

CONTROL HEADER			
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I have carried out an equality impact assessment screening to help safeguard against discrimination and promote equality.			x
I have considered the impact of the Policy/Strategy/Procedure ( <i>delete as appropriate</i> ) on the Welsh language and Welsh language provision within the University.			x

## HEALTH AND SAFETY POLICY

## Contents

1.1	Introduction .....	6
1.2	Policy Review .....	6
1.3	Document Control .....	7
1.4	Register.....	7
1.5	Amendment Record.....	8
1.6	Legislation .....	9
1.7	Guidance.....	9
1.8	Forms.....	9
1.9	Health & Safety Policy Part 1: Health and Safety Policy Statement .....	11
2	Health & Safety Policy Part 2: Health and Safety Responsibilities .....	12
2.1	The Board of Governors (Governing Body) .....	12
2.2	The Vice-Chancellor and Members of Senior Leadership Team (SLT) .....	13
2.3	Safety, Health and Environment (SHE) Committee .....	16
2.4	All Committees, Task Groups and other Similar Bodies.....	16
2.5	Competent Health and Safety Advice: Safety, Health and Environment (SHE) Department .....	16
2.6	Deans of Faculty and Heads of Operational Departments (Senior Managers).....	17
2.7	Departmental Health and Safety Coordinators.....	19
2.8	Specialist Departmental Health and Safety Coordinators. ....	20
2.9	Line Managers.....	20
2.10	Supervisory Staff and Lecturers (Supervisory Staff) .....	22
2.11	Trade Unions, Staff and Student Safety Representatives .....	23
2.12	All Staff and Students .....	24
2.13	Visiting Academics and Guest Workers/Placements.....	24
2.14	Visitors .....	25
2.15	Children and Young Persons.....	25
2.16	Contractors.....	26
2.17	Cooperation and Coordination .....	27
2.18	Compliance .....	27
2.19	Policy Monitoring and Review.....	27
2.20	Communication .....	28
3	Health & Safety Policy Part 3: Operational Arrangements .....	28
	Introduction .....	28
3.1	Accidents, Incidents and Dangerous Occurrences .....	29
3.2	Asbestos .....	29
3.2.1	Duties and Responsibilities .....	30

3.3	Audits and Reviews .....	31
3.3.1	Workplace Inspections .....	31
3.3.2	Annual Safety Inspection .....	32
3.3.3	Annual Action Plans .....	32
3.4	Babies and Children on Campus – Staff and Students .....	32
3.5	Control of Contractors .....	32
3.6	Construction work and the Construction (Design and Management) Regulations 2015 .....	33
3.7	Control of Substances Hazardous to Health (COSHH) .....	34
3.7.1	Assessors - Appointment and Training .....	34
3.7.2	Managers'/Supervisors' Responsibilities .....	34
3.7.3	User Responsibilities .....	35
3.7.4	Environmental Monitoring .....	35
3.8	Display Screen Equipment (DSE) .....	35
3.9	Driving for Work .....	35
3.9.1	Driving a Car/Van .....	35
3.9.2	Minibus Drivers .....	36
3.10	Drones / flying of Remote-Controlled Aircraft .....	36
3.11	Drugs and Alcohol .....	36
3.12	E-bikes & scooters .....	37
3.13	Electrical Safety .....	38
3.13.1	Responsibilities .....	38
3.13.2	Portable Electrical Equipment .....	39
3.14	Emergency Arrangements .....	39
3.14.1	Fire Safety .....	39
3.14.2	Fire Orders .....	39
3.14.3	Evacuation Arrangements for People with Disabilities .....	40
3.14.4	Fire Drills .....	40
3.14.5	Fire Marshals .....	40
3.14.6	Fire Safety Equipment and Fire Safety Measures .....	41
3.14.7	Alternative Evacuation Arrangements .....	42
3.15	First Aid .....	42
3.15.1	First Aid Equipment .....	42
3.15.2	Dealing with Blood and Bodily Fluids .....	43
3.15.3	Mental Health First Aiders .....	43
3.16	Events - Arranging and Hosting .....	43
3.17	Infection Prevention and Control .....	44
3.17.1	Sharps Guidance .....	44

3.18	Pandemics & Epidemics .....	44
3.19	Ladder/Step Ladder Serviceability .....	45
3.20	Legionnaires Disease .....	45
3.21	Lifting Operations and Equipment.....	46
3.22	Liquefied Petroleum Gas (LPG) and Compressed Gas .....	46
3.23	Local Exhaust Ventilation (LEV) Systems.....	48
3.24	Lone Working .....	49
3.25	Information and Training.....	49
3.26	Manual Handling .....	50
3.26.1	Safe Working Practices .....	50
3.26.2	Risk Assessors: Appointment and Training.....	50
3.26.3	Assessment Criteria .....	51
3.26.4	Risk Control Hierarchy.....	51
3.26.5	Staff Responsibilities .....	51
3.26.6	Monitoring and Review .....	51
3.27	Medication Administration .....	52
3.28	New and Expectant Parents .....	52
3.29	Noise.....	52
3.29.1	Noise Assessments .....	53
3.29.2	Reduction of Noise Exposure Levels .....	53
3.29.3	Provision of Hearing Protectors .....	53
3.29.4	Hearing Protection Zones .....	53
3.29.5	Use and Maintenance of Noise Control Equipment and Procedures .....	53
3.29.6	Provision of Training .....	54
3.29.7	Audiometric Testing .....	54
3.30	Occupational Health Service & Health Surveillance.....	54
3.31	Office Based Activities.....	54
3.31.1	Space .....	54
3.31.2	Temperature.....	55
3.31.3	Personal Safety & Security .....	55
3.32	Permit to Work.....	55
3.33	Personal Protective Equipment (PPE) .....	55
3.33.1	Managers'/Supervisors' Responsibilities .....	56
3.33.2	User Responsibilities .....	56
3.33.3	Respiratory Personal Protective Equipment (RPE) .....	56
3.34	Pets on Campus.....	57
3.35	Pressure Systems .....	57

3.36	Prevent Agenda.....	58
3.37	Provision and Use of Work Equipment (PUWER).....	58
3.38	Purchasing .....	59
3.39	Record Keeping and Document Hierarchy.....	59
3.40	Reporting Health and Safety Issues or Concerns .....	60
3.41	Risk Assessment (General).....	60
3.42	Roadways and Car Parking .....	60
3.43	Smoke Free Policy .....	60
3.44	Stress.....	61
3.45	Supervision of Students.....	61
3.45.1	Definitions .....	62
3.45.2	Risk Assessment and Levels of Supervision .....	62
3.45.3	Student Dissertations and Projects (Under/Post Graduate).....	62
3.45.4	Student Work Placements.....	63
3.45.5	Training.....	63
3.45.6	Induction Training .....	64
3.46	Vibration .....	64
3.47	Visitors Duty of Care.....	64
3.47.1	Children & Young Persons Visiting Campus .....	65
3.48	Working Away from the University .....	66
3.49	Working at Height.....	67

## **1.1 Introduction**

This Health and Safety Manual has been prepared by WorkNest on our behalf and with our involvement. It contains our Health and Safety Policy as required by the Health and Safety at Work etc. Act 1974 and it defines the way we manage the health and safety hazards and risks associated with our business, premises and activities.

Wrexham University are committed to managing health and safety effectively to protect our employees and other persons with whom we interact because we recognise that we have not only a moral and legal duty but also that our employees are our greatest asset.

Our Health and Safety Policy Statement sets out our commitment and the objectives we aspire to in managing health and safety. It is signed by the most senior person in our organisation to demonstrate that our commitment is led from the top.

Our approach to managing health and safety will be pragmatic and proportionate and will be prioritised according to risk with the objective of maintaining continuous improvement. We accept that we cannot eliminate risk from everything we do but we can manage risk in such a way that exposure to hazards is controlled as far as is reasonably practical.

We recognise that improvement in health and safety will not happen by chance and that planning to manage using a systematic approach through risk assessment is a necessary first step and an ongoing process. In moving forwards, we will wherever possible eliminate risk through selection and design of buildings, facilities, equipment and processes. Where risks cannot be eliminated they will be minimised by the use of physical controls or, as a last resort, through systems of work and personal protection.

Our success in managing health and safety will be measurable and we look to establish performance standards against which we can monitor our progress to identify future actions to go into our improvement programme.

Based on our proactive and reactive performance measurement in the form of accident monitoring, internal monitoring, training completion and external audits etc we will review our health and safety arrangements periodically and at least annually. The results of our measurement will be recorded and presented to the Board in our Annual Report.

## **1.2 Policy Review**

This Health and Safety Policy will be reviewed annually by WorkNest in conjunction with our nominated responsible person. As each review is completed it will be signed off by the consultant from WorkNest and confirmed by our nominated responsible person.

<b>Review Date</b>	<b>Signed on behalf of WorkNest</b>	<b>Confirmed</b>
14 <sup>th</sup> May 2018	Steve Houston Senior Health & Safety Consultant	<i>C. Doran</i> Senior Safety, Health and Environment Officer
8 <sup>th</sup> July 2019	Steve Houston Senior Health & Safety Consultant	<i>C. Doran</i> Senior Safety, Health and Environment Officer
2 <sup>nd</sup> September 2020	Steve Houston Senior Health & Safety Consultant	<i>Jenny Thomas</i> <i>Snr Safety, Health and Environment Officer</i>
28 <sup>th</sup> September 2021	Steve Houston Senior Health & Safety Consultant	<i>Jenny Thomas</i> <i>Snr Safety, Health and Environment Officer</i>
September 2022	Steve Houston Senior Health & Safety Consultant	<i>Jenny Thomas</i> <i>Safety, Health and Environment Manager</i>
September 2023	Steve Houston Senior Health & Safety Consultant	<i>Jenny Thomas</i> <i>Safety, Health and Environment Manager</i>

### 1.3 Document Control

The electronic copy of the Health and Safety Policy provided by WorkNest will remain the controlled copy. Where further controlled copies are required then these should be issued accordingly and added to a register of controlled copies. Any amendments made to the policy will be provided for each of the controlled copies to ensure all controlled copies in circulation remain up to date.

If uncontrolled copies of the policy are printed either in whole or part, or if uncontrolled electronic copies are issued, then these will be clearly marked as an 'UNCONTROLLED COPY'.

### 1.4 Register

<b>Copy Number or Reference</b>	<b>Location kept</b>
POL/HS/18-19/053	Y Drive/Health and Safety/Health and Safety Policy
POL/HS/19-20/065	Y Drive/Health and Safety/Health and Safety Policy
POL/HS/19-20/066	Y Drive/Health and Safety/Health and Safety Policy
POL/HS/20-21/070	Y Drive/Health and Safety/Health and Safety Policy

POSHE2122074	Y Drive/Health and Safety/Health and Safety Policy
POSHE2223080	Y Drive/Health and Safety/Health and Safety Policy
TBA	Y Drive/Health and Safety/Health and Safety Policy

## 1.5 Amendment Record

Any amendments made to the Health and Safety Policy will be recorded below with information on changes made.

Where significant changes are to be made which could impact on the Faculty or our students, we will consider the reasons for change, potential problems and how it will be implemented.

Date	Section	Ref/Title	Details of Amendment	Change made by
Document history prior to this data available in previous document versions				
Sept 22	1.9	H&S Policy Statement	Minor Changes to the H&S Policy Statement	J Thomas
Sept 22	2.20	Communications	Deleted references to staff and student handbooks as not currently used	J Thomas
Sept 22	3.1	Accidents & Incidents	Added additional information about near misses and monitoring trends	J Thomas
Sept 22	3.9.2	Driving for Work	Deleted specifics on minibus driver requirements as this is contained in the Driving for Work Procedure	J Thomas
Sept 22	3.13.3	Emergency Arrangements	Clarified PEEPs requirements in line with updated procedure	J Thomas
Sept 22	3.14	First Aid	Deleted reference to staff directory as it no longer exists in the same format	J Thomas
Sept 22	Throughout	Throughout	Updated document references to correct titles for ease of reference within WGYOU	J Thomas
Sept 22	Throughout	Throughout	Updated HR Committee to People and Culture Committee	J Thomas
Sept 22	Throughout	Throughout	UKCA added where CE mark was referenced as this UK mark is now used in addition to CE due to Brexit transition	J Thomas
Sept 22	3.35	Provision and Use of Work Equipment	Provision and Use of Work Equipment section added	J Thomas



Sept 22	3.39	Risk Assessment	Added responsibility and training requirements for risk assessment	J Thomas
Oct 22	1.1, 2.6, 2.7, 2.9, 2.19	Various	Sections added to reinforce monitoring and measurement requirements	S Houston
Sept 23	Throughout	Throughout	All references to Glyndwr University and WGU replaced with Wrexham University	J Thomas
Sept 23	3.12	EBikes & Escooters	New section added to reflect agreed policy	J Thomas
Sept 23	3.14	Fire Management	Clarified wording to reinforce that there is no expectation to fight fire. Simplified PEEPs working (3.14.3). Added statement regarding automatic gold open devices for clarity (3.14.6)	J Thomas
Sept 23	3.15	First Aid	Added reference to WGYOU for First aider list. Added section 3.15.2 on dealing with blood and bodily fluid	J Thomas
Sept 23	3.17	Preventing Infection	Strengthened the wording around handling sharps	J Thomas
Sept 23	3.47	Children & Young Persons	Strengthened the wording around managing children and young persons on campus to ensure they remain safe	J Thomas

## 1.6 Legislation

Extracts of relevant legislation are provided for ease of reference on the WorkNest webpage. Full copies of relevant legislation are available on the National Archives ([www.legislation.gov.uk](http://www.legislation.gov.uk))

Wrexham University subscribe to Legislation Update Service which provides legal updates on health and safety legislation and assist in identifying compliance requirements.

## 1.7 Guidance

Guidance on a range of health and safety issues can be accessed by logging onto the WorkNest webpage which we hope you will find useful as a quick reference source. Should you require further advice or assistance not available here then remember that advice on any health and safety issue is available from the **WorkNest** advice line - **Tel: 0845 226 8393**.

## 1.8 Forms

Relevant forms and templates that may be utilised can be accessed by logging onto the WorkNest webpage and the universities staff intranet pages.

