



## AGENDA

### SAF19-A1

#### Notice of meeting

The next meeting of the Health, Safety and Environment Committee will take place at 2.00pm on Wednesday 6 February 2019 in the Pearce Committee Room (Room 201.0.09) in the Hazlerigg Building.  
M Ashby, Secretary

#### 1 Apologies for Absence

#### 2 Business of the Agenda

To give notice of intention to speak to any starred items, which otherwise will be taken without discussion. Any member wishing to speak to a starred item is asked to give notice to the Secretary by midday on Tuesday 5 February.

#### 3 Minutes

##### SAF18-M3

To confirm the minutes of the meeting held on 17 October 2018.

#### 4 Matters arising from previous meetings

##### SAF19-P1

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

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## SECTION A – Items for Discussion

#### 5 Health, Safety and Environment Update: Wolfson School of Mechanical, Manufacturing and Electrical Engineering

##### SAF19-P2 (to follow)

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

## **6 Health, Safety and Environment Updates**

### **SAF19-P3**

To RECEIVE an update from the Health, Safety and Risk Manager.

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

### **SAF19-P4**

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

## **8 Statutory Compliance Key Performance Indicators**

### **SAF19-P5**

To RECEIVE information on the latest position in relation to statutory compliance key performance indicators and progress in developing KPIs for key areas of statutory compliance.

## **9 Radiation**

### **SAF19-P6, SAF19-P7**

- 8.1 To ENDORSE the 2018 Annual Report of the Radiation Protection Officer and RECOMMEND it for submission to Council.
- 8.2 To RECEIVE the 2018 Annual Report on radiochemistry decommissioning by the Radiation Protection Officer.

## **10 Decommissioning of Buildings**

### **SAF19-P8**

To RECEIVE an update on the decommissioning of the Graham Oldham Building and plans to decommission the F Building.

## **11 Update on Occupational Health**

### **SAF19-P9**

To RECEIVE an update on the University's Occupational Health Service.

## **12 Smoking Policy**

### **SAF19-P10**

Arising from M18/55, to CONSIDER the results of the recent Smoking Policy Survey and recommendations for action.

## **13 Stress and Mental Wellbeing Update**

### **SAF19-P11**

To RECEIVE an update from the Health, Safety and Risk Manager

## **14 New EMS ISO 14001 2015 Standard Requirements**

### **SAF19-P12**

To CONSIDER the new requirements of the EMS ISO 14001 2015 Standard and a recommendation for action.

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## SECTION B – Starred Items for Approval

### \*15 Reports to Health, Safety and Environment Committee

To RECEIVE the following reports:

- (i) **SAF19-P13**  
Sustainability Manager Report
- (ii) **SAF19-P14**  
University Fire Officer's Report
- (iii) **SAF19-P15**  
Incident Report
- (iv) **SAF19-P16**  
Insurance Claims Report

### \*16 Policy for the Management of the Lifting Operations and Lifting Equipment Regulations (LOLER)

#### SAF19-P17

To APPROVE a new policy on the advice of the Health and Safety Statutory Compliance Sub-Committee.

### \*17 Pressure Systems Policy

#### SAF19-P18

To APPROVE a new policy on the advice of the Health and Safety Statutory Compliance Sub-Committee.

### \*18 Terms of Reference and Composition of Sub-Committees for 2018/19

#### SAF19-P19 (to follow)

- (i) To NOTE the terms of reference and composition of the following sub-committees:
  - GM/Biosafety Committee
  - Health, Safety and Environment Consultative Forum
  - Non-Ionising Radiation Protection Committee
  - Radiological Protection Sub-Committee
  - Sustainability and Social Responsibility Sub-Committee
- (ii) To APPROVE revised terms of reference and composition for the following sub-committees:
  - Chemical Safety Committee
  - Health and Safety Statutory Compliance Sub-Committee

### \*19 Minutes

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

- (i) **SAF19-P20**  
Chemical Safety Committee (8 November 2018)
- (ii) **SAF19-P21**  
GM/Biosafety Committee (17 December 2018)
- (iii) **SAF19-P22**  
Health and Safety Statutory Compliance Sub-Committee (5 November 2018, 28 January 2019)

- (iv) **SAF19-P23**  
Radiological Protection Sub-Committee (19 September 2018, 9 January 2019)
  - (v) **SAF19-P24**  
Sustainability and Social Responsibility Sub-Committee (22 January 2019)
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## **SECTION C – Items for Information**

### **20 Any Other Business**

### **\*21 Date of Remaining Meeting in 2018/19**

5 June 2019

Author – M Ashby  
January 2019  
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## Minutes SAF18-M3

Minutes of the Health, Safety and Environment Committee held on Wednesday 17 October 2018

### Attendance

#### Members:

Alan Bairner, Neil Budworth, Paul Drummond (ab), Sandy Edwards (ab), Norma King, Anne Lamb, Chris Linton (ab), Rahul Mathasing, Graham Moody, Chris Rielly, David Roomes, Jo Shields, Richard Taylor (Acting Chair).

#### In attendance:

Nick Clifford, Liz Fowkes, Richard Harland (for 18/37), Manuel Alonso and Angela Truby (for 18/38), Julie Turner (for 18/43 and 18/44).

#### Apologies received from:

Paul Drummond, Sandy Edwards, Chris Linton.

### 18/35 Minutes

#### SAF18-M2

The minutes of the previous meeting held on 6 June 2018 were CONFIRMED.

### 18/36 Matters Arising from Previous Meetings

#### SAF18-P46

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

36.2 The following were NOTED in particular:

- (i) Arising from 18/19.2(i) the Exit Policy would be progressed as part of the People Strategy. **ACTION: Director of Human Resources and Organisational Development, and Deputy Director (Human Resources)**
- (ii) Arising from 18/19.2(ii) an update would be sought on progress in creating designated smoking areas on the University's estate on the Loughborough College site. **ACTION: Health, Safety and Risk Manager**
- (iii) Arising from 18/29.3 the suite of mandatory courses and use made of records of completion of the courses would be considered as part of a review of mandatory processes. **ACTION: Director of Human Resources and Organisational Development, and Deputy Director (Human Resources)**

## 18/37 Health, Safety and Environment Update: School of Social Sciences

### SAF18-P47

- 37.1 The Committee received a presentation by the Dean on health, safety and environment arrangements in place in the School of Social Sciences.
- 37.2 The School had listed lone working as one of its potential risks. Supervisors were seen to be key players in the enforcement of lone working policies. The School was invited to contact staff in the School of Aeronautical, Automotive, Chemical and Materials Engineering to learn of its effective lone working policies and the penalties imposed upon members of the School who flouted the policies. The HSR Manager would also convene a meeting for interested Schools to discuss and promote best practice. **ACTION: SoS Dean, HSR Manager**
- 37.3 Members noted potential new risks for the School arising from staff pursuing new, more challenging areas of research. These included travel to higher risk areas of the world and may require additional precautions.
- 37.4 The School had significant experience of ensuring the health and safety of staff and students whilst undertaking fieldwork. The School of Science Operations Manager would contact the School to learn of its fieldwork health and safety practices. **ACTION: Science Operations Manager**

## 18/38 Health, Safety and Environment Update: Student Services

### SAF18-P48

- 38.1 The Committee received a presentation by the Director of Student Services on health, safety and environment arrangements in place.
- 38.2 The Service's staff delivered the mental health first aider training that was being rolled out across the University. There was significant interest within Loughborough Students' Union (LSU) in the possibility of the training being extended to its staff. The Health, Safety and Risk Manager and LSU President would agree what would be workable. **ACTION: HSR Manager, LSU President**
- 38.3 Members noted initiatives that were offered by the Service to support postgraduate research students. These activities aimed to build students' resilience.

## 18/39 Constitution, Terms of Reference and Membership for 2018/19

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

- 39.1 The Constitution, Terms of Reference and Membership of the Committee for 2018/19 were APPROVED.
- 39.2 Members were invited to consider the effectiveness of the Committee. They indicated their appreciation for the new meeting format which had been introduced at the beginning of the 2017/18 academic year and believed that it functioned well.
- 39.3 Members reflected upon the inclusion of presentations by Schools and Professional Services in committee meetings. The presentations were seen to have a number of benefits as well providing an opportunity to hold areas of the University to account. Preparatory discussions prior to the presentations provided an opportunity for a positive dialogue between the Health and Safety Service and the School or Professional Service. Preparation of the presentations allowed areas of the University to reflect how they embedded sustainability and social responsibility into their activities. The presentations were also helpful to other Schools and Professional Services, as they could learn from good practice described in the presentations.
- 39.4 Members were invited to forward specific comments about the effectiveness of the Committee to the Secretary: **ACTION: All Members**
- 39.5 The Committee agreed the following business for meetings in the 2018/19 academic year in addition to standing items:

### ***Presentations by Schools and Professional Services***

Architecture, Building and Civil Engineering

Facilities Services

Loughborough Design Services

Wolfson School of Mechanical, Manufacturing and Electrical Engineering - *February 2019*

### ***Substantive Additional Items***

EMS ISO 14001 2015 Standard – new requirements - *February 2019*

Occupational Health Annual Report - *February 2019*

People Strategy (including Exit Policy) - *February 2019*

Smoking Policy – *February 2019*

Strategic Review of Future Biological Needs and Requirements

## **18/40 Health and Safety Services Annual Report**

### **SAF18-P52**

40.1 The Committee received the Health and Safety Services Annual Report and agreed the plan of work for 2018/19.

40.2 The following points were noted in particular:

- (i) Good progress had been made over the previous year, with some activities receiving external recognition;
- (ii) The introduction of an electronic incident reporting system in 2017 had resulted in a rise in the number of reported accidents as predicted;
- (iii) A review of fire safety had provided reassurance that fire risks were being well managed and that the evacuation procedure was appropriate;
- (iv) In the next year the Service would carry out research to establish how it could increase engagement with the academic community;
- (v) The Service's key concerns were levels of technical compliance and a need to identify best practice in engaging with the academic community.

