice and the relevant guidance. All licensed materials will only be worked on by an approved licensed contractor.

Asbestos materials discovered during other building works or day to day repairs, and satisfying the criteria for removal, will be removed as soon as practicable.

Isolated asbestos materials which might potentially damage public health or satisfy the criteria for removal will be removed or encapsulated on discovery as soon as is practicable.

Asbestos materials damaged by fire or vandalism will be promptly inspected by a 'competent' person and, if necessary, removed as soon as is practicable.

1.5.3 Providing information;

Policy

Access to all information contained in the asbestos register is freely available to all staff and contractors via Leeds Trinity University management systems. Hard copy registers are held in the estates office for the benefit of servicing contractors, the emergency services and other visitors. Hard copies will also be supplied as necessary for specific projects.

Staff

It is Leeds Trinity University policy that all staff that encounter, work with or manage asbestos materials will be provided with adequate training, as per Regulation 10 of The Control of Asbestos Regulations 2012.

Specialist training will be provided to duty holder delegates/key personnel.

General awareness training will be provided to all staff that are required to work in areas in which asbestos containing materials may be present.

The provision of training will be recorded and monitored by duty holder delegate and the H and S officer.

All maintenance staff are to be provided with a manual detailing procedures for any works with asbestos materials which they may have to carry out. This will be issued to each individual member of staff and will be available every time they attend site.

Contractors

Contractors will be asked for all relevant safety training and qualifications in accordance with the work that they are planning to undertake. This will be recorded by the nominated delegate in Appendix 9. They will be given access to the site registers to enable them to access the information that they need. Spot checks will be made to ensure that correct interpretation of the information is made.

2 Procedures for Policy Implementation

2.1 Finding materials likely to contain asbestos

Completed surveys

The survey report list is contained in Appendix 3 and shows the dates of all surveys that have been undertaken.

At the pre-planning stage of any work that may affect the structure of the site, the nominated delegate will be required to make a written assessment of its implications. Where this assessment identifies that refurbishment or demolition works will be undertaken, an asbestos “refurbishment & demolition” survey (previously “type 3”) will be carried out to identify any concealed asbestos which may not have been accessible during a management survey.

All surveys are carried out by competent external contractors. As a minimum, P402 or S301 qualifications with 6 months surveying experience with a qualified surveyor is required, as recommended by HSG264 Asbestos: The Survey Guide.

All survey reports have been supplied in a format that meets the guidance of section 7 of HSG 264 and that Leeds Trinity University has reviewed as satisfactory.

2.2 Presuming materials contain asbestos.

Where access has not been gained to certain parts of the building or its structure, an extract is provided from the survey report (Appendix 2) and these areas will be presumed to contain asbestos in accordance with the guidance. These will be surveyed in accordance with section 2.1 prior to work being undertaken on them.

On acquisition of any new premises or where a building (or part thereof becomes accessible) has not been surveyed, there will be an immediate assessment of risk posed to the occupants. Where any material not clearly identifiable as brick, metal, glass or wood is in a poor condition or there is debris from such an unidentified material, areas affected will be put out of use until such time as a survey is undertaken.

Where a new building has been surveyed, the report will be checked for accuracy and the information added to the register for use in the management plan should the information be deemed to meet Leeds Trinity University's standards. It will otherwise be treated as un-surveyed.

Where a new premises is similar to an existing surveyed premises, there will be a consideration of the likelihood of similar construction and therefore presence of ACMs.

2.3 Creating a written record and keeping it up to date

Leeds Trinity University will maintain and update the register held within Appendix 1. The register will be taken from the survey reports. It includes details of the location and condition of all known ACMs.

The register is a living document which will be maintained to include deletions to the register when asbestos is removed, additions to the register when new areas are sampled or surveyed and changes to the register if the condition of ACMs has altered on rechecking.

The asbestos register will be held electronically as part of this document as well as a controlled hard copy in the estates office.

The spread-sheet enables the duty-holder to maintain the data and is readily accessible and easily updated. It can also be used to record all the remedial work carried out and to prompt the nominated delegate to carry out and record any further inspections required.

Asbestos in concealed locations within the University will be labelled. Labelling of asbestos in concealed locations will be carried out as part of the inspection regime. Labelling will not be conducted on open traffic areas to avoid causing unnecessary alarm to everyday users.

2.4 Assessing the risk of exposure

Existing building use

The nominated delegate will create priority risk assessments for all known ACMs using the algorithm within Appendix 11. These priority assessments are used in combination with the material assessments from the management asbestos survey reports to create a combined risk assessment recorded in Appendix 1. These will be used to assess the safety of all building occupiers and to drive the process of continual reduction of risk from ACMs.

Asbestos will generally be removed when the algorithm material assessment score value is 16 or above.

Additional building use and maintenance

Any persons commissioning work on the site must refer all contractors who could potentially damage and/ or be exposed to asbestos to the nominated delegate. A decision will be made as to the likelihood of the additional building use/ maintenance resulting in an increased combined risk from any ACMs that may be affected.

Where this is considered to be significant, further action may be required to reduce the risk prior to any additional usage. Under any circumstances, additional building users will be informed of ACM locations prior to

commencement of any work. This includes short notice and emergency work (e.g. repairing leaks etc).

Change of building use

Where additional building use or maintenance is considered to be structural or refurbishment, additional surveys will be undertaken as per section 2.1.

2.5 Preparing the management plan and putting it into effect

This document outlines the policies and defines the procedures by which Leeds Trinity University assesses and manages the risk from asbestos within the site.