## 1.9 Health & Safety Policy Part 1: Health and Safety Policy Statement

The Board of Governors, Vice-Chancellor and Chief Executive, the Executive, Deans of Faculty and Heads of Operational Departments of Wrexham University and its subsidiaries acknowledge and accept their statutory responsibilities for securing the health, safety and welfare of our employees, students, visitors to our premises, and others affected by our activities. Health, safety and welfare are an integral part of the University's operation and a prime responsibility of management at every level.

We shall provide and maintain safe and healthy working conditions, in particular ensuring as far as is reasonably practicable that:

- we comply as a minimum, with legislation and associated codes of practice and improve on the performance standards they specify
- we adopt and promote best practice in all aspects of health and safety at work, where it is reasonably practicable to do so
- places of work are kept in a clean and safe condition, with arrangements in place for employees' and students' welfare
- we endeavour to continually improve our health and safety management system so that work related ill health and accidents are minimised
- we provide a working environment and management practices which promote employee wellbeing and good health
- we provide suitable and sufficient training, information and supervision to our employees to ensure they can perform their job safely
- work equipment is provided and maintained in a safe condition, suitable for the task
- we endeavour to include health, safety and risk management topics in our taught courses of study as appropriate
- we adopt safe working practices that eliminate or control so far as is reasonably practicable, significant hazards and risks to health, safety and welfare
- all employees and students receive encouragement, information and support to enable them to carry out their work with regard for their own and others' safety
- we involve and consult with employees, where appropriate through their representatives
- we require contractors who work for us to work to the same standards of care for health and safety as the University itself
- safety factors are given proper consideration when any changes are made to our operation or when new equipment is introduced
- health and safety policies and procedures are kept under review, so that important and relevant legislation is followed
- we implement monitoring, inspection and auditing procedures to ensure the effective management of health and safety throughout the University
- we are committed to improving health and safety performance with reference to key performance indicators

We shall encourage all employees and students to be actively involved in maintaining the safest possible operating conditions and practices to ensure that we maintain high standards of health and safety. The University will take all reasonable steps to implement this policy. The University will take all the necessary steps, including measuring performance and auditing compliance to ensure that the policy is understood and is being implemented and maintained at all levels.

Signed:

To be added

Signed: To be added

Date:

Professor Maria Hinfelaar  
Vice-Chancellor and Chief Executive

Date:

Leigh Griffin  
Chair of the Board of Governors

## **2 Health & Safety Policy Part 2: Health and Safety Responsibilities**

The Health and Safety at Work etc. Act 1974 sets out the responsibilities of employers and employees regarding safety in the workplace. It provides the legal umbrella for the various safety regulations which have been developed for specific industries and activities. The Health and Safety at Work etc. Act 1974 sets out in broad terms the duties of those persons with responsibilities for health, safety and welfare within the workplace. These duties are qualified in the Act by the principle of 'so far as is reasonably practicable'. In other words, an employer does not have to take measures to avoid or reduce the risk if they are technically impossible or if the time, trouble or cost of the measures would be grossly disproportionate to the risk. What the law requires here is what good management and common sense would lead employers to do anyway: that is, to look at what the risks are and take sensible measures to tackle them.

The Management of Health and Safety at Work Regulations 1999 (the Management Regulations) generally make more explicit what employers are required to do to manage health and safety under the Health and Safety at Work Act. Like the Act, they apply to every work activity. The main requirement on employers is to carry out a risk assessment.

By means of the University Health and Safety Policy Statement, coupled with the University's management structure, the University has established clear lines of responsibility for implementing its Health and Safety Policy commitments. The role and responsibility of each person and group at the University are described as follows.

### **2.1 The Board of Governors (Governing Body)**

The Board of Governors (Governing Body) as the legal employer, the Board of Governors has ultimate responsibility for the health and safety of staff, students and other people affected by the University's activities and should seek assurances that effective arrangements are in place and working. It is required to:-

#### **Plan**

- Ensure health and safety matters are communicated in a timely fashion to and from it
- Ensure the University's Health and Safety Policy is reviewed on a regular basis
- Ensure that University health and safety performance Key Performance Indicators (KPIs) and objectives are reviewed on a regular basis
- Ensure that health and safety appears regularly on the agenda of its meetings
- Be made aware of significant health and safety risks faced by the organisation
- Consider the health and safety implications of strategic decisions such as large projects
- Ensure that emergency planning arrangements are kept up to date by the University.

## Do

- Seek assurances that:
  - health and safety arrangements are adequately resourced
  - risk control measures in place and acted on
  - there is an effective process to identify training and competency needs in keeping with health and safety responsibilities
  - there is a process to review emergency and fire evacuation plans for effectiveness
  - There is a process for auditing Health and Safety performance, with regard to ongoing compliance.
- Support its Health and Safety Committee and ensure it is chaired by a member of the University's leadership /executive or by a member of the Board of Governors and ensure it supports and engages with a process for staff and student representatives to be involved in decisions that affect their health and safety
- Ensure the University has access to competent health and safety advice.

## Check

- Receive and reasonably evaluate leading and lagging data relevant to health and safety; and where appropriate, ask for data on process (preventative & maintenance) and competency indicators
- Ensure that management systems allow the Governing Body to receive assurances about all University activities (incl. significant partnerships, collaborations and wholly owned companies).

## Act/Review

- Instigate or ensure regular independent reviews of Health and Safety management across the University
- Be satisfied that lessons are learnt from significant accidents and near-misses
- Review audit processes to ensure they are appropriate for the University
- Regularly review the University's Health and Safety risk profile.

## 2.2 The Vice-Chancellor and Members of Senior Leadership Team (SLT)

The Vice-Chancellor, as Chief Executive Officer of the University, has overall responsibility to the University's Board of Governors for the promotion, administration and implementation of the University's Health and Safety Policy. In terms of day-to-day responsibility, the Vice-Chancellor is supported by the SLT and senior management team, reflecting the University's management structure.

As a leader of the University, it is reasonable to expect that you will demonstrate the same leadership qualities in health and safety as you do in your academic/professional

field. Making sure that staff, students, visitors and contractors are safe is an essential part of managing risk and the leadership/executive team has an influential part to play.

Although accountability will rest with you, you will normally delegate the operational aspects of health and safety management to other tiers of managers. However, you must implement a process to gain assurances that these responsibilities are being fulfilled.

The Vice-Chancellor requires all those with managerial or supervisory responsibilities to exercise sufficient oversight and control to satisfy themselves that due regard is paid to the requirements of the University Health and Safety Policy within those areas and activities of the University that operate under their control or direction. Senior Managers are responsible for overseeing those Faculty's, Departments and staff who report to them and for promoting health and safety.

The SLT is responsible for the overall day-to-day management and administration of the University. This includes implementing University strategy and policies, monitoring all aspects of University performance and exercising leadership within the University. Members of the SLT are accountable, both collectively and individually, for their decisions and for the impact that those decisions have on health and safety. The Vice-Chancellor and members of the SLT are required to:

## **Plan**

- Ensure the Safety, Health and Environment (SHE) Committee meets at least four times per year
- Sign up to the University Health and Safety Policy Statement as a demonstration of ownership and communicate its values throughout the University
- Agree how the policy will be measured, monitored and reported, through the development of appropriate KPIs. SHE Committee, will recommend appropriate KPI's to SLT
- Allocate sufficient resources to the management of health and safety
- Set health and safety objectives for the leadership team
- Agree the Health and Safety Risk Register by using a risk profiling exercise
- Ensure that the occupational health service is integrated into the health and safety management system
- Determine what health and safety risks should be included in the Business Risk Register.
- Agree a University-wide health and safety competency framework
- Agree a University-wide health and safety internal auditing program, based on the health and safety risk profile
- Ensure emergency procedures encompass all relevant risks
- Consider the health and safety implications of strategic decisions such as large projects.

## **Do**

- Support the implementation of the Health and Safety Policy
- Have regular communication meeting with the University's competent health and safety professionals
- Define the membership (including trade union representation) and Terms of Reference of the University's SHE Committee
- A member of SLT to Chair the University's SHE Committee
- Lead on campaigns to raise health and safety awareness and behaviour change
- Discuss health and safety issues and performance with direct reports (line-managed) and at performance/development reviews
- Lead by example e.g. take an interest in health and safety activities
- On tours or visits, members of the SLT follow local procedures and ask about health and safety issues and how they are managed.

## **Check**

- Check and/or be assured that that processes are working
- Enquire with direct reports as to whether appropriate health surveillance is in place for occupational illness
- Confirm that direct reports are aware of audits, inspections and investigations in their Faculty's and Departments, and are acting upon recommendations
- Accompany, as appropriate, direct reports on an inspection or visit or visit during the year
- Receive and review performance data such as KPIs
- Check if you are delivering on your own objectives and those set by your leadership team. Use the Performance Development Review (PDR) process for this
- Review deployment of resources (e.g. are they sufficient, competent and effective).

## **Act/Review**

- Review health and safety performance and that of your direct reports. Celebrate achievements, and take corrective action where targets are not being met
- Share results with staff and students – seek their views on improvements
- Respond to reports, audits, SHE Committee recommendations and inspections from external and internal stakeholder's e.g. insurance providers, Trades Unions Safety Representatives, regulators and central health and safety staff
- Use the information to review your planning process.

### **2.3 Safety, Health and Environment (SHE) Committee**

To support SLT, the University SHE Committee, a standing committee of SLT, provides information and advice on issues of health and safety. The SHE Committee is the University-wide consultative and advisory body for health and safety matters affecting staff, students and visitors. The Committee also approves Health and Safety Policy on behalf of SLT. The SHE Committee, which normally meets at least four times a year, reports directly to the SLT. Membership details of the SHE Committee are described in its Terms of Reference.

### **2.4 All Committees, Task Groups and other Similar Bodies**

All advisory and decision-making Committees or Groups within the University are responsible, under this Policy, for considering the health and safety implications of any advice which they may give and any decisions they take. In addition, they are accountable both collectively and as individuals, for their actions and for the impact such actions may have on the health and safety of others, as well as themselves.

### **2.5 Competent Health and Safety Advice: Safety, Health and Environment (SHE) Department**

The University has established a SHE Department to assist in meeting its health and safety obligations. The university has appointed WorkNest as the competent person.

The main functions of the SHE Department are to promote, develop, support, co-ordinate, monitor and review health and safety standards throughout the University and to seek to ensure legal compliance and compliance with any self-imposed standards. It is the responsibility of the SHE Department to advise the University on all applicable legislative and regulatory requirements, areas of risk, good working and managerial practices in respect of health and safety and to take such action as may be required by the SLT.

Members of the SHE Department have been delegated executive authority by the Vice-Chancellor to stop any activity or state of affairs at, or organised by, the University when it is considered that the safety and health of participants or others may be at significant risk. Such actions shall be reported to and may be reviewed by the SHE Committee or SLT.

The SHE Department will provide:

- Annual reports and/or quarterly reports on health and safety
- Briefing sessions or papers on significant events, change to legal requirements
- Formal or informal training for the Governing Body
- Develop a health and safety competency and training framework



- Development of a set of University Health and Safety KPIs including leading and lagging indicators
- Provision of contextual information about comparisons with sector norms and statistical information e.g. HESA data
- Advise on the development of a departmental health & safety risk register
- Internal health and safety audits based on programme agreed with the leadership team
- Advice on interpretation of health and safety legislation and best practice

## **2.6 Deans of Faculty and Heads of Operational Departments (Senior Managers)**

Deans of Faculty and Heads of Operational Departments are responsible for the day-to-day management of health and safety within their Faculty or Department. They may also delegate duties and responsibilities to other members of the Faculty Leadership Team, Business Partners or Managers within Operational Departments, in line with Faculty/Departmental managerial and organisational arrangements.

As a senior manager of the University, you are expected to implement your local safety management arrangements and manage risks to protect staff, students, visitors and contractors working in your Faculty or department. You need a clear understanding and oversight of the operations and activities undertaken in your Faculty or department so that you are well placed to define the most appropriate local safety structures which will ensure integration with the overall strategic direction of your Faculty or department.

Each Dean of Faculty and Head of Operational Department is required to:

### **Plan**

- Produce and align their Faculty or Department Plan/Policy to the University's Health and Safety Strategy/Plan and Policy
- Produce and keep up to date an overview Faculty/Department Health and Safety Risk Assessment and Risk Register
- Include appropriate health and safety risks in your Faculty/Department Business Risk Register
- Each Faculty and Operational Department should: either define the membership (including Trades Union representatives, as appropriate) and terms of reference for a local Health and Safety Committee, or ensure health and safety is a regular standing agenda item on local management committees
- Ensure staff consultation involves all appropriate stakeholders including Trade Unions representatives and Student representatives (as applicable)
- Ensure that induction arrangements include all relevant information for all new starters, both staff and students

- Plan your arrangements to manage health and safety e.g. set up committee meetings, monitoring processes, determine KPIs, and identify training, competency and development needs
- Assign sufficient resources (competent personnel, with enough time and facilities). Include specialist support from Occupational Health, Radiation Protection, BioSafety Specialists, etc. where you need to
- Plan arrangements to ensure the safety of all persons who may be affected, including contractors, students and visitors and cooperate with other parties, such as external contractors, whenever the activities of such parties have an impact on others and where the activities of others have an impact on them.

## **Do**

- Put in place processes to ensure all activities are appropriately risk assessed and controls are communicated and implemented, as required
- Ensure responsibilities and duties are delegated and understood for tasks such as the completion of risk assessments
- Chair, or ensure that one of your senior managers chairs your local SHE Committee; attend the committee (where applicable)
- Produce and communicate your Health and Safety arrangements and Annual Plan
- Have a regular communication meeting with your local competent Health and Safety Coordinator
- Have oversight of accident and incident investigations
- Agree health and safety competency and development needs of all your staff and where appropriate set a training objective (e.g. using a training matrix or competency development framework) with your senior team
- Assess the health and safety impact of new projects at the planning stages e.g. when proposing refurbishment of an area or procurement of IT system
- When purchasing equipment, consider the health and safety requirements/implications – set-up, maintenance, inspection and servicing, training requirements
- Embed health and safety arrangements during procurement of contractors, e.g. specialist equipment service engineers
- Ensure that their managers and supervisors are aware that they have the authority and responsibility to report any actual or planned activity or situation that in their opinion poses unacceptable or unmanaged health and safety risks.