## **18/41 Health, Safety and Risk Manager Report**

### **SAF18-P53**

The Committee received a report from the Health, Safety and Risk Manager. The following points were NOTED in particular:

- (i) LSU, Security and the Health and Safety Service had worked closely to improve crowd safety at events held in the Students' Union Building. Thanks were expressed to the LSU Executive and Security for the considerable preparation undertaken in advance of the start of the academic session.
- (ii) Substantial work had been undertaken to ensure that the provision of high-altitude rooms in the new Elite Athlete Centre was operated safely. Multiple technical and procedural safeguards were in place to protect occupants and Imago employees.
- (iii) Discussions were taking place with the School of Science regarding the development of virtual reality health and safety training.
- (iv) A process review was to take place of the permit to work system.

## **18/42 Health, Safety and Environment Performance Report**

### **SAF18-P54**

The Committee received a report detailing key performance indicators for Schools and Professional Services and noted a small number that were categorised as amber. It considered ways in which identified issues could be mitigated. The Health, Safety and Risk Manager and Director of Facilities

Services would discuss identified issues for Facilities Management and, if appropriate, would submit a paper to Operations Committee to seek required resources or virement of existing resource. **ACTION: HSR Manager, Director of Facilities Services**

## 18/43 Non-ionising Radiation Governance

### SAF18-P55

The Committee approved a proposal to merge the two sections of non-ionising radiation governance, that is lasers and non-ionising radiation except lasers, into a single non-ionising radiation committee which included lasers. Amended terms of reference and membership would be submitted to the next Health, Safety and Environment Committee: **ACTION: Scientific Development Officer and Radioactive Waste Advisor.**

## 18/44 Human Tissue Authority Inspection

### SAF18-P56

The Committee received a report arising from a recent inspection by the Human Tissue Authority to assess compliance with the Authority's licensing standards. The Committee was assured the University was confident in remedying any issues raised by the Human Tissue Authority by the required deadline. The Committee expressed its thanks to members of staff, including the Scientific Development Officer and Radioactive Waste Advisor, who had been involved with the inspection. **ACTION: Scientific Development Officer and Radioactive Waste Advisor to convey thanks**

## 18/45 Health and Safety Risk Register

### SAF18-P57

The Committee received an update on progress in developing Health and Safety Risk Registers since the last meeting and noted that future audits would focus on risks identified in the registers.

## 18/46 Stress/Mental Wellbeing Working Party Update

### SAF18-P58

- 46.1 The Committee received an update on the work of the Stress and Metal Wellbeing Working Party and on a number of key activities.
- 46.2 Mental Health First Aider Training was being made available to all Schools and Professional Services. Deans and Operations Managers were being consulted about the suitability of individuals who volunteered to become mental health first aiders.
- 46.3 The Employee Assistance Helpline continued to receive a reasonable number of calls. However, call levels were lower than anticipated. In addition, very few employees were progressing to face-to-face counselling, with a number being directed to other forms of support instead. The HSR Manager would discuss levels of use of the Helpline with the Director of Human Resources and Organisational Development and the Head of Counselling and Disability Services to agree next steps. **Action: HSR Manager**

## 18/47 Sustainability and Social Responsibility Sub-Committee Minutes

### SAF18-P59

The Committee received the minutes of the Sustainability and Social Responsibility Sub-Committee meeting held on 22 June 2018. Members noted in particular ongoing concern over F-Gas compliance. The Health, Safety and Risk Manager and Director of Facilities Services would discuss the F-Gas system as part of their discussions on performance issues identified for Facilities Management. **ACTION: HSR Manager, Director of Facilities Services**



## **18/48 Reports to Health, Safety and Environment Committee**

The following reports were RECEIVED:

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

## **18/49 Environmental Policy**

### **SAF18-P66**

The Committee ENDORSED the University Environmental Policy.

## **18/50 Health and Safety Policy**

### **SAF18-P67**

Arising from M18/23.3 the Committee APPROVED the updated Health and Safety Policy.

## **18/51 Biological Safety Policy**

### **SAF18-P68**

The Committee APPROVED a new Biological Safety Policy.

## **18/52 Policy for the Management of Asbestos**

### **SAF18-P69**

The Committee APPROVED an updated version of the existing Policy for the Management of Asbestos.

## **18/53 Ionising Radiation Policy**

### **SAF18-P70**

The Committee APPROVED changes to the Ionising Radiation Policy.

## **18/54 Minutes**

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

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

## 18/55 Additional Item – Smoking Policy

### SAF18-P74

- 55.1 The Committee noted a request by the School of Science's Health and Safety Committee for smoking to be prohibited in more areas of the University and for there to be more designated areas where people may be permitted to smoke in order to discourage smoking in prohibited areas.
- 55.2 Members noted the arguments for and against a total University smoking ban, the difficulties of enforcing such a ban and general reluctance amongst the University community to challenge individuals who smoke in prohibited areas. They noted that this inaction could result in people smoking in public areas or could drive smoking underground, resulting in the danger of smoking in an area where a source of ignition could cause significant damage. Aside from the impact on the individual and others of smoking and the health and safety risk, smoking in public areas was seen to be detrimental to the image of the University.
- 55.3 Members noted that existing designated smoking areas were small and could benefit from more prominent signposting. They also noted that future initiatives to discourage smoking should be accompanied by the provision of information to encourage smokers to give up smoking.
- 55.4 The Committee agreed that the Smoking Policy should be a substantive item on the agenda at its next meeting. The following actions were agreed:
- (i) the existing policy should be reinforced **Action: HSR Manager**
  - (ii) the University community should be consulted about their views on the current policy as follows:
    - a) Colleagues from different parts of the University should be given an opportunity to comment on the issues;
    - b) trade unions should seek the views of their members **ACTION: Union representatives on HSE;**
    - c) LSU should seek the views of its members **ACTION: LSU President**
    - d) the views of the Head of Campus Services should be sought. **ACTION: Sustainability Manager**
    - e) the matter should be discussed at the next hall wardens' meeting. **ACTION: Head of Student Services**
- The Health Safety and Risk Manager would coordinate the above activities. **ACTION: HSR Manager**

## 18/56 Dates of Remaining Meetings in 2018/19

6 February 2019  
5 June 2019



#

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

Author: **Martine Ashby (Secretary)**

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

	Completed
	Not yet Completed

Meeting	Minute	Description	Action	Status
SAF16-M3	47.3 + 18/19.2(i) + 36.2	Take lead, working with others, in developing a staff exit strategy.	Director of HR+ RPBCS Officer	<p><b>Sept 17 Meeting: Staff Exit Policy to come to Feb 2018 meeting</b></p> <p><b>Jan 18 Update:</b> Report will be on next HSE Committee agenda under the Bio/Chemical safety section</p> <p><b>May 2018 update</b> Ongoing still in development.</p> <p><b>June 2018 update at meeting:</b> Draft strategy to be discussed with Deans and then considered by HR Committee. To be considered at October HSE meeting.</p> <p><b>Oct 2018 update:</b> HR to progress Exit strategy as part of the People Strategy</p> <p><b>Jan 2019 update:</b> In hand and to be completed shortly</p>
SAF17-M3	49.2(ii) + 18/19.2(ii) + 36.2	University's estate on Lough College site to become a smoke free zone	COO	<p><b>Feb 18:</b> Plan has been agreed with AED OPS Manager and is being progressed.</p> <p><b>June 18:</b> AED Operations Manager and Security Manager to coordinate erection of signs to make clear that it is a smoke free zone</p> <p><b>Oct 18 update:</b> Since been agreed to create designated smoking areas with enforced use. AED Ops Man was to progress through budgeting and planning process but difficulty identifying suitable site. Has suggested short-term solution of better signage. HSR Manager to seek clarification on current position</p> <p><b>Jan 19 Update:</b> Arts Ops Manager has been asked for an update</p>
SAF18-M1	3.2 (i)	Reflect on how Mental Health First Aider scheme could become part of infrastructure. Submit proposal to OPS for funding to roll out scheme across University	HSR Manager	<p><b>May 2018</b> – Awaiting budget outcome proposals for roll out submitted</p> <p><b>Oct 2018 update</b> – Budget obtained. Now being rolled out across campus. To be completed during 2018/19 academic year</p>
SAF18-M1	3.2(v)	Review ethical approval form and relevant health and safety forms to remove duplication where possible	Director of Research Office + HSR Manager	<p><b>May 2018-</b> Input given, outcome awaited</p> <p><b>June 2018</b> – Meeting held with Research Office but no outcome yet.</p> <p><b>Oct 2018</b> - Now completed. <b>Confirmed closed</b></p>
SAF18-M2	19 (vi)	Share examples of good practice in School's HSE practices at next Health, Safety and Environment Consultative Forum meeting	Science Operations Manager	<p>To be considered at November Health, Safety and Environment Consultative Forum meeting</p> <p><b>Nov 2018 update</b> – Science OPS Manager to present at University Safety Forum in Nov 2018</p>

Meeting	Minute	Description	Action	Status
SAF18-M2	21.2(ii)	Expand monthly health and safety site tours to become health, safety and environment tours with involvement by the Environmental and Sustainability Managers.	Director of FD, Development Manager	Template for the Project Manager (PM)'s Monthly HS&E Tour reports encompasses prompt to consider bio-diversity, drains, watercourses, waste etc. PMs to be encouraged in Project Team meeting to seek support from Environmental and Sustainability Manager <b>Oct 18 update</b> – Being progressed by Sustainability Manager <b>Jan 19 update:</b> Sustainability Manager not yet been invited on HSE tours but may have been none. Sustainability Manager to explore question with Development Manager
SAF18-M2	24.2	Check wording of tenant leases. Remain aware of open source rational activity for fire presentation purposes and to be able to inform adjacent tenants	Facilities Management	Strategic Scientific Development Officer and Radioactive Waste Advisor to progress <b>Oct 18 update – Confirmed completed</b>
SAF18-M2	25.2	Undertake a strategic review of future biological needs and requirements. Submit findings to October meeting	SDD Officer	COO has requested that review to take place over longer period to ensure comprehensive. Findings to come to meeting in 2019. <b>Jan 19 Update:</b> To be considered at June 2019 meeting
SAF18-M2	29.2(viii)	Doctoral College Sub-Committee to consider how PhD students with mental health difficulties should be supported by University in future	Associate Pro-Vice Chancellor (Doctoral College)	APVC (Doctoral College) reports that discussion held at DCSC and progress being made with CDS. Issue is ongoing and requires ongoing thinking between various sub-committees and services <b>Oct 18 note</b> – Initiatives to support PhD students were noted during Student Services presentation to HSE
SAF18-M2	29.1	Seek HSE Chair's action in summer to approve plan of action to address F-Gas risk.	Sustainability Manager, Director of Infrastructure and Commercial Services	Currently with Director of Facilities Services. HSSSC not met since May so proposed action plan not yet been tabled. In meantime work ongoing with Environment Manager and FM colleagues <b>Oct 18</b> – On agenda and Director of Facilities Services to provide report to HSSCS in November
SAF18-M2	29.2	Brief Deputy Director of HR (Staff Development on Environmental Essentials course	Sustainability Manager	Sustainability Manager discussed with Deputy Director of HR (SD) who was to recommend E-essentials as an induction course. Now completed and on website. Completion of course is logged on PDR. <b>Oct 18</b> – Now completed. Not mandatory but recommended at induction