This management plan is maintained as a live document and is reviewed annually by the nominated delegate to ensure policies and procedures in place are working, or to amend those which aren't.

A key means to ensuring that the requirements of this plan are being met is the implementation schedule. This will include routine and cyclical events, such as staff training and re-inspection of ACMs as well as non-routine repetitive tasks such as additional surveys and removal work.

The implementation schedule (Section 5) will be updated by the nominated delegate whenever a new event requiring action under a policy in this management plan occurs.

Performance monitoring of inspections and surveys will be carried out using annual targets and associated key performance indicators and will be a routine implementation event.

Performance of the management plan will be assessed during annual review (or more frequently if necessary) against the implementation of the routine and key tasks listed.

Should there be significant failings in meeting timescales, the reasons will be identified and documented and the management plan adjusted to incorporate improvements or other actions to ensure that the risk is being minimised as far as reasonably practical. Revisions to the management plan will be documented in Appendix 5.

2.5.1 Keeping ACMs in a good state of repair.

Any known or presumed ACM will be re-inspected on a cyclical basis in accordance with the recommendations of the combined risk assessment. Any remedial actions highlighted by re-inspections will be scheduled for implementation within a certain timescale. Records of the re-inspections will be held in Appendix 6.

Re-inspections will only be undertaken by suitably trained and approved personnel.

2.5.2 Repair or remove any material that contains asbestos if necessary;

In accordance with section 2.4, the combined risk assessment will be used to assess the need for control actions. These will be listed in the management control register for specific actions (Appendix 7). There will also be a non-specific link to the implementation schedule for maintenance and management of the control register.

The re-inspection process will update the combined risk assessment on a cyclical basis. From this, further management control actions may become necessary.

Accidental damage will be reported through the emergency procedure detailed in Appendix 10.

Actions following such accidental damage will be documented in the management control register together with records of potential exposure.

2.5.3 Providing information;

Leeds Trinity University recognises that the information held within the asbestos registers must be used with caution and by those with adequate knowledge and/or training. It is also recognised that it must be made available to those who may disturb the fabric of the buildings as per sections 2.1 and 2.4. It is therefore important that the nominated delegate is able to control all work that may disturb the fabric of the buildings.

Reception staff are to direct all contractors that wish to conduct works on the University Estate to the estates office in the first instance. No contractors should be allowed into any areas of the University Estate without first being briefed by Estates staff.

Job specific information will be provided by interrogating the asbestos register and the location register to assess the potential for disturbance and the need for any additional surveying. For those undertaking the work, free access will be given to the relevant registers to enable their input into the planning process as required.

Training

The nominated delegate will manage a training log (Appendix 8) detailing all staff that require training, any training received, and any training due dates. The training log will be checked annually to ensure any training due is booked in advance.

People with management responsibility for buildings will be informed about the asbestos present in buildings for which they have responsibility. These people

will receive adequate training to ensure that they have the necessary knowledge to discharge their duties.

Copies of certificates gained by staff are to be held on record and available on request.

External contractors' training

Any contractor works to be conducted on the University estate must be confirmed as having the appropriate competency to work within the given practice. This may be from the University contacts list, or from the University competency questionnaire.

Contractor training records will be held in Appendix 9.

Prior to works commencing adequate checks are to be made to ensure all relevant risk assessments and method statements are in place for the work being provided.

Confirmation is required that the contractor has had asbestos awareness training within a 12 month period, and is given a brief on the asbestos locations for their place of work whilst on the University estate. The contractor must complete the register sign in/out sheet in order that a detailed record is kept of all site visitors that conduct works on the University estate.

Information received

Any reports of damaged or disturbed asbestos are to be registered in the management control actions by the nominated delegate and investigated immediately as per the procedure defined in Appendix 10 (See also section 2.5.2).

The nominated delegate will also ensure complaints relating to asbestos are responded to in accordance with the complaints procedures.

3 Assessment of and work with ACMs

Site Description

The site is a variety of brick and concrete blocks on a university campus. There has been a variety of refurbishment and removal works undertaken. The buildings are of varying ages and construction.

Survey reports

The reports have been undertaken by Eton Environmental Group.

Extracts have been taken to populate the appropriate appendices.

Summary of findings

ACMs were located throughout the site including asbestos insulating board and various non-licensed items. The asbestos is generally in a good condition and has been re-inspected on a cyclical basis.

Notification to the Police and Fire Brigade

The nominated delegate will ensure that the relevant authorities are notified of asbestos hazards where suitable.

A record of asbestos containing materials present in University buildings will be made available for the emergency services at each building. This information will be secured in a holder accessible by the emergency services.

Work potentially involving ACMs

Standards and procedures for the removal of asbestos materials laid down in this policy will be identical irrespective of the type of asbestos.

Asbestos removal will only be carried out by specialist contractors. Contractors are required to be members of the Asbestos Removal Contractors Association (ARCA) and be licensed by the Health and Safety Executive under Regulation 8 of the Control of Asbestos Regulations 2012.

To ensure adequate resources for the programme of work, to meet performance standards for speed of response, and to obtain value for money, asbestos removal contractors will be appointed from an approved contact list.

Where such work is undertaken by external contractors, the nominated delegate will record and review the qualifications prior to any work being undertaken. This will be recorded in Appendix 9.

Project specific removal procedures will be the subject of a plan of work and/or a method statement prepared by the asbestos removal contractor in line with all current legislation and also, should the works be notifiable to the HSE.

The approved asbestos consultant will be appointed to manage asbestos removal and will be responsible for checking the contractor's licence, insurance, plan of works, operative medical certificates; Respiratory Protective Equipment (RPE) face fit certificates, training certificates etc.