## **Check**

- Attend safety inspections of your area at appropriate intervals
- Check that agreed health and safety training objectives are being met. Use the appraisal process to assist you
- Analyse safety information data to identify emerging trends in the Faculty/Department, such as accident, sickness absence, training data

- Keep staff informed by monitoring progress and actively seek their views on improvements e.g. via local SHE Committees
- Check that all actions and recommendations from Health and Safety processes e.g. audits and inspections, are implemented.

### **Act/Review**

- Review Health and Safety risk management processes regularly
- Take action to implement recommendations from your Health and Safety risk management review
- Consider information from external and internal sources (e.g. audits, inspections by SHE) and how corrective actions/recommendations are to be implemented
- Review own Health and Safety performance and that of direct reports and celebrate achievements
- Use the information to review your planning process.
- Use proactive and reactive monitoring to measure achievement against relevant health and safety standards to demonstrate compliance and continual improvement

## **2.7 Departmental Health and Safety Coordinators**

Health and Safety Coordinators are members of staff concerned with day-day health and safety matters within their Faculty/Department and are appointed by the Dean of Faculty or Head of Department, in accordance with clear role description.

The Health and Safety Coordinator primary task is to assist the Dean of Faculty or Head of Department and other members of the Faculty/Department, on matters of health and safety and assist with the implementation of the agreed management system.

The role of a Health and Safety Coordinator is to be supportive within the Faculty/Department and they will be trained, competent and adequately resourced (in time, money, assistance and support) to undertake their role.

Additional designated health and safety roles may also be appropriate within larger or more specialised Faculty and Departments. Such roles should be clearly defined and the necessary authority and support provided by the Health and Safety Coordinator.

This should be a joint approach with significant contributions from departmental health and safety coordinators, especially for specific hazards such as radiation, bio/GM, Display Screen Equipment Assessors (DSE), etc. and support from centrally based individual or team.

Departmental Health and Safety Coordinators will:

- Provide communications about significant events, changes to legal requirements of relevance to their faculty/department
- Attend health and safety committees or other meetings where health and safety is discussed
- Facilitate and advise on the development of a Faculty/department health and safety risk register
- Provide information about accidents and incidents occurring in their Faculty/department
- Participate in discussions to resolve local health and safety issues
- Provide guidance on how to investigate incidents and health and safety issues
- Provide action plans and recommendations from investigations
- Provide advice on management actions and proportionate responses to incidents
- Advice on interpretation of health and safety legislation and best practice
- Assist with training courses or delivery of presentations and information
- Complete faculty/department returns of Health and Safety KPIs
- Assist managers during external audits, inspections, workplace monitoring etc.

## **2.8 Specialist Departmental Health and Safety Coordinators.**

Faculty/Departments will be responsible for appointing/nominating specialist Health and Safety Coordinators to organise and oversee standards of protection when undertaking work in connection with the following:

- Microbiological Agents
- Ionising radiation materials/sources within the provisions of the Ionising Radiation Regulations 2017
- Lasers

## **2.9 Line Managers**

As a line manager in your Faculty or Department you are expected to implement your local health and safety management arrangements, and to monitor and check their effectiveness.

### **Plan**

- Set reasonable objectives to cover your area of responsibility, including allocation of work on risk assessments based on your senior manager's plan
- Develop or use existing communication processes (e.g. team meetings) to keep your team informed, and receive information back from team members
- Plan deployment of resources to achieve your health and safety objectives such as training.

### **Do**

- Implement your local health and safety policy and arrangements
- Carry out the health and safety plan and objectives
- Ensure risk assessments are undertaken and recorded, and that staff, contractors and students are following all safe systems and control measures
- Provide induction training for all staff and students in accordance with your training and competency framework
- Ensure any new processes are properly risk assessed before implementation
- Ensure all new equipment is checked for hazards, and users are trained on safe systems of work and risk control measures.
- Implement your health and safety training objectives identified in your health and safety plan or from your risk assessments
- Provide staff with health surveillance if identified in risk assessments
- Lead a programme of inspections and be involved in audits when asked
- Lead on investigations into accidents and other reports (e.g. near misses)
- Take appropriate action when health and safety is likely to be compromised; if necessary, suspending an activity pending reassessment of the risk
- Keep yourself up to date with health and safety requirements for your area of responsibility
- Have an annual program for statutory testing of equipment, as required for local exhaust ventilation, pressure systems, lifting equipment.

## **Check**

- Monitor that risk assessments have been carried out, recorded and control measures are effectively implemented; you could do this through observation monitoring or during inspections
- Check that all statutory examinations are carried out within the prescribed timescales and that requirements and recommendations are acted upon (e.g. local exhaust ventilation, pressure systems, lifting equipment)
- Monitor the completion/progress of actions arising from audits and inspections
- Check your own progress and achievements against your health and safety plan and objectives
- Monitor your training plans and safety inductions. Use the Performance Development Review (PDR) process for this
- Analyse safety information data to identify emerging trends in your area of responsibility e.g. accidents, sickness absence, training data
- Report on findings of inspections and actions undertaken to the local health and safety committee. Use your safety information data to present information and discuss trends.

## **Act/Review**

- Review actions arising from audits to ensure they have been completed or progress is being monitored
- Embed learning points from accidents and incidents

- Contribute to your faculty/department annual safety review
- Respond to external influences such as Health & Safety Executive (HSE) or other regulatory body visits, audits and changes in legal requirements
- Use the information to review your planning process.
- Use proactive and reactive monitoring to measure achievement against relevant health and safety standards to demonstrate compliance and continual improvement

## **2.10 Supervisory Staff and Lecturers (Supervisory Staff)**

Members of staff and others who act in a supervisory role, such as Lecturers and Instructors, are responsible for conducting their activities (and any activities over which they have management or control) in a safe manner. Those who act in a supervisory role include academic staff in their role as supervisors of students and staff, in the context of teaching and research, or during other directed activities.

Every person who supervises must ensure that, together with employees and students under their control, they know and understand their responsibilities under the relevant legislation, Risk Assessments and appropriate Health and Safety policies and procedures. They must ensure that, in any situation that may arise, reasonable precautions are taken. For example, when in charge of students, research workers, employees, volunteers, visiting academics or visitors, either individually or in groups, in order to ensure, so far as is reasonably practicable, the safety and health of those persons and anyone who may be affected by their activities.

A critical aspect of this role is to ensure that any concerns with the effectiveness of local health and safety arrangements are communicated to the appropriate person to ensure continual improvement of your health and safety management system.

Supervisory staff shall:

### **Plan**

- Ensure that you understand and follow the University's and your Faculty/Departmental health and safety policies and procedures
- Plan any skill, knowledge or refresher training for yourself and your team, and students where appropriate, based on your activities and your Faculty or Departmental training objectives and requirements
- Ensure procedures based on Risk Assessments can be effectively communicated
- Plan resources and ensure that colleagues and students understand what is expected of them.

### **Do**

- Ensure colleagues and students are aware of and follow relevant health and safety procedures and systems
- Ensure visitors and contractors are provided with relevant health and safety information, as applicable

- Develop clear and concise procedures to manage risks associated with your activities
- Implement aspects of your Faculty/Departmental Health and Safety Policy and plans that relate to you and your activities
- Ensure that you and your team, and students where appropriate, have received induction training and relevant training appropriate to their activities/studies
- Raise any issues of non-conformance through your line-management structure
- Be involved in local workplace inspections and local safety committees
- Provide feedback on health and safety issues
- Be involved in accident/incident/near miss investigations.

### **Check**

- Ensure Risk Assessments have been carried out, are up to date, recorded and that control measures are effectively implemented and understood
- Ensure your actions arising from audits and inspections have been completed or monitor progress
- Check that you are meeting the health and safety objectives and plan

### **Act/Review**

- Provide feedback on health and safety matters to your line manager, often as part of your Performance Development Review (PDR) and where appropriate celebrate the achievements of your colleagues and students
- Review accidents and incidents to ensure lessons are learnt and are embedded into revised procedures
- Contribute on request from your line manager to your local annual safety review
- Review own procedures for managing health and safety, including reviewing training needs

## **2.11 Trade Unions, Staff and Student Safety Representatives**

As a consequence of regulations under the Health and Safety at Work etc. Act 1974 and employment law, the recognised Trades Unions within the University have appointed Safety Representatives to represent the interests of their members on health and safety matters. A number of these Safety Representatives also act as representatives of non-trade union members on health and safety matters.

The Director of Human Resources or appropriate Head of Faculty/Department is responsible for ensuring that suitable facilities and assistance are available to Trades Unions Safety Representatives to enable them to fulfil their functions.

UCU and UNISON will nominate two of its members to serve on the Health and Safety Committee. Students are normally represented by the Students' Union. The University



welcomes and supports the contribution of Staff and Student Safety Representatives to health and safety management systems.

Employee and Student consultation on health and safety matters is formally carried out through the Safety, Health and Environment Committee; additional consultation is undertaken at a local level within Faculty and Operational Departments and as part of the wider consultation forums. The University seeks to engage staff and students in all aspects of managing health and safety and invites suggestions and comments.

## **2.12 All Staff and Students**

Every member of staff and every student is under a legal obligation to take reasonable care of their own health and safety, and the safety of others who may be affected by their actions or inactions. Every University employee and student must comply with the rules and requirements set out in this Policy and other associated policies and procedures. All staff and students whilst at the University and whilst away on University business or related activities are expected to:

- Behave responsibly and to take reasonable care for the health and safety of themselves and other persons who may be affected by their work or activities
- Participate in appropriate health and safety training, as required
- Undertake suitable and sufficient risk assessments and/or follow stipulated control measures and procedures
- Cooperate with staff and students to enable them to carry out their own health and safety responsibilities
- Report to supervisory staff any situation, working practice or procedure which they suspect is potentially hazardous
- Report all accidents and incidents to supervisory staff or other appropriate person
- Use, but not misuse, protective clothing, equipment or materials provided
- Comply with the health and safety rules, policies and instructions, both spoken and written, which are issued to them; and to
- Use machinery, plant or equipment in the manner for which they were designed and in accordance with the appropriate safety precautions.

The University and/or appropriate faculty or operational department shall ensure suitable, information, instruction, training and supervision is provided to ensure these obligations are capable of being fulfilled.

## **2.13 Visiting Academics and Guest Workers/Placements**

- Visiting Academics and other guest workers hosted at the University on a short-term basis are authorised only with the permission of the appropriate Dean of Faculty (or their representative) or Head of Operational Department and must follow University, Faculty and/or Departmental health and safety procedures and arrangements



- Short-term Adult Work Experience, Internships, Placements and the like would normally be treated in the same way as Visiting Academics and Guest Workers, with appropriate authorisation and support offered
- Work Experience and Placements of young persons (under 18/under school leaving age) will follow specific procedures as set out elsewhere in the Policy. See Student Work Placements.
- In such circumstances visiting academics and guest workers must be afforded the same degree of protection against risks to their health and safety as the employees and students of the University
- Such visiting academics, guest workers and the like, shall also receive, from the commissioning or host faculty/operational department, suitable and sufficient information, instruction, training and supervision to enable them to undertake their work safely and in accordance with University, Faculty or Operational Department rules
- All significant risks shall be assessed in accordance with University and Faculty/Departmental requirements
- The Work-Related Learning Policy will provide the appropriate guidance for the Management of Student Placements.

## **2.14 Visitors**

- It is the University's policy to ensure that visitors to the University are not exposed to any significant risks to their health or safety
- Every person with any level of responsibility, including Deans of Faculty and Operational Departments and those who have to any extent control of areas to which the public have lawful access, are required to ensure, so far as is reasonably practicable, that those areas are safe
- Visitors to Faculty and Operational Departments are the responsibility of the Faculty or Department which they are visiting and necessary safeguards and arrangements must be introduced to ensure their health and safety
- Proper and effective steps must be taken to prevent unauthorised access by members of the public to areas or locations where they may be placed at risk. Risk Assessments must also consider the possibility of unauthorised access by members of the public.

## **2.15 Children and Young Persons**

- The University recognises its extended duty for ensuring the well-being and safety of children and young people when on University premises or property, or when participating in University-led activities. This extended duty must be considered by every person who is involved to any extent with the supervision or control of children and young persons and when conducting Risk Assessments
- Where Children and Young Persons (under 18) wish to gain Work Experience at the University the host Faculty or Department must follow specific University Policies

and Procedures for the protection of children and all placements must be notified to Human Resources. A specific Risk Assessment will also be required for the work experience of children and young persons, specifically considering the work placement's inexperience and supervisory needs

- Each Faculty or Department allowing or inviting children onto its premises or to participate in activities, is required to ensure a suitable and sufficient risk assessment has been produced and adequate controls put in place
- The Estates Department is required to consider risks to children in all proposals, designs, developments and maintenance of buildings and external areas, producing risk assessments as appropriate to the risks
- In pursuance of ensuring the safety and well-being of children and young persons on University premises or property, specific policies have been introduced. For further information please refer to University's Policy on Babies and Children on Campus for staff and students and Visitors Duty of Care.

## **2.16 Contractors**

All construction and maintenance activities carried out on University premises, whether by external contractors or Estates maintenance staff, impose a specific duty (Health and Safety at Work etc. Act 1974) to ensure that staff, students and visitors are not exposed to risks to their health and safety. The very nature of construction activities (e.g. new build, refurbishments and maintenance works) may create such risks and must, therefore, be adequately controlled.

All contractors working at or under the direction of the University are under a legal obligation to ensure that their work is conducted in such a way as to minimise the risks to themselves and others who may be affected by their work. They are also expected to comply with relevant statutory and University requirements. Failure to do so may be considered grounds for terminating a contract.

Responsibility for ensuring that contractors who are employed by the University are competent and are supervised to the degree necessary to ensure that work is carried out to an acceptable standard of safety, lies with the Faculty or Operational Department that places the contract. When a contract is placed a person should be nominated to carry out this function. Employing contractors to work on the fabric or services of a building, is normally the specific function of the Estates Department.

The University has corresponding responsibilities in relation to any contractors working on its premises to ensure that they are provided with information about any possible risks to their health and safety and the steps they should take to avoid such risks. It is therefore of great importance that effective co-operation, co-ordination and liaison exists between the University and its contractors so that each can be made aware of the needs of the other and the work is undertaken safely and is appropriately managed.