Meeting	Minute	Description	Action	Status
SAF18-M2	29.3 + 36.2	Reflect on courses which are currently mandatory and on use made of records of completion of courses. Decide on appropriate balance of mandatory courses for future	Deputy Director of HR (Staff Development)	<b>Oct 18</b> – Director of HR and Organisational Development and Deputy Director (HR) to consider as part of review of mandatory processes <b>Jan 19 Update:</b> Has also been raised by ITGC. Will be looked at once Strategic Lead for Academic, Professional and Organisational Development has been recruited.
SAF18-M3	37.2	Contact AACME staff to learn of effective lone working policies and penalties imposed	SoS staff	
SAF18-M3	37.2	Convene a meeting for interested Schools to discuss lone working and promote best practice	HSR Manager	Meeting held. Having discussed the risks, School representatives were content that they had appropriate precautions in place (although there was an exchange of good practice). The only additional action required was to consider and recommend hours of normal operation for the University – currently defined as 8am to 7pm
SAF18-M3	37.4	Contact SoS staff to learn of fieldwork health & safety practices in SoS	Science OPS Manager	Meeting arranged for early February 2019
SAF18-M3	38.2	Mental health first aider training: Agree what workable for for LSU staff	HSR Manager + LSU president	Training is being offered to LSU representative
SAF18-M3	39.4	Forward comments about effectiveness of Committee to Secretary	All members	
SAF18-M3	42	HSE Performance Report: Discuss identified Facilities Management issues and seek resources if appropriate	HSR Manager and Director of Facilities Services	Actions have been taken to address the specific items identified.
SAF18-M3	43	Submit amended terms of reference and membership for Non-ionising Radiation Committee to next meeting	SDORW Advisor	Included in Terms of reference document (SAF19-P16)
SAF18-M3	44	Convey thanks to members of staff involved in Human Tissue Authority inspection	SDORW Advisor	Completed

Meeting	Minute	Description	Action	Status
SAF18-M3	46.3	Discuss levels of use of Employee Assistance Helpline with Director of HR and OD and Head of Counselling and Disability Services and agree next steps	HSR Manager	Following this discussion, it was agreed to extend the EAP contract for a further year. Marketing and Communications have been approached to ask for their support in developing a communication plan for the year.
SAF18-M3	47	Discuss F-Gas system as part of discussions on performance issues identified for Facilities Management	HSR Manager + Director of Facilities Services	Actions have been taken which have resolved this issue.
SAF18-M3	55.4	Reinforce Smoking Policy and coordinate actions regarding Smoking Policy listed in minute 55	HSR Manager	Content of policy was reinforced and consultation exercise on the adequacy of the policy has been undertaken – a paper on this is included on the HSE Committee agenda.
SAF18-M3	55.4(ii) (b)	Trade unions to seek views of members on existing Smoking Policy	Union reps on HSE	
SAF18-M3	55.4(ii) (b)	LSU to seek views of members on existing Smoking Policy	LSU President	
SAF18-M3	55.4(ii) (b)	Seek views of Head of Campus Services on existing Smoking Policy	Sustainability Manager	Head of Campus Services view: ban would not be easy to enforce, and Security team cannot be expected to do so. Extremely difficult to manage a total ban and could force smoking back into student rooms. Implementation of current policy should be picked up and enforced by Deans/Heads of Professional Services and Managers, with staff disciplined for breach of policy. Hall wardens would also need to enforce. University should consider a campaign to help smokers to stop.
SAF18-M3	55.4(ii) (b)	Smoking Policy to be discussed at next hall wardens' meeting	Head of Student Services	

## Health, Safety and Environment Committee



Loughborough  
University

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

**Origin:** Neil Budworth

**Date:** 22<sup>nd</sup> January 2019

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



# **Health, Safety and Risk Manager's Report**

Prepared by Neil Budworth, Health, Safety and Risk Manager January 2019

## **Purpose of Report**

The purpose of this report is to outline areas of interest or activities that have arisen since the last HSE Committee meeting.

Resourcing within the Health and Safety Service.

Over the past few months due to a series of planned and unplanned operations and absences the Health and Safety Service has been running with significantly reduced resources. Staffing levels should return to more normal levels by the end of March.

William (Bill) O'Connell will be joining the Health and Safety Service from the Wood Group in March as a replacement for James Stapleton and the administrative position should be filled by mid March.

## **Elite Athletes' Centre**

The high altitude rooms in the new Elite Athlete Centre are now in operation. The rooms use an Oxygen depleted atmosphere which gives the same effect as being at altitude, but which can affect some people. Safety protocols are now in place, with more stringent assessment and control processes in place when the room altitudes are to be set above 3,500m.

## **Training**

The fire E Learning package developed in collaboration with Warwick University is now completed and will be deployed shortly. A bespoke Display Screen Equipment is being developing in collaboration with the Centre for Academic Practice.

The collaboration with the Department of Computer Sciences to develop some health and safety training in virtual reality is progressing to plan. All of the individual elements are developing progressing and will eventually be brought together to form a fire safety training package.

The roll out of mental health first aiders across the campus is progressing well. So far 67 have been trained with another 30 to be trained by the end of May.

## **Fire**

The fire design strategy is currently being reviewed with the involvement of key stakeholders. Further changes may be required when the regulation and standards are updated following the Grenfell tragedy.

Changes to the way in which data related to students who require adaptations is captured caused problems with the development of Personal Emergency Evacuation Plans (PEEPS). This process and the associated question set has now been reviewed.

The maintenance of fire extinguishers is being in the process of being in-sourced. Data is being transferred so that it can be included in Archibus. Facilities Services will manage the actual servicing of the extinguishers.

Fire extinguishers

## Permit to Work

Recent incidents have identified potential issues with the current Permit to Work system (a formalised system which is used to manage very high risk activities). The current permit to work process has been reviewed and work is now underway to develop and deliver a new process (possibly with an associated software solution).

## Guidance on Fieldwork and Student Placement

The Universities Safety and Health Association have updated their guidance on Fieldwork and Placements. The University guidance has been updated to reflect the changes to these documents.

## Identification and Labelling of Assets

Work is continuing in association with Facilities Services to

Neil Budworth  
Health, Safety and Risk Manager

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Occupational Health Update

**Origin:** Neil Budworth

**Date:** 21/1/19

1. Decision Required by Committee	None for information
2. Executive Summary	The paper describes the actions been taken to develop the University Occupational Health Service.
3. Committees/Groups previously considering item.	

## **Occupational Health Update**

The Occupational Health Service is currently undergoing a period of change.

The Human Resource and Organisational Development (HROD) team and the Health and Safety Service have undertaken a fundamental and holistic review of the University's Occupational Health Service.

Dr Steve Boorman CBE was commissioned to undertake the review of the service. Dr Boorman is an internationally recognised expert in this area and currently is Chair of the UK Council for Work and Health. He previously led an independent review of the strategic value of the health and well-being of NHS staff for the UK government.

The review examined clinical practice, operating processes, structure and data management amongst other things.

The report contains 37 recommendations and the Health and Safety and HROD teams are working together to determine how we best address each one of the recommendations.

As a first step it has been decided to restructure the Occupational Health Service by recruiting an experienced occupational health manager who can then implement the findings of Dr Boorman's review. The Occupational Health Manager will be supported by an outsourced Occupational Health provider.

This arrangement will mean that we have the benefit of an inhouse advocate who can engage proactively with schools and departments, whilst having the ability to cope with the peaks and troughs of demand which we experience throughout the year.

We are currently in the process of recruiting the OH Manager, and in the interim a 3<sup>rd</sup> party provider, RPS Occupational Health Services, are providing Occupational Health Advisor support.

Short term changes in operational practice will be required and mid term it is likely that an investment will be required in terms of OH software and health surveillance equipment.

Anne Lamb

Neil Budworth (leading implementation of the OH Review recommendations)

January 2019

## Health, Safety and Environment Committee



**Paper Title:** Outcome of Smoking Policy Survey

**Origin:** Neil Budworth

**Date:** 21/1/19

1. Decision Required by Committee	The HSE committee therefore is asked to consider :-  Leaving the Smoking policy unchanged, or further restricting smoking to a more limited number of areas.  Further action is needed in relation to enforcement, publicity and health education.  How the policy will be enforced – recommendation via the normal management chain  The extent of communication activity  The delivery of a smoking cessation programme
2. Executive Summary	The paper contains the detailed results of the survey on the adequacy of the smoking policy together with recommendations regarding future action.
3. Committees/Groups previously considering item.	None

# **Results of Consultation Exercise** **Regarding the University Smoking Policy**

Neil Budworth, Health, Safety and Risk Manager January 2019

## **Introduction**

At the September Health and Safety Committee meeting the University Health and Safety Service were asked to undertake a survey to determine attitudes towards the current Smoking Policy.

A Campus wide survey was launched which received 88 responses.

## **Current Policy Position**

The main elements of the current policy are :-

Smoking is banned in University buildings and within 3m of the entrance, windows or air inlets to buildings.