Ensuring that the removal and disposal of asbestos waste satisfies the Control of Asbestos Regulations 2006, the Hazardous Waste Regulations 2005, the Environmental Protection Act 1990 and all other relevant HSE guidance.

Specifying procedures to be followed in accordance with the minimum standards for working with asbestos-containing materials. Monitoring the asbestos removal works. Conducting 4-stage air clearance procedures following the removal of all licence able asbestos; after any asbestos removal, the asbestos register will be updated by the Estates Director.

4 Duty-holder assessment

Leeds Trinity University acknowledges the need to manage the asbestos risks and remedial activities at the site. As a result, the following parties have been identified as directly involved in the management of ACMs at the site in order to ensure compliance and cross-departmental co-operation.

Direct responsibilities at the site are defined as follows:

Director of Estates/Chief Operating Officer/Vice-Chancellor

- Ensures that relevant policies and procedures for the management of asbestos that have been put in place, are reviewed annually or when there is a change in legislative requirements.
- Puts in place an appropriate structure and resources for the implementation of the asbestos policy and management plan.
- Maintains a register of all identified asbestos containing materials within the University Estate.

Site Manager:

Buildings & Sustainability Officer

- Dutyholder with overall responsibility for ACMs at the Site.

Nominated Person:

Health and Safety Officer and Buildings & Sustainability Officer

- Responsible for enforcing the duty.

The following parties have been identified as having indirect involvement in the management of asbestos at the site:

The University senior management staff:

- Will ensure that adequate resources are available for the implementation of the asbestos management plan.

Heads of departments:

- Will ensure that all staff under their management are trained in asbestos awareness to a level appropriate to their area of work.

The appointed asbestos consultant:

- Will be directed to manage asbestos removal.

The nominated person will record and maintain the names of the individuals holding the positions listed above in Appendix 2.

Other staff:

- Responsible for their own safety and following site instructions. All staff receive a briefing of their duties with regard to management of asbestos at their induction.
- Appropriate mention of the need not to disturb the fabric of the building is made during regular staff training.

5 Implementation Schedule

In accordance with the guidance and with Leeds Trinity University's procedures for implementation of the policies, there are a number of tasks and processes that should be undertaken. These range from the routine review of this document and the policies and procedures within it, through to the occasional, such as undertaking additional surveys to cover refurbishment work and to the emergency, such as managing incidents from disturbance of asbestos.

The following table should be updated by the nominated duty-holder as required and should be archived on a yearly basis during the full review of the asbestos management plan. Archived records should be kept for 40 years.

More information is held by the Estate Department.

INTERNAL HEALTH AND SAFETY AUDIT PROCEDURE

1. Purpose

- 1.1 The aim of this procedure is to ensure that safety requirements are met in a consistent manner. This procedure details the process for internal safety audits.

2. Responsibilities

- 2.1 The Health and Safety Officer is responsible for undertaking a programme of audits to indicate whether the aims of the Health and Safety Policy are being met.
- 2.2 The Chief Operating Officer and University Secretary is responsible for ensuring that corrective action is taken as necessary.

3. Procedure

- 3.1 The Health and Safety Officer compiles an audit plan which shall measure the compliance of all departments against the requirements of safety procedures. The audit plan shall be reviewed every two years by the Health and Safety Committee and authorised by the Director of Human Resources.
- 3.2 The Health and Safety Officer confirms arrangements for impending audits with the relevant Head of Department.
- 3.3 The Health and Safety Officer compiles a checklist based on the requirements of the procedures being audited and any previous audit findings.
- 3.4 Whilst undertaking the audit the Health and Safety Officer notes any non-conformances on the audit checksheet.
- 3.5 Once the audit is completed the Health and Safety Officer shall meet with the Head of Department or their representative to discuss any non-compliances and observations from the audit.
- 3.6 The Health and Safety Officer compiles an audit report after the audit which is sent to the Head of Department, copies are also sent to the Vice-Chancellor and the Director of Human Resources.
- 3.7 Actions and timescales are agreed with the Health and Safety Officer for the rectification of non-compliances.
- 3.8 The Health and Safety Officer reviews these actions and notes all actions which are not effective or not undertaken within the agreed timescales to the Vice-Chancellor.

PROCEDURE FOR WORKING FROM HOME

1. Introduction

- 1.1 The purpose of this procedure is to ensure the health, safety and welfare of all staff who may on occasion, with the prior agreement of their line manager, work from home. Health and safety risks will vary depending on the nature of the work being carried out. The following are some of the hazards which may apply to those working from home and the control measures needed to reduce the hazards as far as reasonably practicable. There may be other hazards and those staff working from home should carry out suitable and sufficient risk assessments and take reasonable control measures to avoid or reduce the risks as far as is reasonably practicable. Training in how to carry out risk assessments out can be arranged on request via the Leeds Trinity Health and Safety Officer.

2. Responsibilities

- 2.1 Heads of Department must be consulted by any member of staff who wishes to make a request to work from home during normal office hours, 9.00 a.m. to 5.00 p.m. Monday to Friday. Such a request must be made as far in advance as possible. The member of staff must consult with his or her Academic Head of Department regarding the date and time they are requesting to work from home. If the request is granted, the member of staff must ensure there are appropriate means by which they can be contacted whilst working at home during normal office hours.
- 2.2 Any member of staff who for any reason works from home is responsible for ensuring their home environment is safe and healthy for themselves and others as far as is reasonably practicable. If any member of staff has any concerns about the safety or health aspects of their home, they should seek advice without delay from their Head of Department or the Health and Safety Officer as appropriate.