If contractors are observed to be working in a manner which endangers themselves or others an approach should be made in the first instance to the Faculty or Operational Department that engaged the contractors. In the case of most general building work this will be the Estates Department. Where the Faculty or Operational Department responsible for the work is not known or cannot be contacted an approach should be made to the SHE Department.

Appropriate health and safety information must be provided by the employing Faculty/Department to the Contractor, including details of local risks and hazards, access control, behaviour requirements and emergency procedures.

If Faculty's/Departments need to engage their own contractors (i.e. not through the Estates), the Dean of Faculty or Operational Head of Department will identify a Responsible Person within their area of responsibility, to directly authorise and commission any work to be carried out by external contractors. The Responsible Person must have received the appropriate training in safe management of contractors and the University Control of Contractors Policy.

**For further information, see Control of Contractors Policy available on WGYou**

## **2.17 Cooperation and Coordination**

Every Faculty and Operational Department and all staff and students are expected to cooperate in all areas of health and safety and coordinate work to ensure others are not harmed or put at risk by their activities. The University and its Faculty's and Operational Departments, shall ensure suitable arrangements for communicating health and safety information are introduced, as is appropriate.

## **2.18 Compliance**

Any persons contravening these requirements may be subject to University disciplinary proceedings and/or possible legal action by the Enforcing Authorities.

## **2.19 Policy Monitoring and Review**

The effectiveness of the University's Health and Safety Policy and Arrangements will be monitored by SHE and will report findings via the SHE Committee and via SHE Report to the Senior Leadership Team when necessary. The formal review process will be carried out every year or following significant changes and will take account of new legislation, changes in the University's operational arrangements and performance monitoring results.

Proactive and reactive monitoring results will be considered as part of the policy review and gives the University feedback on its performance before an accident, incident or case of ill health.

## 2.20 Communication

Staff and students will be informed of their general health and safety responsibilities when working and studying at the University by the:

- University Staff and Student Induction process.
- Staff Contract of Employment.
- University Intranet.

Faculty's/Departments must then provide additional, salient information to staff, students and visitors within their area of responsibility, as required. Information may be conveyed verbally (e.g. Inductions, Lectures/Training, Briefing Sessions) and/or through documented sources. For example:

- Records of staff and student Inductions must be kept by the relevant Faculty and Department.
- Faculty/Department Handbooks.
- Faculty/Department Website.
- Teaching/ Virtual Learning Environment (Moodle) Materials.
- Relevant documents e.g. risk assessments, codes of practice, policies and procedures.

For Contractors, the employing Faculty/Department must ensure appropriate health and safety information is provided, pertinent to the level of risk and hazards likely to be encountered. Contractors would normally be expected to be inducted and to comply with the University Control of Contractors Policy.

## 3 Health & Safety Policy Part 3: Operational Arrangements

### Introduction

This policy is supplemented by University Policies and procedures which have been developed to provide a framework to effectively manage and control risks arising from the work activity. All employees must, therefore, familiarise themselves with these procedures so that work can be carried out safely and without risks to health.

To maintain the self-regulating approach to hazard identification and risk control, the Dean of Faculty or Head of Department will retain overall responsibility for ensuring the adoption of safe systems of work. This will include ensuring that staff have been nominated and appropriately instructed and trained to carry out specific health and safety duties (e.g. Health and Safety Coordinators, Risk Assessors and Accident Investigators, etc). Where appropriate, students, visitors and contractors must also receive adequate information and instruction so that they can understand the risks and the procedures to be adopted to protect their health and safety.

The University's general arrangements to secure the health and safety of employees, students and visitors are detailed below. Specific hazards and the control of those risks relating to specialist activities conducted within Faculty's/Departments will be contained in separate Faculty/Department codes of practice/operating procedures and these must be complied with (e.g. procedures for safe working in laboratories and workshops).

### **3.1 Accidents, Incidents and Dangerous Occurrences**

All accidents and incidents involving staff, students or members of the general public that cause injury or damage, or which have the potential to cause injury or property damage, will be recorded, reported and investigated in accordance with procedures and statutory legislation.

A near miss is an unplanned event that does not cause injury, damage or ill health but had the potential to do so. Reporting and investigating near misses can help to drive down the number of more serious accidents by putting in place improvements before the accident happens. Reporting of Near Misses is strongly encouraged.

Trends and common features arising from accident and incident investigation can identify jobs or activities where future health and safety initiatives would be most beneficial. Investigations may also provide valuable information in the event of legal action or an employee claim.

**Refer to Accident, Incident and Near Miss Reporting and Investigation Procedure**  
**Accident and Incident report forms and the procedure can be found on WGYou staff Intranet**

### **YOUR REPORT OF AN ACCIDENT OR NEAR MISS COULD PREVENT DEATH OR SERIOUS INJURY TO OTHERS**

### **3.2 Asbestos**

Many of our older buildings were built in the period when asbestos was used in construction including in various types of boarding, insulation and soundproofing. Typical locations for such materials are the spaces above false ceilings, in cable runs and risers between floors, around pipes and boilers, as a covering for steel supports, in fire doors and behind panel walls. Asbestos is generally safe until it is disturbed. Disturbance releases asbestos fibres into the air that can penetrate the lungs and the greater the area disturbed the greater release of fibres.

We can manage asbestos effectively by removing it where it is in poor condition, in loose form, or where we intend to carry out work that would disturb it. Where the asbestos is well encapsulated or in a 'hard' form, like asbestos cement tiles or

corrugated roofing material, very few fibres are released. In this case it is safer to 'seal' the asbestos in paint or plastic to make sure no fibres escape.

We are fully committed to preventing anyone coming into contact with the material unless they are fully trained and observe appropriate safety precautions.

A survey, organised by the Estates Department, has been carried out on University property to identify where asbestos is present, its type, condition and the risks it presents. The survey is detailed in the University's Asbestos Register. The Asbestos Management Plan states that any work carried out within Wrexham University is only done once the Register has been checked against the area in which the work is to be carried out.

The Estates Department will arrange for a regular inspection of the asbestos on site to assess its condition and ensure remedial work is completed where asbestos is damaged or in poor condition.

To make sure that we control any potential exposure risks, the Estates Department must approve any works that potentially may disturb asbestos materials. Only licensed contractors approved by the Health and Safety Executive will remove asbestos.

### **3.2.1 Duties and Responsibilities**

#### **Head of Estates**

The Head of Estates is responsible for making sure the Asbestos Register is kept up to date. If there is an uncontrolled asbestos risk, the Head of Estates will instigate a planned programme of work to remove the asbestos or repair any damage that has made it dangerous. They will also ensure that only licensed and approved contractors are used.

The Head of Estates will ensure that any work within the University property is checked against the Register to establish the potential for exposure. The Head of Estates will liaise with appropriate members of Estates Staff and SHE Department about managing the asbestos risk.

The Dean of Faculty or Operational Head of Department must ensure that the Estates Department is notified in the event of any property-related work being planned within any University property.

#### **Staff and Students**

All staff and students must co-operate with the University in applying any measures introduced to reduce or eliminate the risk from asbestos. If a student or member of staff believes they have come across asbestos, they should contact the Estates Department, and they can also contact the SHE Manager.

### **3.3 Audits and Reviews**

The University's arrangements for managing health and safety risks may be periodically assessed by external parties or peer group. Such would normally be overseen by SHE and the SHE Committee.

Faculty's and Operational Departments will periodically be audited for compliance with this Policy and key risk management arrangements. Audits will be overseen by SHE and summary provided to the SHE Committee.

University risk areas will also be periodically audited or reviewed to ascertain whether suitable controls are implemented and effectively discharged by the University and its Faculty's and Departments.

Reference to audit and review reports would normally be included in the University's SHE Report, submitted to SLT and People and Culture Committee.

Faculty's and Operational Departments are required to measure and review their own performance in respect of health and safety standards and management; this would normally be done through reviewing their own general risk assessment.

Audits will be carried out on a rolling basis, with the aim to carry audits out every three years in practical departments and every five years in non-practical departments. The purpose of these audits will be to:

- Review Safety, Health and Environment management arrangements to identify strengths and weaknesses
- Ensure compliance with legal standards
- Assess conformity with the University's health and safety policy
- Make any recommendations considered necessary to achieve adequate control over risks and improve health and safety performance

Audit reports will be submitted to the Senior Leadership Team and People and Culture Committee as appropriate.

#### **3.3.1 Workplace Inspections**

Dean of Faculty or Head of Operational Department will implement suitable and sufficient internal safety inspections; the frequency and detail of such activities must be commensurate with the size of the Faculty/Department, level of risk, and nature of the hazards within each location. All Faculty/Departments must undertake as a minimum one annual inspection exercise.



Additional monitoring activities will occur during accident investigations, complaints and feedback during team meetings.

Inspection reports will be submitted to Dean of Faculty or Operational Department and appropriate Faculty/Department Management Teams.

### **3.3.2 Annual Safety Inspection**

Faculty's/Departments will be required to carry out submit an annual Safety, Health and Environment Inspection, information will then be reported to the Senior Leadership Team and People and Culture Committee.

**Information and a reminder on the safety inspections will be sent out by the SHE Department annually.**

**Further information, templates and guidance on Annual Safety Inspections can be obtained from the SHE Department.**

### **3.3.3 Annual Action Plans**

Planning is one of the key elements of the health and safety management process and involves setting objectives/targets based upon what needs to be done to secure effective risk control. Faculty's/Departments will be required to submit Safety, Health and Environment 'Action Plans', when requested, to the SHE Department on an annual basis, information will then be reported to the Senior Leadership Team and People and Culture Committee.

**Action plans to be updated after annual safety inspections have been carried out.**

## **3.4 Babies and Children on Campus – Staff and Students**

There may be occasions when a student or visitor may wish to bring a child onto University property - please refer to University's Policy on Babies and Children on Campus for staff and students available on WGYou.

## **3.5 Control of Contractors**

When working on our premises it is considered that contractors are joint occupiers for that period and therefore, we have both joint liabilities in "common areas". To meet our legal obligations regarding contractors we will ensure, prior to engaging any contractor that they are competent and ensure during their period of employment that any works are carried out safely.

The following factors will be considered as part of our procedures for vetting contractors:



- Sight of the contractor's own safety policy, risk assessments, method statements, permits to work, etc. as applicable
- Clarification of the responsibility for provision of first aid and fire extinguishing equipment
- Details of articles and hazardous substances intended to be brought to site, including any arrangements for safe transportation, handling, use, storage and disposal
- Details of plant and equipment to be brought onto site, including arrangements for storage, use, maintenance and inspection
- Clarification for supervision and regular communication during work including arrangements for reporting problems or stopping work in cases where there is a serious risk of personal injury
- Confirmation that all workers are suitably qualified and competent for the work (including a requirement for sight of evidence where relevant)
- Evidence showing that appropriate Employers and Public Liability Insurance is in place.

The complexity of the arrangements will be directly proportional to the risks and consequences of failure.

Similarly, we have a parallel duty to the contractor and must ensure that the contractor is not put at risk by our own activities for the duration of the contract. We will stop contractors working immediately if their work appears unsafe. Staff should report any concerns to a manager immediately.

**The Control of Contractors Policy sets out the process that must be followed when appointing and managing contractors. It is available on WGYou**

### **3.6 Construction work and the Construction (Design and Management) Regulations 2015**

Where any construction work is carried out, to fulfil our legal duties as a "client" under the Construction (Design and Management) Regulations 2015 we will:

- Make suitable arrangements for the management of the project and review those arrangements throughout the project to ensure that they are still relevant
- Ensure that all duty holders that we appoint have the necessary skills, knowledge and experience and training to carry out their roles safely
- Appoint in writing the Principal Designer and Principal Contractor sufficiently early in the project to allow them to carry out their duties properly
- Notify the HSE in writing for projects that require it
- Ensure that relevant pre-construction information is passed to all designers and contractors
- Ensure that the Principal Designer and Principal Contractor carry out their duties

- Ensure that adequate welfare facilities are provided for the contractors
- Ensure that no construction commences until an adequate health and safety plan and construction phase plan covering the work has been prepared
- Ensure that any health and safety file passed to us is kept securely and readily available for inspection by anyone who requires it to fulfil their legal duties, and, if we choose to dispose of the building, to pass the file to any person or university who acquires the building
- Cooperate fully with all other duty holders and provide all relevant information and instruction promptly and clearly.

### **3.7 Control of Substances Hazardous to Health (COSHH)**

A hazardous substance is defined in the Control of Substances Hazardous to Health Regulations 2002 (COSHH) as a substance which is either very toxic, toxic, corrosive, harmful, irritant/sensitising or any other substance which is a hazard to health ( e.g. microorganisms).

#### **3.7.1 Assessors - Appointment and Training**

Dean of Faculty or Head of Operational Department or other Senior Managers will be responsible for ensuring that appropriate staff have been nominated to carry out COSHH assessment duties and for ensuring that these staff receive relevant training.

#### **3.7.2 Managers'/Supervisors' Responsibilities**

Managers/Supervisors responsible for specific work areas or activities must ensure that:

- A hazardous substance will only be used when there is no safer alternative substance that can be used for the work activity.
- A separate COSHH risk assessment for substances must be carried out, to include safe use, handling, storage, transportation and disposal. The most effective and reliable control measures for the circumstances should be adopted and directed at the main sources and causes of the exposure. COSHH regulations detail the further requirements and must be adhered to. <http://www.hse.gov.uk/coshh/index.htm>
- Where a department/faculty produces hazardous waste, they are responsible for the safe removal of waste in line with current legal requirements. The department/faculty will bear the cost for this removal. Refer to **University Waste Management Policy available on WGYou**.
- Staff/students receive sufficient information, instruction and training to enable them to understand the risks to their health and the procedures to be adopted to protect their health.
- Staff/students are issued with appropriate personal protective equipment (PPE), (e.g. gloves, goggles, visors, overalls, masks, etc.) when they are identified as control measures in the COSHH assessment. If respirators are required for a task, then health surveillance and face fit testing may be required prior to use to ensure that the individual can use the respirator safely.

- Staff/students use the PPE issued to them to carry out the work activity.
- PPE is in good working order and where PPE is designed for reuse, it is well maintained and regularly inspected.

### **3.7.3 User Responsibilities**

- To follow safe systems as set out by the department
- To use the PPE as instructed to carry out the work activity
- To report defects in any PPE provided immediately to the appropriate Manager responsible for the work activity
- PPE must only be used as a last resort option in the absence of any more reliable or permanent means of control.