There are significant number of areas across the University campus which have been designated as no smoking zones including

- Outside of the library
- James France Walk (including the area around the Chemistry (F) Building)
- Holywell Park
- Martin Hall Square and the area around the adjoining sports related buildings of Sir David Wallace and Sir John Beckwith buildings.
- Sports pitches and recreational areas

Smoking shelters have been erected near to each of the no smoking zones for those who wish to smoke.

The use of E cigarettes is treated in the same way as smoking.

Those who wish to stop smoking are directed to the local NHS smoking cessation service.

Supervisors and Managers are responsible for the enforcement of the policy where appropriate through normal disciplinary procedures.

## **Results of Consultation Exercise**

The first question related to the adequacy of the current policy.

A small majority (53.4%vs 46.6%) felt that the current policy was fit for purpose.

Whilst there were a few respondents who were advocating a campus wide ban, most of the comments on this question related to smoking near to buildings, and particularly near to windows and the lack of enforcement of the current policy.

Of the 46.6% who felt that the policy was not adequate these were split 21.6% vs 25% on whether the size of the designated smoking areas should be increased or decreased.

There was strong support for increasing the exclusion zone around doors and opening, although an administrative error between the development of the consultation questionnaire and the online version meant that a status quo option was omitted.

When asked about the size of the exclusion zone around doors and opening the verbatim responses revealed the following:-

What is an appropriate exclusion zone?

1 Metre	2
2 Metres	2
3 Metres/Remain the same	21
4 Metres	1
4-5 Metres	1
5 Metres	8
6 Metres	3
5-10 Metres	1
10 Metres	11
3 Miles	1
Designated smoking areas only	7
Away from people/buildings	6
Totally Removed	5

Analysing the verbatim comments revealed that there was support for the current exclusion zone of 3 meters being appropriate, but there was also significant support (23 in total) for an increase to between 5 and 10 meters.

There was strong support for treating vaping in the same way as smoking 71.6% vs 28.4%

## Discussion

Smoking is a divisive and contentious issue. Strong feelings have been expressed both in terms of Smokers' rights and also the desire for a smoke free Campus.

The majority of concerns relate to the enforcement of the current policy, with a high percentage of people feeling that the current policy is not enforced and therefore has limited effectiveness.

There is particular concern in relation to people smoking in the vicinity of windows.

Although there is support for an increase in the exclusion zone around openings, this is from the basis of a policy which is being interpreted as, no smoking near doors only and which often is not enforced.

Whilst people accept the health benefits of vaping when compared to smoking it is still considered a nuisance by many and hence there is a strong desire to see vaping treated in the same manner as smoking.

## **Conclusions and Recommendation**

Broadly speaking the current smoking policy is fit for purpose, but the visibility and enforcement of the policy is not.

The HSE committee therefore has the option to leave the policy unchanged, or to further restrict smoking to a more limited number of areas to address the concerns expressed in relation to smoking near to buildings.

Further action is needed in relation to enforcement, publicity and health education.

**Enforcement** – Deans of Schools and Directors of Professional services should be asked to define how they will enforce the smoking policy in their area of responsibility. A delegated responsibility is suggested as it is felt that a central approach to enforcement is unlikely to be effective.

**Communication** – The results of this survey will be communicated to key stakeholders. The key elements of the smoking policy relating to designated no smoking zones and exclusions around doors and windows should be recomunicated on a reasonably regular basis (eg twice per year).

**Health Promotion** – The size of the campus and the fact that so many people live on the campus 24 hours a day means that an outright ban would be problematic,

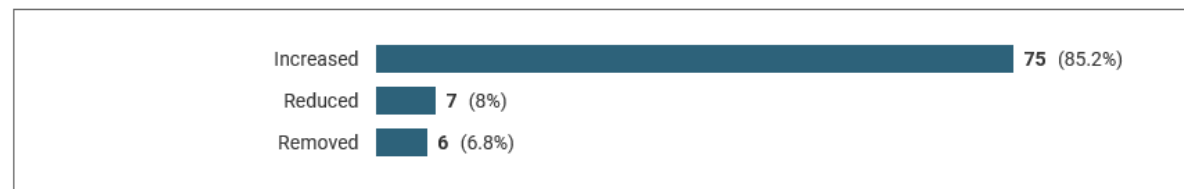
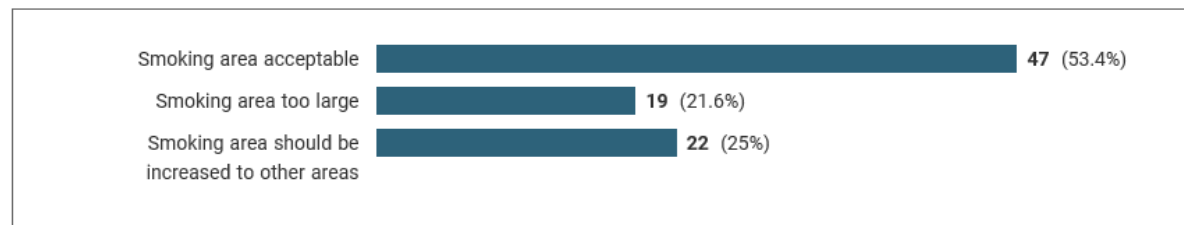
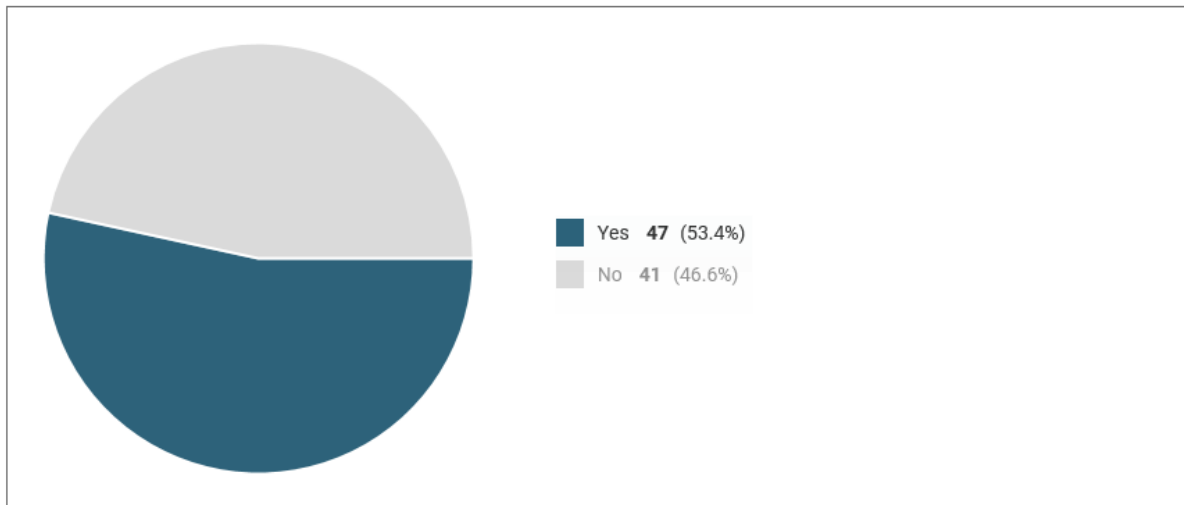
However as the world's leading sporting University and as a leader in workplace health we should be positioning ourselves in a way that supports the health of our colleagues, hence smoking cessation campaigns should be undertaken.

There is considerable free support available via the NHS that we may be able to utilise, but we also have workplace health, communication and visual communication experts within the University. Once the Occupational Health function is stabilised a campus wide smoking cessation programme will be developed.

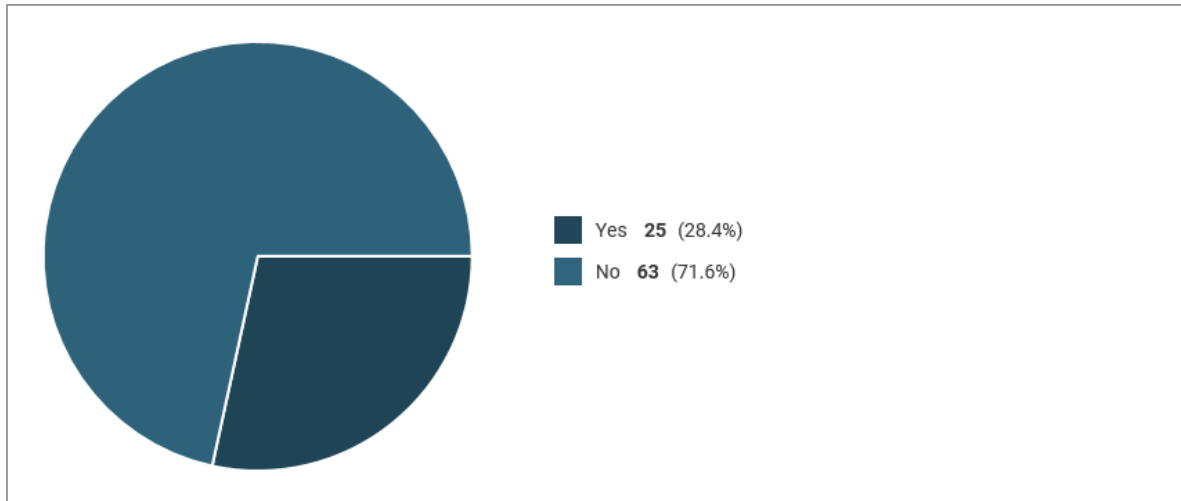


## Results of Smoking Policy Consultation Questionnaire

Is the University smoking policy fit for purpose as it stands?



When drafted the Policy took the view that whilst electronic smoking devices are not covered by the UK wide smoking regulations, they should be treated in the same way that tobacco products are. This was done to avoid confusion on interpretation and enforcement of the Policy. Evidence has shown that electronic smoking devices are less harmful than tobacco smoking products and are a very useful aid to those wishing to stop smoking. Should the Policy treat electronic smoking devices differently from tobacco products?



Is the University smoking policy fit for purpose as it stands?

If no which areas in your opinion should be reviewed?