3. Electrical Safety

- 3.1 Any electrical equipment provided by the University such as computer, laptop etc. must be electrically safe in accordance with the Electricity at Work Regulations and PAT tested accordingly. Staff should carry out visual checks and report any damaged items such as cables, exposed wires leading to plugs, burn marks or loose screws etc. to the relevant department and must not use any such equipment. Staff are required to ensure that their own electrical equipment at home is visually checked and should not be used if there are any defects. Staff are responsible for the electrical wiring and electricity circuits within their own homes. Trailing leads should be avoided which could pose a tripping hazard to staff and others within their homes.

4. Display Screen Equipment

- 4.1 Staff should undertake an assessment of their own computer workstation if using computer equipment whilst at home. Hard and electronic copies of a checklist to help undertake this are available from the Health and Safety Officer. Staff should familiarise themselves with the University's Display Screen Equipment Guidelines located separately within the Health and Safety Manual and report any concerns or problems to their Head of Department or the Health and Safety Officer as soon as possible. Further information on the safe use of Display Screen Equipment including recommendations to achieve a comfortable working position can be found on the HSE website www.hse.gov.uk under the Free Publications section entitled: 'Working with VDU's'.
- 4.2 Staff should minimise the length of time they spend using computer equipment to reduce the risk of musculoskeletal injuries at home and laptops should be used only for periods of about an hour at a time, as prolonged use can cause discomfort.

5. First Aid

- 5.1 Staff working from home should have their own medical supplies to deal with minor injuries such as small cuts, aches and pains and the institution will not provide a First Aid kit for staff working at home. If any member of staff should have an accident or sustain injury that could be attributed to their work activities, they should contact their Head of Department and ensure that (if appropriate) a Personal Injury Report Form is completed in accordance with the University's Accident Procedure.

6. Hazardous Substances

- 6.1 No member of staff should take any hazardous substance including chemicals, biological agents, bodily fluid samples or other hazardous materials from the workplace to their home.

7. Stress

- 7.1 Staff should avoid working practices which could lead to their experiencing stress whilst working from home as well as at work. Staff may feel isolated, excluded from institutional activities, and may work longer hours whilst at home than at work to complete projects, hit deadlines etc. as it may be more difficult to keep track of time and take sufficient breaks whilst working at home. Any concerns or potentially stressful situations experienced by staff working from home should be raised with someone such as their Head of Department, the Health and Safety Officer or any member of the Human Resources Department as appropriate so that necessary control measures can be implemented where reasonably practicable to reduce or avoid stress if at all possible.

8. Manual Handling

- 8.1 There should be no requirement for staff working from home to manually handle any load which could cause potential injury. Guidance and information on Manual Handling including Risk Assessments and control measures to reduce the risks including safe lifting techniques, is available on request from the Health and Safety Officer.

9. Advice and Information

- 9.1 If any member of staff requires further advice or information on any aspect of Safe Working from Home, they should consult the Health and Safety Officer.

DRIVING AT WORK POLICY GUIDELINES

1. Introduction

- 1.1 In order to comply with legislation including the Health and Safety at Work etc. Act 1974, and Road Traffic Act 1991, all work activities including driving at work must be undertaken in a safe manner and have control measures in place to reduce the risks from the hazards as far as is reasonably practicable. The purpose of this procedure is to protect both the University and individuals and to ensure that adequate controls are in place for the health, safety and welfare of all drivers, passengers and others including other road users.
- 1.2 Leeds Trinity University recognises that it has a duty of care not only to its staff engaged in driving at work, but also to other road users and members of the public who may be at risk by its employees who are driving on work related business. The University will as far as reasonably practicable, ensure all those driving on work related business comply with all relevant driving related legislation and good practice.

2. Responsibilities

2.1 Definition of Driver

A 'driver' is any employee of Leeds Trinity University who drives on University business, whether using their own private vehicle, hire, or University owned vehicle. It includes visits to external, third party locations for Committees, conferences etc, undertaking transportation of students on field trips or similar activities, undertaking deliveries and transporting University items, driving on campus, and driving specialist vehicles (e.g. tractors, ride on lawn mowers etc). It does **not** include commuting to and from work, unless an employee travels directly from home to a location for a conference or work related Committee.

- 2.2 Heads of Department are responsible for assessing the risks involved in work related driving for staff within their area(s) of responsibility in accordance with University Risk Assessment procedure and for bringing this procedure to the attention of all staff within their department who may be required to drive as part of their work activities. They are also responsible for providing a copy of the Driver Handbook and for receipt of the signed declaration.
- 2.3 Any member of staff who for any reason drives as part of their work activities is responsible for ensuring the relevant safety measures are in place prior to them embarking on any work related driving activity. The following guidelines should be adhered to by all staff and further information or advice is available as required from the Health and Safety Officer upon request. They should also refer to the Driver Handbook which provides practical advice & guidance on good driving practice.

- 2.4 All work related journeys should consider and prioritise sustainability, using the most sustainable mode of transport wherever possible.

3. Vehicle Safety Checks

- 3.1 All vehicles, both private and University owned must be suitable for the intended use. Use of the University minibus is restricted to those authorised and trained to do so by the Domestic Services Manager and following the safe procedure in place specifically related to its use.
- 3.2 Drivers should ensure that the vehicle to be used is taxed and has a current MOT certificate (if required) and is maintained in a legal and roadworthy state. Daily checks should be carried out to include washer jets, washer fluid, wipers, lights, indicators, horn, mirrors, and body work. Weekly checks should be carried out on tyre condition, brake and battery fluid, coolant, engine oil and fuel levels. The above lists are not exhaustive and further guidance is provided in the Driver Handbook.