### **3.7.4 Environmental Monitoring**

Where substances used have a workplace exposure limit, environmental monitoring may be necessary to determine whether controls implemented are effective. Where engineering measures are not adequate to control exposures, respiratory protective equipment may be required (see PPE section)

## **3.8 Display Screen Equipment (DSE)**

The University has procedures in place to ensure full compliance with the requirements of the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002). This includes DSE risk assessment, free DSE eyesight tests for DSE users and a contribution to users who require "special" corrective appliances specifically for use with DSE work.

**The DSE Policy sets out the process that must be followed when working with DSE and is available on WGYou Staff Intranet. Further advice is contained in HSE document 'Work with Display Screen Equipment'.**

**Information and a reminder to complete DSE refresher training and risk assessment will be issued annually.**

## **3.9 Driving for Work**

### **3.9.1 Driving a Car/Van**

Employees required to drive for work, should normally use University vehicles or University hired vehicles. Employees using their own car must confirm they have suitable insurance to cover driving for work.

Any person driving for work, should complete the University Drivers Authorisation and follow the driving for work guidance.

### 3.9.2 Minibus Drivers

Dean of Faculty, Operational Department or other Senior Managers will be responsible for authorising/approving drivers and for ensuring that a list of such authorised drivers is maintained. All minibus drivers must meet the minimum drivers standards as set out in the Driving for Work Policy.

**The Driving for Work Policy set out the requirements for anyone driving for work or driving University vehicles. Policy is available on WGYou Staff intranet**

### 3.10 Drones / flying of Remote-Controlled Aircraft

The safe procedures for flying of drones/remote controlled aircraft is covered in **Unmanned Aircraft Systems Safety and Operations Manual**.

The University hold a Civil Aviation Authority Permission for Commercial Operation Certificate for activities involving the operation of unmanned aircraft systems and unmanned aircraft surveillance systems. Any member of staff or student wanting to use an Unmanned Aircraft System at the University must contact the **Accountable Manager** for permission to fly.

**Unmanned Aircraft System Safety and Operations Manual** is intended to offer guidance for conducting Small Unmanned Aircraft operations in a safe and responsible manner and to ensure the safeguarding of our students, staff visitors and the general public's health and safety.

To ensure that Wrexham University meets these obligations the University shall:

- Comply with all CAA regulations and policies on Small Unmanned Aircraft commercial operations.
- Operate only within the permission granted by the CAA.
- Review the Unmanned Aircraft Systems Safety and Operations Manual on an annual basis to ensure operations are in line with current regulations and best practice.
- Report on any relevant accidents and incidents to the Civil Aviation Authority (CAA) via the Aviation Reporting Portal.

**Further information and guidance on can also be obtained from the Accountable Manager Small Unmanned Aircraft Operations: Robert Bolam, Wrexham University - Senior Lecturer in Engineering.**

### 3.11 Drugs and Alcohol

Members of staff are expected to arrive at work free from the effects of alcohol, non-prescribed drugs or substances (e.g. solvents) and the misuse of alcohol, drugs or substances is forbidden during working hours.

Generally, the consumption of alcohol should be avoided during working hours. However, the consumption of alcohol during work-related social events may be permitted on the basis that there should always be an equivocal availability of non-alcoholic related drinks, and these events will be held toward the end of a 'normal' working day. Members of staff who are required to return to work following such events should not consume alcohol. Staff should always be aware that they are representing the University and behave in a responsible manner. Drinking alcohol must be avoided in any situation where, as a direct consequence, the safety of the individual, colleagues, students or others is put at risk (e.g. driving, use of dangerous or potentially dangerous work equipment, working at height, handling loads, working with dangerous substances and any similar activity identified by risk assessment).

Alcohol misuse is defined as a level of drinking which persistently affects an employee's work; this is regarded as an illness. A distinction is made between this circumstance and behaviour which may arise from excessive drinking on occasion. The latter situation may be more appropriately dealt with by the Line Manager as a conduct at work issue in accordance with the Disciplinary Procedure.

Drug misuse refers to the use of illegal drugs and the misuse, whether deliberate or unintentional, of prescribed drugs and substances such as solvents. 'Drugs' and 'substances' are defined as illegal drugs and solvents. Substances covered in this document are those so defined under the Misuse of Drugs Act.

If it becomes apparent that a member of staff has begun to misuse alcohol, drugs or other substances then they will be given the opportunity to undertake appropriate treatment to enable them to achieve acceptable standards of behaviour and performance of duties. The programme of treatment to be undertaken will be determined following consultation with Occupational Health Service, and this would include frequency of treatment within a specified time scale with review at specified intervals. This could typically involve health education and guidance, and counselling over a period of up to six months.

### **3.12 E-bikes & scooters**

Battery powered personal transport, including scooters, bicycles, segways, hoverboards etc are not permitted inside any Wrexham University Building, due to the potential fire risks resulting from the Lithium-ion battery. Any such item left within the building may be removed without notification.

Should an individual wish to charge such equipment it should be done at an approved external charging point and the following criteria met:

- the charging equipment has a CE or UKCA marking and is designed for the equipment being charged
- due to fire risks, no device should be left charging when the owner is not in the immediate vicinity or left charging overnight on any of our sites.

In England and Wales it is unlawful to ride e-scooters on public roads and footpaths unless rented as part of a government-approved trial.

### **3.13 Electrical Safety**

The means of achieving high standards of electrical safety in the installation, maintenance and use of electrical supplies, equipment, apparatus and systems is contained in the 'Electricity at Work Regulations 1989'. Only electrical contractors approved by Estates and Estates maintenance staff (electrical) are authorised to conduct any electrical work in University buildings and all such work must comply with these Regulations and the 18th edition of the IET Wiring Regulations.

#### **3.13.1 Responsibilities**

##### **Manager/Supervisor Responsibility**

Managers/Supervisors are responsible for the safety of electrical equipment in their areas of control and must ensure that:

- All equipment is properly installed and maintained
- All equipment is used only for the purpose intended
- All equipment is visually inspected at regular intervals and this will include:
  - Condition of cables
  - Cable is secured in plug cord grip
  - Damaged or discoloured plug tops
  - General misuse

##### **User Responsibilities**

- Equipment/appliances must be used only for the purpose intended
- Follow any precautions for safe working (e.g. switching off after use, taking care not to obstruct ventilation).
- Repair and maintenance work must only be carried out by authorised electrical contractors as specified by Estates or in-house Maintenance Staff (Electrical) - NO DIY.
- Equipment should be visually inspected for serviceability before each use. Check for condition of cable, damaged or discoloured plug tops and that cable is secured in plug cord grip.
- Defective equipment must be withdrawn from service immediately and reported to appropriate Manager/Supervisor.
- Ensure that electrical equipment is within the test date and appropriately labelled. If there is no indication that the equipment has been tested it should not be used and the matter reported to appropriate Manager/Supervisor.

### 3.13.2 Portable Electrical Equipment

Electrical equipment with a plug must receive periodic portable appliance testing (PAT) to ensure that it remains in a safe condition for use. Normally equipment is PAT tested on an annual basis and equipment must be labelled to indicate when the next inspection is due. Personal electrical equipment must also be PAT tested before they are permitted to be used on campus.

Defective electrical equipment must be withdrawn from service and disposed of or repaired by an authorised contractor approved by Estates. Waste Electrical or Electronic Equipment (WEEE) must be disposed of separately, not in the general waste stream - Contact SHE Manager for correct disposal of WEEE.

Trailing cables on floors are particularly vulnerable to damage. Cable routes should be chosen to avoid exposure to such damage and specific cable matting used where cables across flooring is unavoidable. Cables must never be positioned where they are likely to cause a tripping hazard (e.g. pedestrian routes in offices and passageways, etc).

Use of multi-plug boards and “daisy chained” extension leads should be avoided. Additional wall mounted outlet sockets should be requested through Estates Helpdesk.

**Portable Appliance Testing is organised by the Estates Department on an annual rolling program. Reminders are sent advising staff to make electrical appliances available for testing.**

## 3.14 Emergency Arrangements

### 3.14.1 Fire Safety

Fires can range in seriousness from relatively minor events such as a cigarette-initiated fire in a waste bin to major events. Nevertheless, all major fires start small and these may be attacked using a fire extinguisher if there is no personal risk and that you have been appropriately trained in the use of fire extinguishers. There is no expectation that building users display heroics, it is more important that everyone evacuates the building safely. Staff and students are to familiarise themselves with the buildings in which they occupy and identify fire exits and assembly points for the campuses they work/study on.

**Further information and guidance on Fire and Emergency Arrangements is available on WGYou Staff Intranet.**

If you discover a fire or hear the alarm, take the following action:

### 3.14.2 Fire Orders



### **Fire Orders (On Discovering a Fire or see smoke)**

- Sound the fire alarm by activating the break glass
- Dial 999/112 to call the Emergency Service. (At Wrexham, internal emergency number 01978 293333 may be used to notify the on-campus emergency team of an incident.)
- Evacuate the building as soon as possible by the nearest safe exit.
- Report to the assembly point and inform Security of your observations as soon as possible

### **Fire Orders (On Hearing the Alarm)**

- If safe to do so, switch off all gas appliances and dangerous electrical items
- Close doors and windows behind you
- Leave the building by the nearest available safe exit
- Report to the assembly point
- **Do Not** take risks
- **Do Not** return to the building for any reason unless authorised to do so
- **Do Not** use passenger lifts
- Never tackle a fire unless help has been summoned and you feel completely able to do so safely

It is essential all staff and students know the emergency procedures, escape routes, extinguisher positions and any special hazards in each building they use.

### **3.14.3 Evacuation Arrangements for People with Disabilities**

If an individual will require assistance to safely evacuate a building in an emergency, a personal emergency evacuation plan (PEEP) should be developed. It is the responsibility of the University to ensure that everyone evacuates the building safely. The evacuation plan should not rely on the intervention of the Fire and Rescue Service to make it work

**Refer to University document Personal Emergency Evacuation Plan (PEEP)  
Procedure available on WGYOU Staff intranet**

### **3.14.4 Fire Drills**

These will be held at least annually in all University buildings including student residential accommodation units. Formal reports on these exercises will be submitted to appropriate meetings of the Senior Leadership Team and People and Culture Committee.

### **3.14.5 Fire Marshals**



## **Fire Marshal Appointment**

Appropriate members of staff will be appointed by the Head of Faculty or Operational Department to act as fire marshals to assist in building evacuations. Fire Marshals can be identified by orange vests printed with Fire Marshal on the back.

## **Fire Marshal Duties**

Where reasonably practicable a Fire Marshal will, during a drill or actual emergency, carry out the duties outlined below provided there is no personal risk to their own safety.

- Walk through and check their designated area to ensure that evacuation has been completed
- Marshal outside the building to ensure that evacuees proceed to their nearest designated assembly area and keep well away from building exits
- Complete the Fire Marshal Report Form (sent to each Fire Marshal after the drill) and e-mail completed report to the SHE Department [healthandsafety@glyndwr.ac.uk](mailto:healthandsafety@glyndwr.ac.uk).
- Fire Marshals are acting with the authority of the Vice Chancellor and their instructions during a practice drill or real emergency must be complied with

### **3.14.6 Fire Safety Equipment and Fire Safety Measures**

#### **Staff Responsibilities:**

- Fire extinguishers and fire blankets are provided throughout University buildings. Make yourself familiar with the location of these within the rooms in which you work
- Make yourself familiar with the location of 'fire call points' and know how to use these (break glass) to activate the building alarm system
- Access doors to all buildings, stairwells and corridor doors are designed to hold back the spread of smoke/fire. These doors, therefore, must remain closed at all times when not in use. Some doors are fitted with automatic hold open devices and will close when the fire alarm sounds – these doors must be kept clear at all times.
- Stairwell areas must not be used as a storage facility, even on a temporary basis
- Make yourself familiar with at least two exit routes out of the building in which you work or visit in case one of these routes is blocked by smoke/fire
- All workshop/office doors must be left in the closed position when not in use. This is particularly important when facilities have been used outside normal working hours. This procedure will help prevent the spread of smoke/fire to other areas of the building
- Improper use or wilful damage to fire-fighting equipment is a criminal offence.

**ONLY TACKLE A FIRE IF THERE IS NO PERSONAL RISK AND YOU ARE WILLING AND TRAINED TO OPERATE THE FIRE EXTINGUISHERS - IF IN DOUBT - GET OUT**

### 3.14.7 Alternative Evacuation Arrangements

In certain circumstances it may be necessary to raise the alarm by means other than activation of the fire alarms. This could be by:

- *Invacuation/lockdown* – this may be used when there is a need to keep people inside a building due to an external hazard (be it intruder on campus, toxic release, environmental conditions etc.)
- *Word of mouth / 'silent' evacuation* - e.g. bomb threat/loss of utilities/services – orderly evacuation (not using the fire alarm) – allowing for bags, coats, keys etc. to be collected before exiting.

### 3.15 First Aid

If first aid is required a list of fully qualified first aiders for each site can be found at:

- Main Reception
- [WGYou](#)

Students or staff who suffer from epilepsy, diabetes or any other condition likely to require urgent attention from time to time, are advised in their own interest to inform the Inclusion Team or Line Manager.

#### 3.15.1 First Aid Equipment

First aid boxes are located throughout the University and the following procedures must be adopted in relation to the maintenance/upkeep of such boxes:

- Staff nominated by the Faculty/Department will be responsible for ensuring that the contents of first aid boxes are checked within their work areas
- First aid boxes must be checked on a regular basis
- A record of such checks must be kept adjacent to each box to indicate who checked it and when
- First aid boxes must only be stocked with those items as specified in the First Aid at Work Regulations 1981. Replacement stock can be obtained from the SHE Department; if more specific equipment is required for the Faculty/Department identified via risk assessments, this must be obtained from reputable suppliers.
- Staff in charge of field trips must ensure that appropriate first aid equipment is taken along on all field trips. On no account should existing supplies be removed from building locations for this purpose
- The removal of any materials from a first aid box for improper use or use outside the University is strictly forbidden.