Ban on smoking all smoking (including vapes) on university premises
We should move towards becoming a complete smoke free institution. That means in my view banning it completely on campus and asking Here East to ban it in London
Smoking shelters should be provided.
1) Acceptable smoking areas should be reviewed. Currently smoking is allowed anywhere on campus provided that it is 3 m from a building. As an example of how this fails: There is an ash tray outside my office window at a distance of about 3 m. The smoke easily carries into my office window and I unfortunately have to inhale a lot of cigarette smoke while at work. I have reported this but unfortunately it does not contravene the university smoking policy, so nothing has been done. I find it hard to believe that a smoking policy that permits workers to inhale so much cigarette smoke while at work is fit for purpose. 2) Policing of the smoking policy. When it is raining, smokers cluster in the sheltered areas (e.g. porches) next to building access points, and lots of smoke enters the building. This could be addressed by having designated smoking shelters.
consideration for vaping
enforcement of policy towards offenders should exist. Way too many people continue to ignore the policy smoking in forbidden areas (like flammable stores) or just outside doors. This creates a bad perception about all smokers (many of whom do the right thing).
Point 1.1c: The issue with allowing electronic smoking devices is not only the potential for confusion, but also the fact that exposure to vape 'smoke' is equally disgusting as exposure to cigarette smoke. Therefore, I do not believe that this qualifying statement is required and electronic smoking devices should be treated exactly the same to any other smoking products.
there is little enforcement of the policy and absolutely no consequence if the policy is broken.
Smoking congregating in outside areas where you have to walk through smoke / is close to windows.
The 3m rule from openings of buildings is insufficient: a) 3m is too little; b) it is in practice often not observed; c) it does not prevent people from smoking close to buildings and smoke drifting up the side of the building and into open windows.  Smoking is a major nuisance on campus, especially around building entrances. A more proactive policy protecting the health of all campus users would be either make the whole campus smoke free, or, failing that, allow smoking only in designated smoking zones but nowhere else.
E-cigarettes
the policy is totally unenforceable and not consistent across campus.

Reduce the number of areas that people are allowed to smoke.
Smoke-free campus
Smoking area
More effort should be made to discourage smoking at work. Many companies have banned smoking completely at work. The University is behind on this!
Should be a campus wide ban of smoking. If not the 3m rule should be enforced, it currently is not as I am directly above an area where someone smokes below the window.
A non smoking policy campus wide Often get smokers in the summer smoking outside open windows not aware of the 3m policy
Tobacco smoking should be separate to electronic; however, with similar restrictions. The two groups should not be expected to share environments; however, as a non smoker I do not want either groups to share the same environment as me.
NCSEM ,BUILDING SHOULD BE INCLUDED BECAUSE OF NHS CLINICS,POLICY SHOULD BE TO STUDENTS AND THE PUBLIC NOT JUST STAFF.
Smoking areas; distance from entrances; it should be a smoke free campus; enforcement of the policy (i.e. who stops students standing outside a building entrance smoking)
People smoke near doors and at the side of buildings and the smoke drifts up into open windows and lingers in the doorways. It should only be allowed in designated shelters and needs to be enforced well.
Distance from windows/doors when smoking
I think it should purely be in designated areas
Smoking far too close to entrances and walking into building immediately after smoking is just as bad.
the 3m no smoking zone outside building should be reviewed. I still find myself having to walk through a group of smokers to enter a building.
No smoking areas should be increased to include most of campus
smoking is allowed to close to building and the policy is very rarely enforced
Stopping people smoking in certain areas is very much based on goodwill and individuals being bold enough to make an approach to a smoker to ask them to either stop or move to a designated area. This does not really work.
No E cigarettes (vaping)

Not smoking near windows/doors outside is not sufficient as smokers stand at the end of narrow pathways along the side of SM building and you have no choice but to walk through the haze of smoke to get by.
Areas allowed to smoke
Still too many people smoking too close to buildings/windows.
Impact on non smokers needs to be reduced.
The no smoking restriction within 3 meters of an opening in a building (e.g. doorway, window) is not appropriate  and should it be increased.
Distance smoking from building.
all..we should be a no smoking campus
The smoking policy is widely flouted. There is no monitoring of smoking within 3m of building entrances/windows. There are no repercussions when people do smoke in off-limits areas. I have personally had to draw people's attention to no smoking signs they are STOOD NEXT TO, and also inform them of the interesting fact that the door next to them contains gas works.
Whole campus should be no-smoking. Area around old Chemistry could be reviewed now that Chemistry has moved to David Davies. Areas around David Davies and STEM should be no-smoking.
Coverage (more areas should be no smoking) and enforcement (only a few people seek to enforce this).
Modifications as below.

Are the designated no smoking areas appropriate or should they be increased or decreased?

If you have indicated that these areas should change, please indicate how you feel that they should change.

There's a lack of smoking areas, particularly near office buildings
Remove totally
We should be advocating that no staff or student smoke. They should be firmly encouraged to quit by making it incredibly inconvenient to find anywhere to smoke
More sheltered smoking areas across the campus.

The smoking areas are too large: They include all of campus except for a 3 m zone around buildings. I often have smoke enter my office window from smokers standing at an ash tray (on top of a bin) a short distance from my office window. If it is raining, smokers don't even make an effort to stand away from the building and the entrance way gets filled with smoke. The smoking zone should be restricted to smoking shelters.

Is the no smoking restriction within 3 meters of an opening in a building (e.g. doorway, window) appropriate or should it be increased, reduced or removed?

If you have indicated increased or reduced please indicate how far you believe the restriction should extend.

2 m
To many people smoke to close the building. During the breezy day smoke can wafted into the building and it's not very good for those passing by
Remove totally
This is because there is no option to leave it as it is.
All smoking areas encourage litter, they pollute the environment and are visually disgusting
4-5 metres so that smoke does not waft into buildings via open windows
6 metres
Ideally the smoking restriction should be extended to designated smoking shelters (as per every other business site I've ever been on). However, I understand that this might be unacceptable to students. Therefore, 10 m should be sufficient, as long as it is policed, otherwise nobody will pay any attention, and nothing will change.
It's appropriate but survey doesn't offer that choice
either vaping or smoking within 3m causes nuisance to all non smokers. Some smokers abuse the 3m limit as excuse to smoke in front of a door, puffing as fast as possible. In many cases smokers light cigarettes or start vaping as soon as they exit a building, sometimes in the face of passers-by and then claim they are roughly 3m away.
The current limit still means that smoke gets into my office so test need to be done to find a distance/limit that does work as intended (or ban smoking across all the research/teaching areas of the campus)
Legislation in many other countries indicates a minimum distance of 4m from public buildings and this appears a reasonable requirement.
I think it should remain at 2 meters
a minimum of 10M and again only specific shelters to be used during official breaks.

3 metres is too little, and most smokers do not respect the rule.
10m
Staying the same wasn't an option above. 3m is pretty typical internationally and easy for everyone to remember
5m
at least 10m from all buildings
I'm not qualified enough to suggest a distance but I'm sure there's been testing that could be applied (3m may be enough...)
Total ban
To areas where it can't be smelt
Minimum of 10m
Campus wide
You omitted an option to leave it as it is (i.e. it is appropriate). You have forced me to select increase as a result.
Make places where it is acceptable to smoke in the open
5 meters
no smoking outside buildings only in designated smoking areas
I think it is appropriate as is - couldn't give that response above.
I feel 3m is ok so would be good to have an ok button
1m
at least 5 meters
It does not happen. I am a new member of staff and have seen many people smoking closer than 3m away from an opening. People use the building as a shelter from the weather.
smoking should be discouraged from all areas apart from smoking shelters.
I think 3m is appropriate, but this wasn't an option I could select.
As above, smoking areas should be as far away from buildings and through routes as possible.
As above. Smoking in any position with proximity to a building leads to smoke drifting into offices where myself and colleagues feel trapped with having to inhale the smoke due to

having desk/office based jobs. It is just laziness from smokers not to move well away from buildings since it would only take a few seconds. rather than a specific distance which is hard to measure and enforce, smoking should only be permitted at designated shelters.
5 metres minimum - at the moment, smoke comes inside
5 metres
3m or more is fine
> 3 miles
far enough away so it does not impact on building occupants with open windows
Shouldn't there be an 'appropriate' option, all the options will invoke change!
designated smoking zone should be located away from entrances/windows to buildings
10
10 metres from buildings
Smoking should only take place in smoking areas, at the moment people are still smoking within the 3 meter area. Nobody enforces these areas.
People will mostly smoke as close to a building as possible ignoring signage.
5-10 m
I think it's appropriate but there's no tick box for that.
At least 6 meters from a building.
1m
At least 5m - although I think people struggle with distances so perhaps having designated smoking spaces would be better (and banning smoking outside other buildings)?
other than staying the same, which is usually fine (was not an option above), then increasing any amount is always helpful.
fine as it is, but there is no option for this.
6 metres
Smoking should only be allowed in dedicated areas on campus. These areas should be at least 10 metres away from a building opening.
5 metres



10m. Students in halls regularly complain that people smoking outside results in smoke entering their room if their windows are open (e.g. summer months)
To specific areas.
10 metres minimum. I hate the smell of smoke coming in through my window. (I have an office near the back door of a building on the ground floor).
The Library entrance is very open, consequently the 3m guideline means that smokers are close to the building entrance.
it should be banned completely
No one seems to stick to this, I see people smoking within 3 meters of buildings nearly every day.
Increased to only allow smoking in designated areas. Ideally smoking should be banned across campus except for the designated smoking areas. However I understand this is unlikely to happen. So even some vague policing of non-smoking areas would be a start.
5 meters
The current restriction is appropriate.
The whole campus
I actually favour keeping the restriction as it is, but the survey does not allow me to say this.
This question did not allow the choice of it remaining the same distance. This would be my preference but certainly NOT reduced.
Campus boundary, or as far as possible - maybe restrict to shelters only.
3m is fine, but there is no option to say this is ok!
See answer to Q4
extend further out from building
appropriate but not able to select
Very rarely observed and for many smokers 3 m is next to the door. If it were 10 m, then it would be obvious that they needed to be well away from entrances etc
You haven't included an option for leave as is!
There is no option for "appropriate" in this question. Appropriate is my answer.

If you have any other comments relating to the smoking policy then please include them here.