4. Documentation

- 4.1 All drivers must ensure they hold a current valid driving licence to drive the vehicle being used and are responsible for providing evidence to the institution of its currency and validity. Before engaging in any work related driving, all drivers are required to present their unique licence check code and the last 8 characters of their driving license number to the Human Resources department. To generate the code, staff must log on to the View Driving Licence service at <https://www.gov.uk/view-driving-licence>.
- 4.2 It is the responsibility of **all** drivers to ensure they have adequate insurance cover for both personal use and business use as necessary.
- 4.3 The use of University owned vehicles should be restricted to business purposes and activities and only by Approved Drivers, (those having had the necessary training).
- 4.4 Drivers must comply with the requirements of their individual insurance policies. Further general information is available from the Finance department upon request.

5. Fitness to Drive

- 5.1 All drivers must be fit to drive and must not drive if they are suffering from fatigue or lack of sleep, are under the influence of drink, illegal, prescribed or over-the-counter drugs that could cause drowsiness or loss of concentration or have any other health condition which may affect their ability to drive safely. Where Line Managers or individuals have any concerns they should seek medical advice and that from Human Resources if necessary, who may where applicable, refer the individual for an Occupational Health Assessment.

6. **Safe Driving**

- 6.1 All drivers must ensure they and their vehicles comply with the provisions of the Road Traffic Act and the Highway Code which can be accessed at www.highwaycode.gov.uk. They should also follow the guidance from the Health and Safety Executive (HSE) "Driving at Work-Managing Work Related Road Safety" which can be found at www.hse.gov.uk/pubns/indg382.pdf.
- 6.2 Drivers must ensure that all safety features including head restraints are fitted and adjusted correctly. Seat belts must be worn at all times when driving. All drivers must ensure they take regular breaks e.g. 15 minutes every two hours. Adequate time must be allowed for the journey to be made. Drivers should inform their Line Manager of any health problems, licence withdrawals; endorsements etc. and never drive a vehicle if they feel unfit to do so. Mobile phones or any other device or object that has the potential to cause a distraction must not be used while driving.
- 6.3 Drivers should be aware of poor environmental driving or road conditions, including pot holes, narrow winding roads, snow, ice, fog, heavy rain etc and assess such conditions prior to departure. Journeys must be planned to avoid hazardous driving conditions where at all possible and adequate time allowed for environmental difficulties.
- 6.4 All drivers must notify their Line Manager and the Finance department of any accidents whilst on business and complete a Personal Injury/Incident report form in accordance with University College procedure as soon as practical afterwards.
- 6.5 You should refer to the further and more detailed advice is provided in the Driver Handbook.

7. **Advice and Information**

- 7.1 If any member of staff requires further advice or information on any aspect of work related driving, they should consult the Health and Safety Officer.

STUDENT PLACEMENT GUIDANCE

1. Introduction

- 1.1 The purpose of this guidance is to ensure the health, safety and welfare of all students who, as part of their studies may be required to work on placement with external Placement Providers.

2. Responsibilities

- 2.1 It is the responsibility of the University to ensure so far as is reasonably practicable, the health, safety and welfare of all students whilst on work placement. Accordingly, The Employer Partnership Agreement and the Partnership Agreements (for both Primary and Secondary Education) outline specific responsibilities of those involved in the placements, including those at the University (e.g. School based tutors) and those with responsibility for the students at the placement involved. During the placement period, the student is considered to be an employee of the Placement provider.

3. Risk Management

- 3.1 Placements may be identified by the student, a member of staff or part of University involvement schemes. Once approved in principal, the student and employer/school set out and agree the expectations, hours of work etc. and the employer is expected to provide the University with relevant Health and Safety information, including risk assessments where appropriate to ensure the health, safety and welfare of the student so far as reasonably practicable whilst on the placement.

4. During the Placement

- 4.1 The student will have an assigned placement tutor who may visit them whilst on the placement to ensure that everything is satisfactory and in order to address any concerns the student may have. Students are expected to bring any health and safety concerns to the attention of their placement tutor and placement provider as a matter of priority.

5. Following the Placement

- 5.1 Following the placement, the student will be asked to give feedback on any issues with regard to health and safety whilst on placement. Any issues of serious or significant concerns must be addressed and may result in the University deciding to withdraw from future placement agreements in the interests of the health and safety of future students.

6. Further Information and Procedure

- 6.1 Leeds Trinity University adopts the principles of the UCEA (Universities and Colleges Employment Association) Health and Safety Guidance for the Placement of Higher Education Students.
- 6.2 Specific Health and Safety Procedures in relation to Leeds Trinity University Student Placements are contained within and implemented by the relevant Partnership Agreements within the Employer Partnership Office and the Departments of both Primary and Secondary Education.

GUIDANCE IN FIELDWORK

1. Purpose

- 1.1 The purpose of this guidance is to help ensure the health, safety and welfare of Leeds Trinity University staff and students, and others, when embarking on field work activities and trips within the United Kingdom. It is not an all-encompassing guide, but rather an overview of the issues to be considered. The degree and depth of control measures will depend on the degree of risk in each situation, and a risk assessment of the trip, the travel and working arrangements should be carried out in accordance with the University Risk Assessment Procedure.

2. Definition

- 2.1 Fieldwork is defined as any practical work carried out by staff or students, of the University for the purpose of learning, research or teaching, which is not under the direct control of Leeds Trinity University, but where the University is responsible for the safety of its staff, students and others who may be affected by their activities.
- 2.2 Fieldwork does not include Student Placements.