**Automated External Defibrillators** are available in several locations on campus:

Campus	Location
Wrexham	Main Reception
	Security Lodge
	Sport Centre
	Creative Industries Centre
	Wrexham Village
Wrexham – Regent Street	Main Reception
Northop	Main Reception
St Asaph	Main Reception

### 3.15.2 Dealing with Blood and Bodily Fluids

Blood and other bodily fluid could carry potentially infectious material (e.g. Hepatitis B & C, HIV). Persons cleaning up blood and bodily fluid must follow strict guidelines to avoid potential infection. Call the Emergency Number 01978 293333 to get help to clean up the spillage. Body fluid spill kits are available in key locations including main reception and security office.

Ensure contact with the bodily fluid is avoided until it can be cleaned up appropriately.

### 3.15.3 Mental Health First Aiders

The University appointed mental health first aiders - mental health first aiders are qualified personnel who have received training in dealing with mental health issues students or employees may have. Having mental health first aiders raises employees' awareness of mental ill-health conditions, including signs and symptoms. Those trained have a better understanding of where to find information and professional support and are more confident in helping individuals experiencing mental ill-health or a crisis.

A full list of Mental Health First Aiders is available from Human Resources and on WGYou staff intranet.

**Management of First Aid Procedure is available on WGYou staff intranet**

## 3.16 Events - Arranging and Hosting

It is the responsibility of the Faculty and Operational Department arranging a conference or event to ensure that suitable health and safety arrangements, risk assessments and procedures are established. Each event must have a designated person to take responsibility for the event.

Where University premises are to be used for external events and conferences it is the responsibility of the organising or facilitating Faculty and Operational Department to

ensure that suitable health and safety arrangements and procedures are in place and that Freedom of Speech Code of Practice (Prevent) has been considered.

Where the University, a Faculty or Department shares property or land with a non-Wrexham University organisation then local arrangements must be put in place to ensure adequate liaison and emergency coordination and controls are introduced to safeguard the safety and health of those who may be affected. Such arrangements may be included in a Lease or Rental agreement or through formal memoranda or letters of understanding.

### **3.17 Infection Prevention and Control**

#### **3.17.1 Sharps Guidance**

A faculty or department that uses/produces sharps, (e.g. needles, broken glass, scalpels etc.), that could cause a laceration or puncture wound must ensure that suitable controls are in place to minimise injury. This may include:

- Avoid the unnecessary use of sharps
- Use of safer sharps (e.g. protected needles, hook type knives, retractable knives)
- Providing sharps bins for safe disposal of sharps. Sharps bins should be appropriate for the material being disposed, securely assembled and securely closed when the maximum fill line is reached.
- Providing equipment to prevent accidental contact with sharps (e.g. keep sharps in a container)
- Safe systems of work in place when using sharps (don't carry sharps in hand or pocket, don't leave sharps out in workplaces, don't pass from person to person, ensure sharps bins are not filled above the maximum fill line)
- Use of cut/puncture resistant gloves or other appropriate personal protective equipment when handling broken glass

In areas where sharps are used which could present a risk of infection with a blood borne pathogen a procedure must be put in place outlining the required action following a sharps injury and safeguards to be adopted to prevent a sharps injury.

If there is a possibility that a person has received a sharps injury which could be contaminated with a blood borne pathogen, such as Hepatitis B&C, HIV, medical advice should be sought. Sharps injuries should be reported under the Accident, Incidents and Near Miss Reporting Policy.

### **3.18 Pandemics & Epidemics**

When notified that the country is experiencing a pandemic or epidemic, the University will aim to prevent the spread of infection through work-based activities by adopting suitable control measures.

The University will:

- follow guidance given by government agencies and close locations if instructed to or if employees or any person is put at risk,
- undertake risk assessments to identify tasks or situations that may expose individuals or groups to potential risks,
- monitor any changes to government guidance,
- manage the risk posed by contractors and visitors visiting the workplace,
- develop and implement an emergency action plan to deal with any potential outbreaks,
- allow employees to take part in any government testing,
- identify, plan and implement controls and safe systems of work to prevent transmission,
- provide information, instruction and training to those identified at risk,
- where required, provide personal protective equipment (PPE) and monitor its use and maintenance,
- organise for the safe cleaning of equipment and, where appropriate, disinfection and thorough cleaning,
- arrange for safe disposal of any infected materials, and
- adopt good hygiene practices.

**The Communicable Diseases Plan outlines steps that will be taken in the event of the outbreak of an identified communicable disease. Plan is available on WGYou.**

### **3.19 Ladder/Step Ladder Serviceability**

Faculty/Department Managers/Supervisors responsible for the control and use of ladders must ensure that they are safe and in a good state of repair at all times. Ladders must be formally inspected at six-monthly intervals and a record maintained of such inspections.

**Further information and guidance on ladders/step ladders can be obtained from the SHE Department.**

### **3.20 Legionnaires Disease**

A competent person will carry out a legionella risk assessment and provide recommendations for the control measures to be adopted to prevent or minimise the risk of exposure to legionella. The Estates department will be responsible for ensuring that recommendations to control legionella are implemented. At risk systems include the hot and cold water storage and distribution system and the wet cooling of air in the air conditioning system.

**The Legionella Policy is available on WGYou**

### **3.21 Lifting Operations and Equipment**

#### **Definition**

Lifting equipment includes any equipment used at work for lifting or lowering loads, including attachments used for anchoring, fixing or supporting it.

#### **Implementation**

The university will ensure that;

- Lifting equipment is suitable for the intended use with adequate strength and stability, including whatever guards are necessary to prevent:
  - Persons or equipment falling from the lift
  - The lift falling from its restraints
  - Persons or equipment being trapped, crushed or struck by objects when using the lifting equipment
- An examination scheme is drawn up by a competent person
- Lifting operations will be properly planned by a competent person, appropriately supervised and carried out in a safe manner
- Lifting equipment is maintained in a safe condition and has a thorough examination by a competent person annually. For lifting equipment for lifting persons or lifting accessories (e.g. slings, chains, eyebolts, clamps, magnets etc) a thorough examination must be completed every six months.
- Lifting equipment will be re-examined following relocation or conditions that may cause deterioration
- Safe working load (SWL) is clearly displayed on all lifting equipment and accessories
- Suitable training, instruction and information is provided for operators and supervisors.

#### **Records**

All thorough examination reports will be kept for as long as the equipment is being used except for lifting accessories reports and reports carried out due to deterioration in condition, which must be kept for 2 years.

### **3.22 Liquefied Petroleum Gas (LPG) and Compressed Gas**

Gas cylinders are a convenient way to transport and store gases under pressure. These gases are used for many different purposes, including:

- soldering, welding and flame cutting
- chemical processes
- fire extinguishers
- heating and cooking.

The main hazards are:

- Impact from the blast of a gas cylinder explosion, or rapid release of compressed gas
- Impact from parts of gas cylinders that fail or any flying debris
- Contact with the released gas or fluid
- Fire resulting from the escape of flammable gases or fluids
- Impact from falling cylinders.

Where LPG / Compressed Gas are used, the University will ensure that provision is made for:

- Adequate training and supervision in their use
- Suitable handling equipment, plant and storage facilities with adequate ventilation, security measures, and monitoring and control devices
- Regular maintenance and inspection by competent persons, and the recording of all maintenance and inspections.

### **Handling and Use of Gas Cylinders**

- Users must carry out an external visual inspection of the gas cylinders and any attachments (e.g. valves and regulators), to determine whether they are damaged. Indicators may include dents, bulges, evidence of fire damage etc.
- Use gas cylinders in a vertical position, unless specifically designed to use otherwise
- Always double-check that the cylinder/gas is the right one for the intended use
- Close the cylinder valve and replace dust caps, where provided, when a gas cylinder is not in use
- Before connecting a gas cylinder to equipment or pipe work make sure that the regulator and pipe work are suitable for the type of gas and pressure being used
- Wear suitable safety shoes when handling gas cylinders
- Do not drop gas cylinders
- Empty cylinders must be stored in a safe and secure manner and not disposed of with normal waste
- Do not lift the cylinders by valves, shrouds and caps.

### **Transporting Gas Cylinders**

- Fit suitable protective valve caps and covers to cylinders, when necessary, before transporting
- Securely stow gas cylinders in an upright position to prevent them from moving or falling
- Disconnect regulators and hoses from cylinders whenever practicable

- Ensure gas cylinders are clearly marked to show their contents and the hazards associated with their contents.

### **Storage of Gas Cylinders**

- Store gas cylinders in a safe and secure manner
- Gas cylinders containing flammable gas should not be stored in part of a building used for other purposes
- Protect gas cylinders from external heat sources and ensure that gas cylinders are stored away from sources of ignition and flammable materials
- Gas cylinders must be clearly marked to show what they contain and the hazards associated with their contents
- LPG cylinders should be stored away from drains and not in cellars.

### **3.23 Local Exhaust Ventilation (LEV) Systems**

The *Control of Substances Hazardous to Health Regulations* are intended to protect the health of persons at work from the substances to which they might be exposed. The Regulations require the employer to make a 'suitable and sufficient assessment' of the risks created by the work activity to the health of the employees. The outcome of the assessment should be a series of control measures that are to be adopted to ensure that Workplace Exposure Limits are not exceeded. In some cases, the general ventilation in the workplace should be sufficient to keep down the concentration of hazardous substances but, in other cases, general ventilation will need to be supplemented by LEV.

Where LEV is installed it must receive a thorough examination by a competent person at least once every 14 months to confirm it is operating as designed to ensure workplace exposure limits are not exceeded.

In the case of a system used to control fumes from non-ferrous metal casting, the interval for thorough examination is reduced to 6 months. However, in many educational establishments, non-ferrous metal casting is done during a period of a few weeks and not repeated until the following year. In such cases, an annual test of the LEV, allowing sufficient time before use to correct any defects, would provide testing at intervals of less than 6 months *of use*, and would meet the spirit of the regulation. It is the employer's responsibility to ensure that these tests take place at the required intervals and according to an agreed procedure.

Faculties or Departments that own the LEV are responsible for ensuring that the thorough examination is carried out within the required time. When the thorough examination is completed, Faculty/Department must keep a copy of the thorough examination record. If the thorough examination identifies that remedial work is required, the department/faculty are responsible for taking action to complete any recommendations to ensure workplace exposure limits are not exceeded.



It is a general principle that personal protective equipment should only be used as a last resort when other control measures such as LEV are impracticable. As such, a dust mask may be required while emptying dust containers or carrying out maintenance checks but should *not* be needed during machine operations, except in special circumstances.

If you have LEV where you have to rely on the operator to position it correctly in order to adequately capture the contaminant, there is almost certainly an expectation to provide Respiratory Protective Equipment (RPE) as human error could render the LEV ineffective. If a fixed LEV system is in place that does not rely on the operator to position it to capture the contaminant, provided that air sampling proves that contaminant levels are below the workplace exposure limit, RPE should not be required. (Refer PPE section for more information on RPE)

For welding fume, air sampling is now almost certainly an expectation to be completed even if the area is well naturally ventilated. A short-term solution, until air sampling has been completed, is to visually examine the local exhaust ventilation and observe whether contaminants are effectively being captured by the LEV.

### **3.24 Lone Working**

The University will ensure, so far as is reasonably practicable, that employees who are required to work alone or unsupervised for significant periods of time are protected from risks to their health and safety.

The University and / or the faculty will determine, by risk assessment, those activities where work can be done safely by one unaccompanied person. This will include the identification of hazards from means of access and/or egress, plant, machinery, goods, substances, environment and atmosphere, etc.

Particular consideration will be given to:

- The remoteness or isolation of workplaces
- Any problems of communication
- The possibility of interference, such as violence or criminal activity from other persons
- The nature of injury or damage to health and anticipated "worst case" scenario

### **3.25 Information and Training**

Employees will be given all necessary information, instruction, training and supervision to enable them to recognise the hazards and appreciate the risks involved with working alone.

Employees will be required to follow the safe working procedures devised including:

- When working alone (e.g. in an isolated area of a building with all doors closed) ensure that someone is aware of your presence
- Check that work being done has been subject to risk assessment and check the assessment yourself – some work may have been identified as requiring the assistance of a second person
- If possible and arranged beforehand, keep in regular contact with someone else (e.g. use a mobile phone to call into the office or a designated buddy/contact every couple of hours indicating your movements).
- Do not put yourself at risk. If you do not feel safe discuss the situation with your immediate manager
- Report all accidents, injuries, near-misses and dangerous occurrences to your immediate manager

### **3.26 Manual Handling**

All manual handling activities come within the scope of the Manual Handling Operations Regulations 1992.

Manual handling is defined as any activity which includes:

- Lifting
- Pushing
- Carrying
- Putting down
- Pulling
- Moving

#### **3.26.1 Safe Working Practices**

Whilst it is accepted within the scope of activities conducted by Faculty/Department it is not possible to eliminate all manual handling activities it is, nevertheless, possible to reduce the likelihood that accidents will occur by adopting safe working practices. The development of safe working practices requires an 'ergonomic' approach which takes account of a range of relevant factors including the nature of the task, the load, the working environment and individual capability.

Central to the ergonomic process is the need to conduct risk assessments to identify the hazards/risks and to look for practical solutions to minimise the chance of injury.

**Further information, guidance and training on Manual Handling can be obtained from the SHE Department.**

#### **3.26.2 Risk Assessors: Appointment and Training**

The Dean of Faculty or Operational Head of Department or other Senior Managers will be responsible for ensuring that appropriate staff have been nominated to carry out assessment duties and ensure that these staff receive relevant training.

### **3.26.3 Assessment Criteria**

Manual handling tasks must be assessed to identify risk factors and the results formally recorded. The assessment must take account of the load, the task, the working environment and individual capabilities.

Assessments must be reviewed annually or more frequently if it is believed the assessment is no longer valid, e.g. a change in work practices would require a new assessment to be conducted.

### **3.26.4 Risk Control Hierarchy**

Managers/Supervisors must adopt the following hierarchy of control measures, as appropriate:

- Avoid hazardous manual handling activities as far as possible.
- Provide manual handling aids, e.g. trolleys, jacks, trestles, rollers, bars, hoists, etc.
- Ensure that staff engaged in manual handling activities receive instruction and training in safe handling techniques.
- Consider the nature of the work in relation to an individual's physical capabilities.
- Consider team handling if appropriate.
- Provide appropriate PPE for manual handling tasks.