Ban on smoking all smoking (including vapes) on university premises
I am sorry I have no sympathy with any smoking. It is destructive and bad for both individual and the planet. Emissions from Cigarette smoke is vastly under appreciated as a contributing factor to pollution. E Cigarettes are obnoxious when you stand behind someone puffing away making huge clouds of smoke. The University should not be encouraging or facilitating smoking in anyway on any of its property.
The smoking policy is not enforced in all areas. Please could the message be clearly reinforced to Deans and Heads of Prof Services
Electric cigarettes may be more healthy for the smoker, but they are deeply unpleasant to passive smokers. They generate huge clouds of pungent smoke that sticks to clothes and wafts deep into buildings from the outside. Please do not treat them any differently.
Outside library is smokers' land, one can't walk in-out the main entrance without being exposed to passive smoke. other serious concerns are the bus stops where deplorable people use them as smoking shelters. In addition, please remove ash trays where smoking is not permitted as this creates a pretext for smoking in the area.
The current policy is very weakly enforced. It is not clear either from maps or markings where it is allowed/not allowed to smoke.
'Emissions' from electronic smoking devices are equally disgusting as cigarette smoke and it would be unfair to increase exposure to non-smokers for the health benefits of a select few. I therefore believe that stating that electronic smoking devices are treated in the same way as cigarettes only for the purpose of avoiding confusion is not doing justice to non-smokers who do not wish to be exposed to any type of tobacco product related pollution.
Tricky one re vaping - not sure what the answer is, but clearly they are not the same as tobacco burning.
Because we have people living on campus the accommodation blocks smoking shelters would be for residents only. smoking away from shelters should be forbidden with an appropriate consequence if not adhered to.
Smoking is known to be detrimental to health, yet the tobacco industry has forced the "freedom to smoke" as people's right onto society. We ought to challenge that and become a smoke free campus.
<ol style="list-style-type: none"><li>1. Forcing e-cigarette users to use smoking shelters is not conducive to them giving up smoking.</li><li>2. Government research has shown e-cigarettes are healthier, and forcing e-cigarette users to breath second hand cigarette smoke isn't recommended and potentially harmful.</li><li>3. The government report recommended making indoor vaping rooms available as an alternative.</li></ol>

I think we need to push this message clearly. I see people smoking and walking all the time - this is particularly prevalent for students. I also believe a smoking shelter should be erected close to Halls. Towers Students currently smoke at the entrance and it leaves it very smelly

Smoking in my opinion should be banned right across campus, obviously there are reasons (excuses) why this can't happen but there is no better way to stop smoking than not being able to smoke in the first place, it just needs an establishment brave enough to take that step and be prepared to defend its decision. For example being a world leading sport, exercise and health centre therefore leading by example, perhaps?

I've already lost friends and family to lung cancer and if the university is able to influence which car I can drive to work in, then it should also take a stand in reducing the amount that people smoke.

I would not wish vaping to be treated differently. It is not harm free and there is no long term research into its effects so far.  
I dislike the smell of vaping and would not wish to be inside a building where vaping is taking place.

It may take at least 40 years of exposure to electronic smoking devices before they can be shown to have reduced risk!

E-cigarettes are unpleasant and anti-social. If they are an aid to quitting then they will still be an aid when used in the designated areas. I do not see how their efficacy can be increased by exposing other people to their obnoxious and invasive fumes.

I am happy with the smoking policy to stay how it is. This survey doesn't give this option though.

There should be a separate policy for electronic devices to tobacco products. I would not expect someone who is trying to stop smoking to go and smoke in the same shelter as a current tobacco smoker. However, I still do not want to walk through this smoke. Maybe more and separate shelters would help.

Too confusing to have separate rules for vaping and tobacco products and too hard to police.

There isn't any evidence of the long term effects of using electronic smoking devices either on the smoker or passive smoker therefore these should absolutely be treated the same way as normal smoking and their use discouraged on campus.

Electronic products should be treated exactly the same. Regardless of any evidence of harmful effects why should any person be inflicted by the vapour. I would see the benefit of having separate shelters for electronic and traditional tobacco users, to help anyone trying to quit etc.

Non smokers having to tolerate just one smoker in the workplace is too much. This applies even when they walk back into the building having recently indulged. They should also be smoking in their own time and is not fair on non smoking colleagues.

There needs to be stronger enforcement of the smoking ban outside dedicated areas.

Apply a policy fairly to students and staff. Encourage responsible behaviour even where smoking permitted IE outdoors away from windows, doors etc and keep distance from others when smoking even in permitted places.

VAPE can be used for drug consumption a lot more conspicuously than smoking, so be careful about giving it a free reign! We don't want illegal substances blowing through the office if it can be helped.

Vaping should be banned indoors, as although they are deemed not as hazardous to your health the smell of the smoke travels a long way and is very off putting to others.

electronic smoking devices have not been around long enough for any definitive evidence to be gathered

Implementation is a problem..Th area arunfd F building was often ignored. Perhaps increase signage, sign post to nearest shelter?

Although I dont mind the people who smoke what I do find offensive is the amount of breaks some take during works time and the lighting up of cigarettes within the building especially during bad weather. ( I see it on a regular basis)  
Whatever rules the university apply, if nobody is willing to enforce them then unfortunately they are a waste of time.

The University needs to be firmer.

The policy itself is fine--it is the fact that people regularly violate it that is not. But, what can you do?

Any policy needs to consider enforcement and consistency. It would be nice to have a strategy or at least an aim to move to a non smoking campus over a period of years.

I'd be happy to be a smoke free campus. It would make smoking difficult for people and save lives. Members of my family have died from smoking. It is a killer.

1. It would be helpful if signage could be reviewed including possible floor markings 2. the policy doesn't seem to indicate if there are consequences for smoking in no smoking areas. 3 Specific to the Library as our smoking area/shelter is necessarily over the road it has little use and staff are regularly asking students not to smoke (within and outside of the 3m) is there any guidance you can give or is there anything else we can do?

when I came back from working in the USA in 1989 I tried to get a non smoking policy in the buildings. It was stated then it was impractical. However it appeared a few years later. Now is the time to extend it across the entire campus.

It's a pity we cannot ban smoking across the campus.

Handguns are less dangerous than machine guns. Does that mean we can all walk around waving a Glock? i.e. electronic smoking devices should not be exempt just because they are "less" harmful.

Although I have answered 'yes' to the previous question, I realise this might be difficult to implement. If the smoking policy remains largely the same, there is no real need to make the distinction. However, if the policy becomes more restrictive, there might be an argument for treating vaping differently.

Electronic smoking may be less harmful but that does not change the fact that someone has the right to work in an environment where there is not smoke affecting the quality of the air.

Vaping could be treated differently for a few years, then banned alongside tobacco smoking. We should lead the way on this issue and be the first smoke-free campus. This is entirely compatible with our leading sporting status.

there is so much uncertainty about ecigs they should continue to be treated as being as harmful as normal smoking and a such treated the same

Question 6. highlights an issue. Can the University impose Policy that is not covered by the UK-wide smoking regulations? Would the law not prevail in such circumstances? Perhaps treating smoking and vaping under the same regulations might discourage people from the safer act of vaping. The University should seek to make vaping a more accessible option.

Allowing e-smoking anyway outside a building should encourage people to move away from cigarettes. The univeristy should look at what other Uni's do and how this works on the college.

Could do with better enforcement sometimes but that's very hard to do.

No smoking outside doorways needs to be enforced.  
Contractors need to be reminded of the policy when working on site.

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Stress and Mental Well Being Update

**Origin:** Neil Budworth

**Date:** 24/1/19

1. Decision Required by Committee	None – For information
2. Executive Summary	The paper summarises the current position in relation to stress and mental well being and outlines possible area of activity.
3. Committees/Groups previously considering item.	None

## Stress and Mental Wellbeing Strategy Position as of January 2018

### Background

Mental wellbeing and stress have become high profile issues which the University must manage. As well as being issues that are consistently highlighted as key issues during the development of the University's health and safety risk registers, they are also issues that have been raised and debated at senior management teams.

Stress and mental wellbeing also feature prominently in the staff survey and a number of academic departments have identified and are currently trying to deal with stress and mental health related issues.

In addition to our internal concerns the Health and Safety Executive have announced a renewed focus on the management of stress and mental wellbeing and a new strategy and supporting material was launched on the 16<sup>th</sup> March 2017.

Our inability to effectively manage stress and mental wellbeing has, in the last year, resulted in more than 3,400 days of absence at a cost of more than £1.7 million to the University. However, the absence data alone does not reflect the impact that stress and stress related absence has on the morale and productivity of individuals, teams and departments.

The aim on 2019 will be to understand how we integrate the work on mental wellbeing with the People strategy. To this end once discussions have been held with the HR team the working party referenced below will be re-convened.