3. Responsibilities

- 3.1 Heads of Department are responsible for ensuring adequate planning of fieldwork, including risk assessments are undertaken prior to the event, and for ensuring that any specific training or equipment required by students or staff, is provided. A field trip leader, (if different to the Head of Department), should be involved in the process, notify the Head of Department and **MUST** be competent (i.e. have the skills, knowledge and experience) of the work activity in question to undertake the role of team leader.
- 3.2 All staff and students involved in the fieldwork must ensure that they agree to the health and safety control measures identified within the risk assessment, and comply with the requirements in accordance with Health and Safety, and other University Policies, Guidance and Rules particularly in relation to their conduct and behaviour.

4. Planning and Risk Management

- 4.1 Suitable and sufficient written risk assessments must be made for all field trips prior to the visit commencing. The Head of Department must ensure that adequate risk assessments have been carried out, identifying the risks involved in both the travel and work of the trip. They must ensure that staff including the Field Trip Leader and/or students travelling are competent, authorised and qualified (if necessary) to undertake the work, and have the necessary skills and knowledge to do so safely, have an appreciation of hazards involved and safety measures required (e.g. inclement weather,

geographical location, environment, work activity etc.) and must ensure that all participants are as well prepared as reasonably practicable.

- 4.2 Risk assessments should be reviewed on arrival at the destination and take into account local hazards or issues that were not apparent during the initial stages of planning of the trip as appropriate.
- 4.3 The level of supervision for the field trip will depend on the nature of the trip, and the numbers and requirements of the staff and/or students involved. The minimum recommended staff to student ratio is 1 to 10 although higher staff to student ratios may be required depending on the findings of the risk assessment.
- 4.4 Where the Fieldtrip involves any member of staff driving, the University Driving at Work Policy and detailed risk assessment within MUST be carried out and complied with in accordance with the Policy and Road Safety law. The use of the University minibus is restricted to those authorised to drive it, in accordance with the University Policy. As detailed in the 2005 UCEA Guidance, a risk assessment of the accommodation must be completed.

5. **Health and Emergency Matters**

- 5.1 All staff and students have a responsibility to conduct their behaviour in a reasonable manner, to act safely and appropriately during the field trip, and to heed advice information and training provided in the interests of their health.
- 5.2 Heads of Department / Line Managers should ensure, as far as reasonably practicable, that staff or students partaking in field trips are informed of any potential health risk associated with the trip. The University must be satisfied that all participants are medically and psychologically fit for travel and for the work involved.
- 5.3 Any employee or student who is involved in a field trip must sign a declaration stating that they are adequately fit and healthy to take part in the field trip, and will act safely and appropriately. Any employee or student who is concerned about their ability to travel should seek their GP's or Physician's advice before travelling.
- 5.4 The number of qualified First Aiders and First Aid Provision for the field work will need to be established prior to the trip and will depend on the findings of the risk assessment including, the nature, duration and location of the trip. The Health and Safety Officer will advise on this on request.
- 5.5 The Head of Department must ensure that appropriate insurance for all parties and all eventualities has been arranged prior to the commencement of any trip and ensure that home contact details are obtained for all participants in the event of emergency.

6. **Personal safety**

- 6.1 It is the duty of every individual involved in the field trip to give serious consideration to their own health and safety and to that of others they may affect by their actions. They must behave responsibly at all times, refrain from excessive alcohol consumption, refrain from illegal drug use and refrain from any dangerous, offensive or illegal behaviour. They **MUST** follow any safety rules or advice given, including those by accommodation providers where the trip involves an overnight stay.
- 6.2 Lone working should be avoided wherever possible, and only permitted where a suitable and sufficient risk assessment has been carried out and control measures in place to reduce the risks to the hazard of lone working as far as reasonably practicable. All field trip workers should carry a mobile phone and exchange numbers with the Field Trip Leader.

7. **Monitor and Review**

- 7.1 The management of field working requires feedback and review. A debriefing session following each trip should be carried out with the Head of Department, and information learned, used for future trips as appropriate.

Risk Assessment Form for Field Trips in the U.K

Risk Assessment for: Nature of trip:	
Destination:	
Date(s):	
Assessment Undertaken By:	
Name:	
Date:	
Signed By (Relevant Head of Department):	

Possible Hazards (please tick ALL which apply)

Environment e.g. terrain, weather, remote location)		Lone working	
Crime		Other (define all)	
Medical care/facilities			
Travel			
Driving			

Comments

Checklist; to be completed and signed by Employee/Student partaking in Field trip

Name:	
Department:	
Travelling To (Destination(s)):	
Travelling from and to (Dates):	
Statement of Traveller: I confirm that:	Traveller to initial ALL boxes:
A suitable and sufficient risk assessment has been carried out of the proposed travel and field trip work	
The trip does not involve any high risk activity or any activity presenting a significant hazard which can be reasonably foreseen	
I have read and taken note of Leeds Trinity University's 'Guidance for Fieldwork & Trips	
I have sought advice from my GP and/or Occupational Health and am taking all advisory and obligatory medication as advised	
Details of my next of kin have been left with the Human Resources Department (staff) or Head of Schools(students) at Leeds Trinity University	
I am aware of and have made the necessary arrangements for local hazards involved in the field trip, and agree to act safely and appropriately and follow all rules in relation to safety, e.g. wear any personal protective equipment provided for me.	
I have provided my Team Leader with a mobile telephone number on which I can be reached during the field trip (if appropriate)	
Signed:	Date:

GUIDANCE IN OVERSEAS TRAVEL AND WORK

1. Purpose

- 1.1 The purpose of this guidance is to help ensure the health, safety and welfare of Leeds Trinity University staff and students when travelling and working abroad on University business. It is not an all-encompassing guide, but rather an overview of the issues to be considered. The degree and depth of control measures will depend on the degree of risk in each situation, and a risk assessment of the trip, the travel and working arrangements should be carried out in accordance with the University Risk Assessment Procedure.