### **3.26.5 Staff Responsibilities**

- To use any mechanical aids as supplied for the task.
- To use PPE as provided for the task, e.g. footwear, gloves, etc.
- To take reasonable care for your own health and safety and that of others who may be affected by your activities.
- Co-operate with the University by complying with appropriate systems of work, rules and procedures in force to promote safety during the handling of loads.
- To report defects in equipment to your Manager/Supervisor.
- To report accidents immediately to your Manager/Supervisor and complete the University's Accident/Incident Form and forward to the SHE Department.

### **3.26.6 Monitoring and Review**

The monitoring and review of safety procedures and compliance with Guidance and Codes of Practice is an everyday responsibility of all staff. However, managers and supervisors hold a higher duty of responsibility to monitor and ensure compliance. In addition to daily supervision, a variety of central and Faculty/Department systems are used to monitor and measure safety performance across the university.

**Further information, guidance and training on Risk Assessment can be obtained from the SHE Department.**

### **3.27 Medication Administration**

University Staff do not have any legal or contractual obligation to administer medicine or to supervise students/visitors taking medicine. While staff have a professional duty to safeguard the health and safety of students/visitors and a general legal duty of care towards students/visitors when they are authorised to be on University premises and when they are engaged in authorised University activities elsewhere, this does not imply a duty upon staff personally to undertake the administration of medicines.

### **3.28 New and Expectant Parents**

The University recognises there may be occasions when, due to their condition, alternative and/or additional control measures will be necessary for new and expectant birth parents. To implement effective measures for new and expectant birth parents the university will ensure that:

- Employees are instructed at induction to inform their relevant manager of their condition at the earliest possible opportunity and that the highest level of confidentiality is always maintained
- Risk assessments are carried out for all work activities undertaken by new and expectant birth parents and associated records and documentation maintained
- Necessary control measures identified by the risk assessment are implemented, followed, monitored, reviewed and, if necessary, revised
- New and expectant birth parents are informed of any risks to them and/or their child and the controls measures taken to protect them
- Adverse incidents are immediately reported and investigated
- Appropriate training is provided where suitable alternative work is offered and accepted
- Provision is made to support new and expectant birth parents who need to take time off work for medical reasons associated with their condition
- Where relevant a suitable rest area is provided to enable the new or expectant birth parent to rest in a degree of privacy and calm
- Where risks cannot be eliminated or reduced to an acceptable level then consideration will be given to adjusting working conditions and/or hours or if necessary, providing suitable alternative work or suspension with pay.

### **3.29 Noise**

The University will take all reasonable steps necessary to ensure that the risk of noise induced hearing loss to employees who work with noisy equipment or in a noisy environment is reduced to a minimum.

### **3.29.1 Noise Assessments**

Faculties/Departments will arrange for regular noise exposure assessments of noisy areas, processes and/or equipment to be carried out as appropriate. Assessments will be used as the basis for formulating action plans for remedial measures when necessary. Assessments will be recorded and updated regularly, particularly when changes in work practice cause changes in noise exposure levels of employees.

### **3.29.2 Reduction of Noise Exposure Levels**

The University will, as far as is reasonably practicable, take all steps to reduce noise exposure levels by means other than the use of personal protection. The University accepts that the use of hearing protectors is a last resort and is committed to continuing to seek and introduce alternative methods for reducing noise exposure levels whenever possible in the future.

### **3.29.3 Provision of Hearing Protectors**

The University will provide suitable and effective hearing protection to employees working in high noise levels, where indicated as necessary by the results of noise exposure assessment. It will also provide for the maintenance or replacement of the protective equipment, provide training in the selection and fitting of hearing protectors and provide details of the circumstances in which they should be used.

### **3.29.4 Hearing Protection Zones**

The University will designate and mark out hearing protection zones, which may include particular areas, operations or pieces of equipment. All personnel entering these zones will be required to wear ear protectors.

### **3.29.5 Use and Maintenance of Noise Control Equipment and Procedures**

The University will maintain equipment and monitor procedures introduced for the purpose of reducing employee noise exposure. (e.g. enclosures, silencers and machine covers.)

All personnel will be required to;

- Use procedures and equipment correctly
- Promptly report any defects or deficiencies through the appropriate channels.

### **3.29.6 Provision of Training**

The University will provide adequate training to employees as part of its hearing conservation and noise control policy.

All employees who are subject to high levels of noise will be provided with:

- Information, instruction and training about the harmful effects of noise
- Information and training on what they must do to protect themselves and meet the requirements of the law and of the organisation's policy.

Managers and supervisors responsible for formulating and carrying out the University's noise policy will also be given appropriate training. Where a problem arises because of noise in the workplace, the employee must inform a responsible person immediately.

### **3.29.7 Audiometric Testing**

Where employees are exposed to risk from high noise levels, the University will implement a health surveillance programme to monitor employee hearing to ensure that employees' hearing is not being adversely affected. This will involve regular audiometric tests carried out by properly trained personnel and pre-employment audiometric tests for new employees.

## **3.30 Occupational Health Service & Health Surveillance**

The University's Occupational Health provision is contracted out to a third-party organisation that provides a wide range of health advice and related support to the University. The Occupational Health Service is beneficial to the University and its employees, providing independent advice about an employee's fitness to work and rehabilitation needs together with advice on a range of general and other health issues affecting staff across the University. All referrals to the service should be made through your line manager in conjunction with the HR Department.

There may be a requirement for routine health surveillance for employees when working with certain substances hazardous to health, working in noisy environments, working with vibrating tools or other undertaking specific tasks which may be identified as part of a risk assessment process. The University's Occupational Health Service will be consulted for advice and support on provision of appropriate health surveillance requirements.

## **3.31 Office Based Activities**

### **3.31.1 Space**

The Workplace (Health, Safety and Welfare) Regulations 1992 require that all employees must have a certain amount of office space in which to work:

- 3.7 square metres of floor space; or
- If the ceiling is lower than 3.1 metres, 11 cubic metres
- This space allocation does not take into account furniture.

### **3.31.2 Temperature**

- The temperature within offices must be reasonable (normally be at least 16°C);
- The Regulations and associated guidance do not recommend a maximum temperature but during working hours “the temperature in all workplaces inside buildings shall be reasonable”.

### **3.31.3 Personal Safety & Security**

University buildings are easily accessible by members of the public and inevitably this gives rise to concerns regarding personal safety and security. However, building users can contribute to their own personal safety and security by adopting a few simple precautions.

- Report unwelcome visitors/intruders to security staff – phone 01978 293333.
- If working alone lock your door or if outside keep to well-lit areas. Inform security staff on 01978 293333 if you intend to work at times when the building would not normally be occupied.
- Don't leave personal effects on display (e.g. handbags, wallets, jewellery, etc.)
- Don't leave valuables in offices/work areas overnight.
- Lock doors and close windows when you cease work.

### **3.32 Permit to Work**

Certain high-risk activities, such as work at height, hot-work and excavations, will be subject to a permit-to-work. A permit-to-work system introduces additional layer of checks to ensure adequate controls are in place for high risk activities. Permits-to Work are normally issued and managed by Estates.

For more information see Permit-to Work Procedure available WGYou.

### **3.33 Personal Protective Equipment (PPE)**

The Personal Protective Equipment at Work Regulations 1992 place a statutory obligation on the University to ensure that suitable personal protective equipment (PPE) is provided to those staff, students and visitors who may be exposed to a risk to their health and safety whilst at work or on University premises. PPE includes such items as protective clothing for extreme weather conditions, high visibility clothing, gloves, safety footwear, safety helmets, eye/ear protectors, dust masks, etc.

PPE should meet the appropriate British Standard and be appropriately CE or UKCA marked and fit for purpose.

Personal protective equipment should be issued to employees for their individual use or a documented cleaning regime implemented to ensure there are no hygiene issues arising from sharing of PPE.

### **3.33.1 Managers'/Supervisors' Responsibilities**

Managers/Supervisors responsible for specific work areas or activities must ensure that:

- Risk assessments of all activities are conducted to assess/identify the need for PPE and that the results of the risk assessments are formally recorded.
- Suitable PPE is provided to staff, students and visitors who may be exposed to a risk to their health and safety (e.g. visitors to a science laboratory.)
- Staff/students receive sufficient information, instruction and training in the correct use of PPE.
- PPE provided to staff, students and visitors is in good working order and well maintained. It may be appropriate in some circumstances to supply disposable PPE which can be discarded after use (e.g. nitrile gloves). PPE should only be provided when there is a risk to health and safety that cannot be adequately controlled by other means.

### **3.33.2 User Responsibilities**

- Users are under a specific duty to correctly wear PPE which has been provided by the Faculty/Department to protect their health and safety whilst at work or on University premises.
- Defective PPE must be reported immediately to the appropriate Manager/Supervisor responsible for the work activity.

### **3.33.3 Respiratory Personal Protective Equipment (RPE)**

Where engineering controls are not adequate to control exposure to fume, or other air contaminants, to below the workplace exposure limit, adequate and suitable respiratory protective equipment (RPE) is also required to control risk. The effectiveness of the engineering controls in place should be determined by air sampling.

For tight fitting face piece respiratory protective equipment, face fit testing is required and must be carried out users before first use of the RPE. The person/company carrying out the face fit testing should be accredited under the Fit2Fit RPE Fit Test Providers Accreditation Scheme. Records of all face fit testing should be retained on site.



For employees using respiratory protective equipment there may be requirements for health screening or health surveillance programmes to be put in place.

**Further information and guidance on PPE can be obtained from the SHE Department.**

### **3.34 Pets on Campus**

Dogs and any other domestic animals are not permitted in University buildings or grounds. The only exception to this rule is for assistance, working dogs or where domestic animals are necessary for the operational requirement of the University.

Where a member of staff requests to bring an assistance pet or domestic animal (for teaching purposes) to work, this must be agreed with the Head of Faculty or Department and Campus Services Manager notified accordingly.

If permission is given to allow the pet on to campus, it is the responsibility of the owner to keep their pet under control while on campus.

**The Pets on Campus Authorisation form must be completed and authorised before bringing a pet on campus. The form is available on WGYou Staff Intranet.**

### **3.35 Pressure Systems**

The University will ensure that all pressure vessels and pressurised equipment used by the university meet the requirements of the Pressure Systems Safety Regulations 2000 and the Pressure Equipment Regulations 1999. To ensure the safety and mechanical integrity of the pressure systems used and to meet the requirements of the legislation the university will:

- Ensure that the equipment is thoroughly examined by a competent person before it is put into service
- Ensure that the equipment is of sound construction, suitable quality, made from suitable materials and free from any obvious defects before it becomes operational
- Ensure that each item of equipment is clearly and uniquely marked so that it can be readily identified
- Establish the safe operating limits of the equipment and display them on the equipment, and not allow the equipment to exceed those limits except where tests carried out by a competent specialist require it
- Provide adequate training and instructions to ensure the equipment is operated safely, including instructions for procedures to be followed in case of emergency
- Fit and calibrate suitable protective and warning devices to the equipment to deal with emergencies or mechanical malfunctions, and ensure that any devices such as safety valves or bursting discs will be able to discharge safely
- Ensure that the equipment is properly maintained

- Have a suitable written scheme drawn up by a competent person for the examination, at appropriate and regular intervals, of the equipment
- Arrange to have examinations carried out by a competent person at the intervals set down in the written scheme and whenever the equipment is transferred to a new location
- Keep adequate records of the most recent examination
- Ensure that equipment identified as needing repairs is not used until repairs are carried out and, wherever possible, depressurise the equipment before the repair work begins
- Pass all pertinent records on to the new owner if pressure equipment is disposed of and ensure that we receive written confirmation of the transfer of records.

The examination will take place annually, or as otherwise instructed in the written scheme; the records of examinations are kept in the department responsible for the pressure system. A copy of the last inspection must be taken with the equipment when it is transferred to a new location.

### **3.36 Prevent Agenda**

The Counter-Terrorism and Security Act 2015 creates a statutory duty for specified public authorities including universities to “have due regard to the need to prevent people from being drawn into terrorism”.

The University has established a single point of contact for Prevent (SPOC)) who can be contacted on [prevent@glyndwr.ac.uk](mailto:prevent@glyndwr.ac.uk). The University participate in local CONTEST boards and regional Prevent groups. Wrexham University Internal Prevent Team meets quarterly and will monitor processes in place to meet Prevent requirements such as risk assessment and relevant policies. An update on Prevent will be included within the quarterly SHE reports to SLT.

HEFCW monitor Welsh HEI's performance.

**Further information and guidance on Prevent can be obtained from**  
[prevent@glyndwr.ac.uk](mailto:prevent@glyndwr.ac.uk)

### **3.37 Provision and Use of Work Equipment (PUWER)**

The University have a duty to ensure that equipment provided for use at work is:

- suitable for the intended use
- working conditions and health and safety risks in the workplace are taken into account when selecting work equipment
- safe for use, maintained in a safe condition and inspected to ensure it is correctly installed and does not subsequently deteriorate
- ensure work equipment is only used for suitable purposes
- used only by people who have received adequate information, instruction and training. Where equipment is likely to involve a specific risk to health and safety

(e.g. woodworking machinery) it is restricted to those people trained and appointed to use it

- accompanied by suitable health and safety measures, such as protective devices and controls. These will normally include guarding, emergency stop devices, adequate means of isolation from sources of energy, clearly visible markings and warning devices
- used in accordance with specific requirements (e.g. for mobile work equipment and power presses)
- Is marked with the CE or UKCA conformity marking

Where new equipment is installed and introduced a Pre-use Inspection Checklist should be completed to ensure that all key requirements have been addressed and safeguards are in place prior to commencing operation.

Risk assessment should be in place for the safe operation of work equipment.

Contact SHE (healthand[safety@glyndwr.ac.uk](mailto:safety@glyndwr.ac.uk)) if you require assistance with new equipment installation or general operation of work equipment.

### **3.38 Purchasing**

All equipment purchased must be safe and without risks to health and fully comply with the Provision and Use of Work Equipment Regulations 1998. Work Equipment should be selected to be appropriate for its intended use and risks to safety and health considered. Data sheets, manufacturers/supplier's information and instruction should be consulted and form the basis for carrying out risk assessments prior to any purchase.

As far as is reasonably practicable all substances and materials purchased for use within the University must be environmentally friendly in accordance with the University's Environmental Sustainability Strategy.