### The Mental Wellbeing Working Group

A mental wellbeing strategy was established in 2017 :-

#### **To develop a fit for purpose end to end mental health and stress management programme**

Specifically :- to develop a programme that will support those who work within the University and reduce the number of individuals suffering from mental health and stress related issues and provide support for those who are suffering

It was agreed that the working party would achieve this

By

- Identifying and understanding best practice and available resources
- Developing a strategic framework
- Populating the framework with possible interventions

- Testing – the framework and major elements of the framework both through piloting and with stakeholders.
- Agreeing final proposals, which will then be submitted to the senior leadership teams and HSE committee

The members of the working group were as follows :-

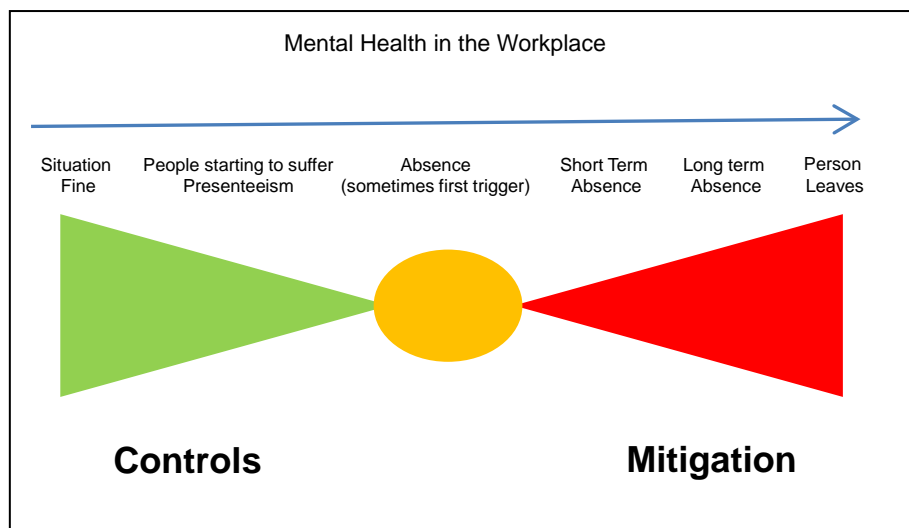
Neil Budworth	– Health and Safety Service
Jacqui Glass	– Due to role with Staff Survey
Manuel Alonso	– Student Services (meetings 2 and 3)
Veronica Moore	– Student Services
Eugenie Hunsicker	– UCU Representative
Fehmidah Munir	– SSEHS (input on well being research)
Cheryl Travers	– Business School (input on relevant research)
David Wilson	– Representative of the staff survey group
Mark Davies	– Sports Development
Rob Allan	– HR (Meetings 2 and 3)
Lindsey Brown	– HR (Meeting 1)
Jan Sutton	– Chaplaincy
Stewart Robinson	– Dean (Business School)
Judy Billington	– Operations Manager (Design School)
Helen Bentley	– Counselling Service
Emma Leech	- Marketing and Communications

The working party has been dormant for some time now to allow some of the earlier actions to be delivered.

## Background

To aid the working group benchmarking material was gathered and collated into a single workspace. Information was collated from trade associations, trades Unions, employer groups, regulators, research bodies, other Universities and published case studies.

A structure was proposed to focus debate around the, based on the following continuum.





Potential actions were categorised against this continuum in two ways, firstly in terms of the type of intervention:- primary, secondary or tertiary, secondly as one of the three overarching themes :- communication, information and responsibilities.

## **The Employee Assistance Programme**

### **Background**

In December 2017 the University implemented an Employee Assistance Programme (EAP). This paper gives a brief update on the progress to date.

An Employee Assistance Programme, at its most basic level is a 24 hour help line for staff with an associated website. The helpline provides immediate support and advice relating to legal, financial, relationship, emotional and employment issues and the web site provides written support as well as educational material. In addition there is a managers' support helpline which is also available. In April 2018 the University expanded the EAP contract to include additional support services including on line cognitive behavioural therapy and up to 6 sessions of face to face counselling per person. The change in contract altered the basis of data collection which means we are not able to get consistent data for the who year.

A good, well publicised EAP helps people to self refer and deal with issues at an early stage, avoiding problems later on, it can also be act as a referral route for HR or health professionals.

### **Progress so far**

Initial uptake was good, but usage has dropped as awareness of the programme has faded. There is some evidence that the burst initial activity was people seeking to find out more about the service. More recently although there have been fewer website hits people appear to be actively seeking more specific information (see ratio of website hits vs guide views in Appendix 1)

Some steps have been taken to address the decline in usage. For example letters were sent to all staff in December 2018 which included pocket cards. Regular articles on mental wellbeing have featured in the news section on the intranet, but the effectiveness of this communication has been questionable.

### **Current Actions**

Marketing and Advancement are in the process of developing a communications strategy for the EAP to cover 2019, the first draft will be produced in January 2019.

As well as trying to improve the general level of uptake for the programme there are four elements of the EAP provision which we will seek to utilise further in 2019.

1. Careers counselling - Every member of staff is entitled to a 50 minute telephone careers counselling discussion every year as part of the EAP contract. This was publicised in 2018, but uptake was poor.
2. Management referrals - When an individual could benefit from the support the EAP offers, with consent, the manager can arrange for the EAP provider to call the individual concerned and can facilitate access to counselling or general advice. This service has recently been discussed with the HR team, who are in the process of briefing HR partners.

3. 1<sup>st</sup> day call for stress related absence – a specific version of the management referral. With the permission of the individual concerned the line manager or HR partner can initiate a proactive call from the EAP provider to provide in the moment support.
4. Management support line – There is a dedicated management support line which can provide advice, support and a degree of coaching for managers in dealing with some of the challenges that they face.

## **Progress – Completed**

### *Mental Wellbeing Policy*

This was updated, along with the stress assessment process and placed on the HR website.

### *Management of Stress Related Absence*

A process used at Leicester City Council which aims to identify the underlying cause of the stress related absence so that actions can be taken is now in use in HR and appears to be working well. The process allows the actual causes of stress related absence to be identified and tackled at source.

### *Mental Health First Aiders*

The concept of mental health first aiders was piloted in the School of Science and was considered to be effective. Ops committee approved funding from the start of the 2018/19 year to deploy mental health first aiders across the University. Mental Health First Aiders are now being deployed across the University sequentially.

So far 67 have been trained with another 30 to be trained by the end of May.

### *Training*

The training offering relating to stress and mental wellbeing has been reviewed. Courses on stress, personal resilience, mindfulness, time management etc are being run routinely through staff development.

### *Awareness Activities Around Key Dates*

For the last two year a series of events and messages were delivered throughout Mental Health Awareness week.

### *Access to Sports Facilities*

Offers have been agreed with SDC are periodically made available to staff to encourage more physical activity.

### *Available Resources for supporting Mental Wellbeing*

The University already has a significant number of resources available which could be used to promote well-being and positive mental health. A master spreadsheet was created so that it is clear what is available from where and during 2017/ 18 the

aim was for the elements of the package to be communicated more widely – this includes additional offerings from SDC – this was completed, but needs refreshing.

## Areas for the Working Party to Explore

The next step is to reconvene the mental wellbeing working party to agree further actions.

Areas for discussion include :-

### *Data*

We do not have readily available sickness absence data, which restricts our ability to develop persuasive arguments and to target interventions. The availability and use of data will be considered in 2019

### *Group Assessment / Team Assessment Tools*

The Health and Safety Executive have developed a stress indicator tool

<https://www.hsl.gov.uk/products/stress-indicator-tool>

This is a survey type tool which aims to identify specifically what is generating stress in a particular school or department so that it provokes the development of dialogue and specific action plans – The potential application of this tool within Loughborough will be discussed.

### *Standards Defined in the Thriving at Work Report*

Government commissioned report relating to Mental Health at Work has been published - Thriving at Work by Stephenson and Farmer.

It is likely that UCEA will formally adopt the standards defined within the report and ask the sector to apply them.

The basic standards are :-

- Produce, implement and communicate a mental health at work plan;
- Develop mental health awareness among employees;
- Encourage open conversations about mental health and the support available when employees are struggling;
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development;
- Promote effective people management through line managers and supervisors;
- Routinely monitor employee mental health and wellbeing.

The report also outlines a series of more ambitious 'enhanced' standards for employers who can and should do more to lead the way, building on the mental health core standards these are as follows:

- Increase transparency and accountability through internal and external reporting
- Demonstrate accountability
- Improve the disclosure process
- Ensure provision of tailored in-house mental health support and signposting to clinical help.

The working party will discuss these standards and whether it is appropriate for the University to publicly adopt them.

#### *Treating stress related absence as a serious near miss*

Some organisations (notably Thames Water) treat any stress related absence over a certain threshold as though it was a serious accident or near miss. They trigger a senior management review where the case is reviewed end to end to determine root causes and opportunities for to minimise further cases further cases. This kind of activity focuses managerial attention and stresses the point that these cases are manageable. The working party will consider whether such an approach is appropriate for LU.

#### Goal setting for mental health

Cheryl Travers in the business school has successfully used a facilitated goal setting process for improving mental wellbeing in industry – using this type of process within the University could deliver benefits to the University as well as enhancing the impact rating of the research. This will be explored.

## Appendix 1 Employee Assistance Programme Usage Data

<b>Website Usage</b>			
	Visits	Number of guide / Info Viewing	Ratio guide / info views to site visits 1:x
April - Dec 2018	129	257	1.99
Dec17- Feb 18	1210	643	0.53

Note – because of the change of the basis of the EAP contract it was not possible to get continuous data for this period

<b>Top Guide Themes</b>			
Tips for managing your workload			25
Coping with stress at work			22
Mental health at work: Be there for your colleagues			20

<b>Helpline Call Outcome</b>			
	April - June 2018	July - Sept 2018	Oct - Dec 2018
Referred for counselling sessions	1	0	1
Facilitated referral (normally to GP)	3	0	2
Immediate support provided on call	4	3	2
Referred for guided self help or computerised Cognitive Behavioural Therapy (cCBT)	0	1	3
<b>Total</b>	<b>8</b>	<b>4</b>	<b>8</b>

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** EMS ISO 14001 2015 standard – new requirements

**Origin:** Jo Shields, Sustainability Manager

**Date:** 23.01.19

1. Decision Required by Committee	Members are asked to <b>CONSIDER and DISCUSS</b> paper
2. Executive Summary	<p>The ISO14001:2015 standard includes a new clause on Leadership and Commitment which states top management shall demonstrate leadership and commitment with respect to the environmental management system.</p> <p>This paper will explain the detail of the new clause. It then proposes how to ensure communication of this to key colleagues as part of the requirement to evidence continual improvement.</p>
3. Committees/Groups previously considering item.	Sustainability and Social Responsibility Sub Committee

**Strategic objective met:**

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

**Committee Action Required: To CONSIDER paper and proposal for provision of briefing/training session for Senior colleagues**

---

1.2 **Leadership and Commitment**

The ISO14001:2015 standard includes a clause on Leadership and commitment which states top management shall demonstrate leadership and commitment with respect to the environmental management system by:

- a) taking accountability for the effectiveness of the environmental management system;
- b) ensuring that the environmental policy and environmental objectives are established and are compatible with the strategic direction and the context of the organisation;
- c) ensuring the integration of the environmental management system requirements into the organisations business processes;
- d) ensuring that the resources needed for the environmental management system are available;
- e) communicating the importance of effective environmental management and of conforming to the environmental management system requirements;
- f) ensuring that the environmental management system achieves its intended outcomes;
- g) directing and supporting persons to contribute to the effectiveness of the environmental management system;
- h) promoting continual improvement;
- i) supporting other relevant management roles to demonstrate their leadership as it applies to their areas of responsibility.