2. Responsibilities

- 2.1 Any member of staff or student intending to travel and/or work abroad **MUST** first obtain authorisation from their Line Manager (Head of Department / Service). Prior to the trip, they must also ensure their Head of Department and the Human Resources department has their contact details.

2.2 Heads of Department / Line Managers

Heads of Department / Line Managers must ensure:

- The individual is aware of, has read and understood this guidance;
- An adequate assessment of risks involved in both the travel and work has been made and a safe system of operation has been devised;
- Comprehensive organisational arrangements have been established;
- Employees and/or students planning to work overseas are competent and, where necessary, qualified;
- The individual is as well prepared as is reasonably practicable and health advice sought if appropriate;
- Proper communication arrangements are in place to enable contact to be maintained with the Human Resources department in the event of emergency
- Maintain regular contact with the employee/student and ensure he/she is aware of any changes to itinerary etc.; and
- Give formal authorisation to travel/work overseas.

2.3 Employees/Students

The employee/student who is working or travelling abroad must:

- Read and understand the guidance given in this document;
- Ensure a risk assessment has been undertaken;
- Ensure all participants have valid passports, tickets, visas and any other documentation required;
- Employees - ensure that a copy of their passport and contact details is handed to Human Resources;
- Students - ensure that a copy of their passport and contact details is handed to Student Support who will forward these to Human Resources

- Confirm that insurance cover is in place and adequate for the activities to be undertaken and for the duration of the visit;
- Nominate and agree a contact person at the University;
- Lodge itinerary, travel details and contact telephone details with the Human Resources/Student Support department and ensure any changes are fed back;
- Obtain advice from Occupational Health and/or their own GP on any medical requirements, including immunisations and vaccinations, for travel to the areas to be visited:
- Obtain information from the Foreign and Commonwealth Office (FCO). Leeds Trinity University will NOT permit any travel to any country or part of a country designated as unsafe by the Foreign Office;
- Report any incidents, accidents and concerns to the Health & Safety Service and their Head of Department / Line Manager as soon as possible or on their return to University:
- Take care of their own health and safety whilst travelling and working abroad and not compromising the safety of their colleagues they may be travelling with. This includes choosing appropriate places to stay:
- It is recognised that different nations tolerate different behaviours, customs and practices; however, employees must still adhere to University employment policies, contracts of employment and codes of conducts:
- Check customs and practices in respect to dress code, Committee and greeting and general conduct;
- Contact their Head of Department /Line manager on arrival at the destination by email or phone/text message and at least every 3 days thereafter:
- Check Impending weather conditions;
- Check if appropriate local transport and driving requirements/regulations;
- Check travel insurance arrangements including declaration of any pre-existing condition.

3. Planning and Risk Management

3.1 Written risk assessments must be made for all work undertaken overseas and completed prior to the visit commencing. The Head of Department/Line Manager must ensure that adequate risk assessments have been carried out, identifying the risks involved in both the travel and work overseas. They must ensure that staff and/or students travelling are competent, authorised and qualified (if necessary) to undertake the work, and have the necessary skills and knowledge to do so safely, appreciation of hazards involved and safety measures required particularly in higher risk areas (e.g. political unrest, natural features, predators, inclement weather, geographical location, etc.) and must ensure that the individual is as well prepared as reasonably practicable.

3.2 A checklist for overseas travel is contained within this guidance and further information can be found within the UCEA (University and Colleges

Employers Association) guidance 'Health and Safety Guidance when working overseas' although it must be recognised that it is NOT exhaustive and other considerations may be necessary in addition to those identified. The Health and Safety Officer is also available to offer advice.

- 3.3 The risk assessment need not necessarily be onerous – the nature and complexity of the assessment should reflect the risks involved in the work and be commensurate with the actual risk that the identified hazards pose in the particular circumstances. In many cases, the work itself is not hazardous but takes place in hazardous surroundings. In these cases the risk assessment should concentrate on the travel associated risks. For routine travel (such as a conference trip to a developed country) a simple assessment is all that is required. A more detailed risk assessment must be undertaken for journeys that involve greater risk, and the findings lodged with the Health and Safety Officer prior to the travel taking place.
- 3.4 The risks to health and safety that arise from overseas work can be:
- Work related (e.g. physical risks from work itself);
 - Health related (e.g. exposure to tropical diseases); and
 - Related to personal security (e.g. associated with local criminal or political activity or civil unrest).
- 3.5 Besides the normal risks associated with the work itself, there are numerous other risks when working abroad:
- Unfamiliar diseases and medical conditions;
 - Natural disasters and civil unrest;
 - Personal safety;
 - Violence or attack whether terrorist or other, on any scale
 - Lack of immediate back up in the event of an emergency; and
 - Additional risks in travelling.
- 3.6 The risk assessment should be populated with, and be based on, previous knowledge, information from the Foreign Office, travel agents and contacts in the area being visited.
- 3.7 Risk assessments should be reviewed on arrival at the destination and take into account local hazards or issues that were not apparent during the initial stages of planning of the trip.