**Refer to the Procurement Policy on WGYou for more information.**

### **3.39 Record Keeping and Document Hierarchy**

The University's Health and Safety Policy and Arrangements is the principal document setting out standards and responsibilities. This is supported by:

- Health and Safety Policy Operational Arrangements (specific hazards and risks, and which are approved by the University's SHE Committee - Health and Safety Policy Part 3)
- Local Faculty / Department Health and Safety Policies, Procedures, Rules and information.
- The University and its Faculty's and Operational Departments are required to keep certain records. The requirements for documented records are as per the recommendations by HSE or other legislative bodies.

### **3.40 Reporting Health and Safety Issues or Concerns**

Any member of staff or student who considers that any aspect of their work activity may cause injury or ill health to either themselves or others must report this immediately to their respective Managers/Faculty/Department Health and Safety Coordinator or Tutor as appropriate. Similarly, any defects identified in tools or any other work equipment must be withdrawn from service immediately and reported.

### **3.41 Risk Assessment (General)**

Wrexham University recognises that suitable and sufficient risk assessments are fundamental to effective risk management and that all risk assessments must consider all factors relevant to the activity, including environmental impact and the disposal routes of any waste or effluent.

Risk assessments should be treated as dynamic 'working' documents which should be readily available for reference; communicated to and agreed by the interested parties and reviewed in-line with: accidents/incidents relating to the activity; relevant changes in legislation and the assigned review date.

Faculties & departments are responsible for ensuring that suitable and sufficient risk assessments are completed and are periodically reviewed periodically or after any significant change, to ensure they are still valid.

The Dean of Faculty or Operational Head of Department or other Senior Managers will be responsible for ensuring that appropriate staff have been nominated to carry out assessment duties and ensure that these staff receive relevant training.

### **3.42 Roadways and Car Parking**

Drivers must observe campus road rules (e.g. speed restrictions, one-way systems, restricted access, no parking areas) and be particularly vigilant for the presence of pedestrians. Parking is not permitted on double yellow lines, yellow hatched areas or in front of building exit/entrance doors since this may impede swift access by emergency vehicles and/or hinder an emergency evacuation by building users.

### **3.43 Smoke Free Policy**

All building users must comply with the University's Smoke Free Policy. Smoking is prohibited in all parts of all University buildings, and within 5 metres of entrances to premises and open windows.

Smoking is also prohibited in the following external locations which are covered by existing statutory provisions:

- Adjacent to paint, chemical or solvent stores.
- In the immediate vicinity of LPG storage areas or areas housing flammable industrial gases.
- Any other areas where there is an identified hazard or risk of injury or ill health.

**Further information on the University's Smoke Free Policy is available on WGYou Staff Intranet.**

### **3.44 Stress**

The Health and Safety Executive define stress as “the adverse reaction people have to excessive pressure or other types of demand placed on them”. This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress which can be detrimental to health. Stress at work can come about for a variety of reasons. It may be excessive workload, unreasonable expectations, or overly demanding work colleagues. As a reasonable university, we try to ensure that employees are in a pleasant working environment and are as free from stress as possible.

Employees who experience unreasonable stress which they think may be caused by work should raise their concerns with their Manager or through Human Resources. Following action to reduce the risks, they shall be reassessed and if the risks remain unsustainable by the employee concerned, efforts shall be made to reassign that person to other work for which the risks are assessed as tolerable.

**Further information is available in the University's Mental Health and Wellbeing Strategy and HR Managing Stress and Promoting Wellbeing in the Workplace Policy.**

### **3.45 Supervision of Students**

The University has a statutory duty to provide "such supervision as is necessary" to ensure the health and safety of both postgraduate and undergraduate students. It is important to understand that this duty cannot be discharged by relying solely upon a student's status or competence.

The duty to supervise is delegated to the Dean of Faculty or Head of Department and in turn to the member of staff directly responsible for the student (the supervisor). Technical staff are responsible for ensuring that laboratories, workshop areas and associated equipment are safe to use. Any health, safety or environment issues relating to students should be reported to the member of staff in charge. Responsible staff must be able to demonstrate that they have exercised an effective supervisory role within a context of departmental procedures, systems of work and monitoring arrangements. Initial induction training of new students should include an explanation of safe systems of work, local policies and procedures etc.

### **3.45.1 Definitions**

It is advised that "direct supervision" is where the supervisor is initially to hand at the start and induction of the task and within a defined work area of the activity whilst the task is undertaken (i.e. within the same room, laboratory or workshop).

The words "within the vicinity" need to be interpreted as within hailing distance or routinely circulating around various activities/areas under the supervisor's control.

### **3.45.2 Risk Assessment and Levels of Supervision**

The risk assessment will identify the level of control necessary to protect all those who may be affected. The control measures to reduce risk may be a mixture of administrative, engineering and personal protective measures and should follow the hierarchy of control. There will be a number of situations, particularly for undergraduate work, where the projects are not individual but group based and the risk assessment can be generic rather than individual. In such circumstances, evaluation of the safety of individual undergraduate projects should be made when projects are devised and appropriate instruction for students provided with the methodology.

Where necessary, formal arrangements must take place within the department such that a temporary, alternate supervisor is provided during absence of the regular supervisor.

Where individuals being supervised show a complete disregard for matters of safety, then it is advised to use disciplinary procedures to ensure that the safety of the person concerned, and anyone else that might be adversely affected, is maintained.

### **3.45.3 Student Dissertations and Projects (Under/Post Graduate)**

Student dissertations and projects at both Under and Post Graduate level could involve work subject to specific Health and Safety Regulations (e.g. Control of Substances Hazardous to Health (COSHH) Regulations 2002, Provision and Use of Work Equipment Regulations (PUWER) 1998). It is the responsibility of the project/dissertation supervisor to ensure that:

#### **The project is properly assessed:**

- For risks to health and safety under relevant regulations (e.g. Management of Health & Safety at Work Regulations 1999, COSHH 2002, the Manual Handling Regulations 1992, etc.) Risk assessments must be documented
- For compliance with any local Faculty/Department rules;

**Any precautions which are necessary are agreed between the supervisor and student and should be recorded in relevant procedures.**

**Regular checks are carried out by the supervisor to ensure that the student is following the agreed procedures.**

**It has been made clear that:**

- Alterations in method must be documented, risk assessments reviewed and revised as necessary and discussed rather than casually introduced without the supervisor's knowledge;
- Students also have statutory responsibilities not to endanger themselves and others by their actions.

#### **3.45.4 Student Work Placements**

Whilst primary responsibility for meeting statutory obligations within a 'placement' rests with the employer 'placement provider' there still remains a residual risk of incurring liability unless the University takes reasonable steps to see that the placement is safe and without risks to health. It is good practice, therefore, to enter into discussion with prospective employers regarding the health and safety of students on work placements and that written records are maintained.

Placement organisers and any other staff involved in arranging or monitoring student progress whilst on placement **must** follow the procedures and guidance outlined in the UCEA Guidance on Health and Safety of Placements for Higher Education Students which can be accessed via the WGYou Staff Intranet site.

#### **3.45.5 Training**

It is the University's policy to provide appropriate health and safety training and/or deliver information, knowledge and/or practical experience to enable all staff and students to work in a safe and healthy manner. The University, its Faculty's and Operational Departments must ensure suitable information, instruction, training and supervision is provided so that staff are competent to undertake their roles and duties.

Everyone in a level of responsibility including the Board of Governors, SLT, Deans of Faculty/Department and Line Managers/Supervisors shall attend appropriate training and/or receive suitable information as is required and appropriate for their roles.

All members of Task Groups, Advisory and decision-making Committees, Sub-Committees, Specialist Groups and or other similar bodies, should be provided with suitable training, instruction and information as is required for them to undertake their roles.

A training record should be maintained for training provided to employees. Training records may be kept by the Faculty/Department or centrally with HR.



### **3.45.6 Induction Training**

New Staff (including casual and temporary), Students and Consultants (working at the University) must receive appropriate induction training.

Each Faculty/Department will need to tailor its information and training package to suit the nature of the activities conducted. However, some standard/core information will apply universally. Faculty/Department specific hazards will have been properly identified through the formal risk assessment process.

### **3.46 Vibration**

Regular exposure to continuous vibration from a work process has the potential to cause long term ill health including a range of occupational diseases collectively known as hand-arm vibration syndrome (HAVS) or whole body vibration (WBV).

To minimise the risk from vibration the organisation will:

- Assess the risks to health from exposure to continuous levels of vibration and determine the control measures needed
- Introduce effective control measures to ensure levels of exposure to hand-arm vibration and whole-body vibration are eliminated or reduced as far as is reasonably practicable
- Record the assessments and review them periodically or when changes occur
- Ensure that the most appropriate equipment is used for the job, that the equipment is sourced from appropriate suppliers and that it bears the CE” or “UKCA” certification mark
- Ensure that those persons responsible for managing work likely to result in exposure to hand arm vibration and whole-body vibration are adequately trained and competent
- Inform, instruct and train employees about the risks and the precautions to be taken to protect themselves from the harmful effects of continuous exposure to vibration
- Ensure no new equipment or processes are introduced into the work activities where there is a foreseeable risk of hand-arm or whole-body vibration without a risk assessment and approval of a designated manager
- Maintain an inventory of all vibration equipment used that is likely to cause hand-arm vibration and whole-body vibration
- Monitor exposure of hand-arm vibration and whole-body vibration and undertake appropriate health surveillance, where necessary
- Maintain tools to the manufacturer’s specifications to avoid worsening vibration.

### **3.47 Visitors Duty of Care**

The University has an obligation under the Health & Safety at Work etc. Act 1974 to ensure the health and safety of all visitors (includes students and contractors) whilst on



University premises. Visitors must not use tools or equipment (including office equipment) without the specific authority of an appropriate Manager. Such permission as may be granted will include a strict duty to ensure/provide immediate 'line of sight' supervision. Members of staff who are responsible for students or visitors should inform them of the fire procedures.

### **3.47.1 Children & Young Persons Visiting Campus**

Most university's buildings and campuses are not primarily designed for young persons or children. (A Young Person is anyone under 18 and a child is anyone who has not yet reached minimum school leaving age (MSLA). Pupils will reach MSLA in the school year in which they turn 16)

Young people are at more risk of injury, as they may be less aware of risks. They will often be vulnerable, as they may:

- lack experience or maturity
- not have reached physical maturity and lack strength
- be eager to impress or please people they work with
- be unaware of how to raise concerns

### **High risk areas**

Except for supervised lectures, classes or organised formal visits, young persons and children who are not students of the University will not be admitted to any of the following areas:

- Science, engineering laboratory or workshop environment
- Where any hazardous substances or equipment is present; or
- Where the appropriate Faculty or Operational Department excludes young persons and children because of risks to health and safety.

Such areas will have appropriate security measures, warning signs, etc. to prevent unauthorised entry.

### **Parents or guardians and young persons or children**

Where a parent or guardian brings a young person or child onto a University campus or into a University building, they are responsible for the close supervision of the young person or child at all times. This responsibility cannot be delegated to another person.

Bringing young persons or children onto a campus or into a building because alternative care arrangements are not possible must only be considered as a last resort and as nothing more than a temporary arrangement.

Authorisation in this situation must be first granted by the appropriate Dean of Faculty or Operational Department, or the appropriate member of staff given delegated authority to grant or refuse permission.

### **Organised events where young persons or children are invited**

Where a Faculty/Department or University centre intends to organise an event where young persons and/or children are to be invited, authorisation must be granted by that Dean of Faculty or Head of Operational Department.

A risk assessment of the intended event, which considers the specific risks to young persons, must be carried out to assist in determining the viability of the event from a health and safety perspective, and the necessary arrangements that need to be in place should the event go ahead. Aspects covered by this risk assessment should include:

- Travel arrangements onto and from the campus
- Movement around the campus and within buildings
- Unfamiliarity with areas, particularly within buildings and in the event of an emergency evacuation or situation
- The area where the intended event will take place including its layout, occupancy levels and any existing equipment, materials, activities, etc. within that area or immediately adjacent
- The intended activities the young persons or children will participate in including any equipment, materials, etc. that will be used
- The levels of supervision that will be necessary and the suitability of those who will assist with supervision
- The information, instruction and training that will need to be provided to all those involved with the event, i.e. participants, the third party with whom the event will be organised, supervisors of the event. Additional checking to confirm young person has understood instruction and training.
- The findings of the risk assessment must be recorded and conveyed to the relevant personnel, e.g. those responsible for the event, the third party with whom the event will be organised. The risk assessment must be reviewed as appropriate, e.g. immediately prior to the event taking place or before any future similar event
- Those responsible for organising the intended event must ensure that the appropriate level of insurance will be in place
- Any organiser of events that invite children onto campus will be responsible for ensuring that the areas intended for use are suitable.

**Further information is available in the University's Babies and Children on Campus Policy available on WGYou.**

### **3.48 Working Away from the University**

Where a member of staff is working away from the University on University business the potential risks associated by such work, travel or location shall be assessed by the appropriate Faculty and Operational Department. The risk assessment will have due consideration for University policies and arrangements, applicable Foreign and Commonwealth Office advice and travel health advice provided by the Department of Health/NHS. Risk Assessments are necessary to ensure cover under the University's Travel Insurance Policy.

Wrexham University staff who have an Honorary or Joint Contract, or similar arrangement, with another employer should ensure they follow local health and safety controls, ensuring receipt of suitable health and safety information. Staff who undertake work at non-Wrexham University host premises, such as Visiting Academics or part of a Knowledge Transfer Partnership, should ensure that they appraise themselves of local health and safety arrangements, be inducted on local health and safety controls and where appropriate, should ensure risk assessments are produced.

If members of staff have any concern about their health and safety whilst working at a host premises, they should report this immediately to their line manager and university contact. Employing Faculty's and Departments are reminded that they remain generally responsible for members of staff when working away from Wrexham University premises.

### **3.49 Working at Height**

In general, any work carried out above floor or ground level is potentially dangerous and therefore must be subject to a risk assessment. If persons must work at height the correct access equipment must be used; the use of stools, chairs, etc. is not acceptable. Where ladders or stepladders are used, a visual inspection should be carried out before use to ensure the safety of the equipment, which should then be placed on a firm, level, non-slippery surface. If this latter requirement cannot be complied with, the ladder should be tied or 'footed' by a second person during use. A permit-to-work may be required for work at height activity, please consult Estates.

**Further information and guidance Permit to Work Procedure available on WGYOU.**