4. Health and Emergency Matters

- 4.1 All staff and students have a responsibility to conduct their behaviour in a reasonable manner and to heed advice information and training provided in the interests of their health.
- 4.2 Heads of Department / Line Managers should ensure, as far as reasonably practicable, that employees or students travelling on University business take advice on the potential health risk associated with travel. The University must be satisfied that the member of staff/student is medically fit for travel,

complies with any health standards laid down for entry and have had any required vaccinations and inoculations.

- 4.3 Appointments with the GP or Occupational Health (OH) should be made in good time and at least six weeks prior to travelling as some courses of vaccines may take over a month to complete.
- 4.4 Advice concerning inoculation and other requirements of certain overseas travel such as validity of passports, visas, regulations and FCO status of the anticipated destination should be obtained at the outset of planning a journey
- 4.5 Any employee or student who is required to travel on any work related matter should not do so if their GP or OH has advised against this. Any employee or student who is concerned about their ability to travel should seek their GP's or OH advice before travelling.
- 4.6 Some diseases acquired overseas become apparent only after you return to the UK. It is particularly important to see your GP to have investigations into any feverish or diarrhoeal illnesses that develop for up to three months after a trip.
- 4.7 In the event of a fatality or serious accident/incident whilst abroad on University Business, the Designated Leader of the group, or Deputy if the Designated Leader is unable, should contact the University without delay. The Receptionist or Duty Porter shall immediately contact the Chief Executive Operator or delegate who will take further action as appropriate

5. **Personal safety**

- 5.1 It is the duty of every individual proposing to travel and work abroad to give serious consideration to their own health and safety and to that of others they may affect by their actions. In addition to following the duties set out for them in this safety notice, every individual has a responsibility to conduct themselves in a proper manner and, where necessary, in accordance to the local conditions they will encounter. They must also co-operate with the University in the execution of its responsibilities.

6. **Insurance**

- 6.1 Leeds Trinity University has insurance cover for all staff and students travelling abroad, subject to Home Office Guidance. Any member of staff travelling abroad should request a summary of the Insurance cover, and cards with Insurance details for when staff are abroad, are available from Finance prior to the trip. The Company details are:
- 6.2 Staff and students should ensure they have an up to date copy of the summary of the University Travel Insurance certificate available from the Intranet and keep copies with them whilst abroad. For anything other than minor ailments they should contact Speciality Assistance without delay on 020 7902 7405 quoting Reference UMAL/171

7. Monitor and Review

7.1 The management of overseas working requires feedback and review. A debriefing session following each trip should be carried out, and information learned, used for future trips as appropriate.

Risk Assessment Form for Travel Overseas

Risk Assessment for: Nature of trip:	
Destination:	
Date(s):	
Assessment Undertaken By:	
Name:	
Date:	
Signed By (Relevant Head of Department): Returned to H&S Officer:	

Possible Hazards (please tick ALL which apply)

Environment		Prevalent Diseases requiring vaccination where applicable	
Crime		Local Hazards: travel, animals, insects etc	
Long Haul Flight Effects		Other	
Political Unrest/situations			
Medical Care/Facilities			
Risk of Terrorism/Violence/Civil Unrest			

Comments:

I have completed and had Authorised by my Head of Department/Line Manager, Leeds Trinity Travel Overseas Authority Form	
I have a copy of Leeds Trinity University Travel Overseas Policy	
I have sought advice from my GP and/or Occupational Health and am taking all advisory and obligatory medication as advised	
I am aware of current Foreign Office advice on the country I propose to visit, and will ensure that I adhere to all the advice given up to and including the dates of travel and work.	
I enclose and have left a detailed itinerary with my Line Manager and copy of my passport and details of my next of kin with the Human Resources Department (staff) and Head of Schools(students) at Leeds Trinity University	
I am aware of and have made the necessary arrangements for customs and entry for the country I propose to visit.	
Signed:	Date:

Leeds Trinity University Travel Overseas Authorisation Form

This form MUST be completed as early in the planning stages of the trip as possible. Overseas travel will NOT be authorised if this form and the Health and Safety Risk Assessment for the proposed trip have not been completed and signed by the relevant Line Manager/Head of Department.

All expenses claims made to Finance must be accompanied by a copy of this form.

TRAVEL INFORMATION

Names of ALL individuals travelling: Please indicate whether Staff or Student	
Department	
Country(ies) and region of	

destination	
Dates of travel	
Date of return to Leeds Trinity University	

REASON FOR TRAVEL

Purpose of Travel (Aims and Objectives)	
What will be the specific outcomes of the trip and how will these benefit Leeds Trinity University?	

PROPOSED ITINERARY (add additional information as necessary)

Date:	Location	Activity	Contacts (if appropriate)

DETAILS OF TRAVELLER

Name:	Contact Number Mobile:	Name of Emergency Contact:	Emergency Contact Mobile Number:	Passport Number of Traveller

APPROVAL

I certify that I have read and understood Leeds Trinity University’s Guidance in Overseas Travel and confirm that I will comply with it and the associated risk assessment(s) for each trip I undertake. I am aware that all expenses claimed in association with this trip will be subject to University Finance Procedure and must be submitted on an appropriate expenses claim form, authorised by my Line Manager/Budget Holder, submitted to Finance.

Signed (Individual requesting travel overseas)	
Date	

The above procedures are compulsory and no travel overseas on University Business must proceed unless all stages have been completed satisfactorily.

I certify that I authorise the proposed visit as outlined above and in accordance with Leeds Trinity University's Guidance in overseas Travel and associated risk assessment associated with this trip.

Signature of Head of Department	
Date	
Approved by (member of Executive)	