NOTE Reference to "business" in this International Standard can be interpreted broadly to mean those activities that are core to the purposes of the organisations existence.

1.3 **Proposed Briefing/Training Content**

Although many aspects of the requirements are being met in full or part we feel there is an opportunity to demonstrate continual improvement in this area and the area of Competence and Awareness by providing a briefing and training session for Senior Management on:

- An overview of the EMS and it's requirements;
- The requirements of Senior Management;
- Our key Environmental Aspects and their Impacts;
- A summary of the key environmental legislation;
- Our Risks and Opportunities;
- The performance evaluation we undertake;
- Improvement

#### **1.4 Progress to date**

The Sustainability Team have proposed an externally facilitated training session of one hour in duration is provided for Senior colleagues to cover the above items in 1.3. This was tabled at the last meeting of the Sustainability and Social Responsibility Sub Committee for their consideration. They proposed a briefing paper is provided for Academic Leadership Team as part of a broader update on sustainability. The Sustainability Manager will present this on 1<sup>st</sup> April at ALT.



## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Sustainability Manager Report

**Origin:** Jo Shields, Sustainability Manager

**Date:** 23.01.19

1. Decision Required by Committee	Members are asked to <b>RECEIVE</b> paper
2. Executive Summary	Update on:  University Environmental Management System Compliance Audit Incidents
3. Committees/Groups previously considering item.	HSE Statutory Compliance Sub Committee Sustainability and Social Responsibility Sub Committee

**Strategic objective met:**

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

**Committee Action Required: To RECEIVE paper**

---

1.2 **Environmental Management System**

- i) The EMS external audit in 2018 resulted in 3 OFI's and therefore recommendation for continued accreditation
- ii) The external audit in 2019 will be from the 20<sup>th</sup> – 23<sup>rd</sup> August. The Leadership interview will be with Chris Linton.

1.3 **Environmental Incidents**

Four environmental incidents /near misses have occurred since the last HSE meeting consisting of 1 fly tipping, 2 fuel/oil spills and a chemical spill/leak at the swimming pool. No pollution occurred as a result.

1.4 **Legislative Changes**

There have been no legislative changes of note

1.5 **Waste**

- i) Hazardous and Clinical waste contracts are being tendered in the next 6 months
- ii) The disposal of glass remains an ongoing Health & Safety issue despite an email to all Professional Service and Operations Managers by H&S.

## Health Safety and Environment Committee



Loughborough  
University

**Paper Title:** University Fire Officers report for the period 01/09/18 to 31/12/18

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

**Date:** 20/1/2019

1. Decision Required by Committee	None. Report to be received and noted
2. Executive Summary	Fire & Rescue Service attend smoke related fire alarm incident. Fire Design Strategy. Annual Program Controlled Fire Evacuations. False fire alarm reduction.
3. Committees/Groups previously considering item.	None

## 1. There have been no reported fires during the reported period.

On 31/12/18 at 10:31 The fire alarm activated in Core G Charnwood / Garendon, Security officers responded and upon investigation smoke was visible in the corridor ground floor Core G. Leicestershire Fire & Rescue Service (F&RS) were requested and arrived at 10:58. In conjunction Security and the fire service established that the smoke was caused by oil overheating in an Air Supply Generator located in the roof plant room. Duty Facilities Maintenance were requested, and the generator was isolated. Area cleared of smoke and fire alarm system reset. F&RS left site 13:05

## 2. Fire Design Strategy

A review of the fire design strategy is underway. The review will consider how well the strategy has worked in the last two years, where changes are needed due to changes in legislation, technology or experience.

## 3. Annual program-controlled fire evacuations

The annual controlled fire evacuation exercises were carried out during November 2018.

Overall the evacuations were extremely good and all occupants within the buildings at the time of the test responded to the alarm, evacuated the buildings and promptly assembled at the designated assembly points. All occupants were thanked for their prompt response.

All Fire Marshals present at the time of the controlled evacuation performed their duties well, which involved them sweeping their designated areas of the building and reporting to the fire assembly point to police the persons assembled.

SDC managed buildings-controlled fire evacuations are planned to take place in June 2019, to ensure that occupants in SDC buildings wearing few clothes, will be at lower risk of exposure to the effects of inclement weather.

## 4. False fire alarms reduction in Student accommodation

Trials have taken place with Siemens Fire Detection to test the effectiveness of modern multihead fire sensors. These detectors successfully distinguished between aerosols, steam, and smoke. They also detected a simulated fire much more quickly than the traditional detector head. The cost benefit of this system will now be evaluated to determine whether they should be included in the future fire design strategy.

## 5. Fire Alarm Activations and Fire & Rescue Service call-outs statistics September 2018 – December 2018.

	September 2018	October 2018	November 2018	December 2018	Total
<b>Number of Activations</b>	27 Residential 1 Dining Halls 20 LU Building	51 Residential 0 Dining Halls 12 LU Building	30 Residential 1 Dining Halls 11 LU Building	25 Residential 1 Dining Halls 7 LU Building	128 3 50
<b>Activations involving F&amp;RS</b>	None	None	None	1 Charnwood / Garendon	1
<b>Genuine Fires</b>	None	None	None	None	0

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

1 Brockington Ext	5 Burleigh Court	1 Charnwood/Garendon
2 EHB	1 Frank Gibb	1 Holywell Building
3 John Ferguson	1 John Hardie	1 John Pickford
3 Link Hotel	1 LU Stadium	1 Martin Hall
1 Mathew Arnold	5 Performance Cent	2 Rutland
2 Seb Coe	2 S Building	1 Schofield
2 Sir David Davies	1 Sir Dennis Rooke	1 Sir John Beckwith
2 Sir Richard Morris	4 Sport Park	2 Stewart Mason
1 Swimming Pool	1 Wavy Top	1 West Pk Teaching
1 Wolfson		

## Dining Halls:

0 Cayley/Rutherford D/Hall	0 Faraday/Royce D/Hall	2 David Collett D/Hall
1 Village Restaurant D/Hall	0 William Morris D/Hall	0 Towers D/Hall

## Halls of Residence (University Managed)

1 Butler Court	13 Cayley	4 Claudia Parsons	3 David Collett
41 Falk / Egg	18 Faraday	9 Royce	8 Rutherford
15 Telford	3 Towers	0 University Lodge	18 UPP Blocks

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

### Note regarding Unite premises

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

Harry French (5)

Holt (2)

Waterways (2)

William Morris (0)

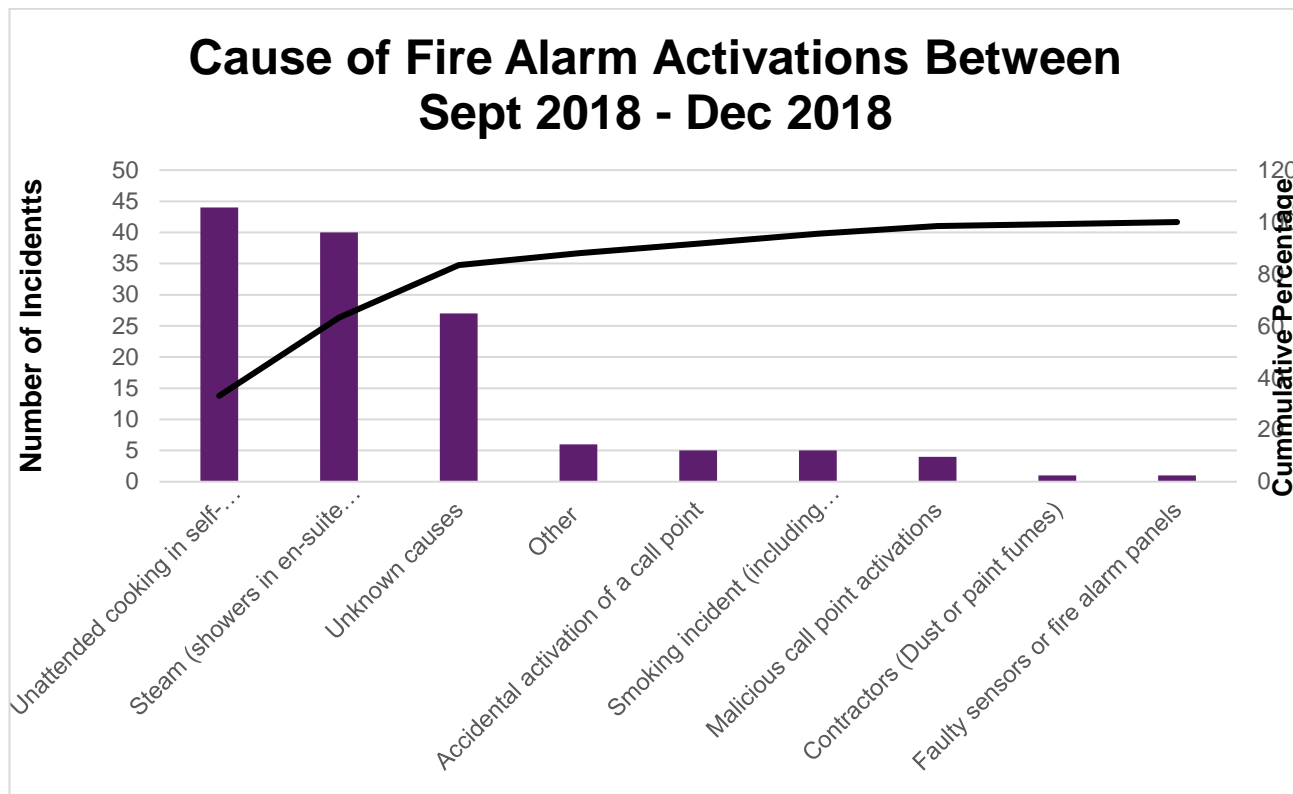
There were no instances of fire alarms that didn't have a known cause.

(All above information gathered from period (1/09/18 –31/12/18) Mr R M Harrison –Fire Safety Officer, University Health & Safety Service

## Notes on Halls of Residence False Alarms

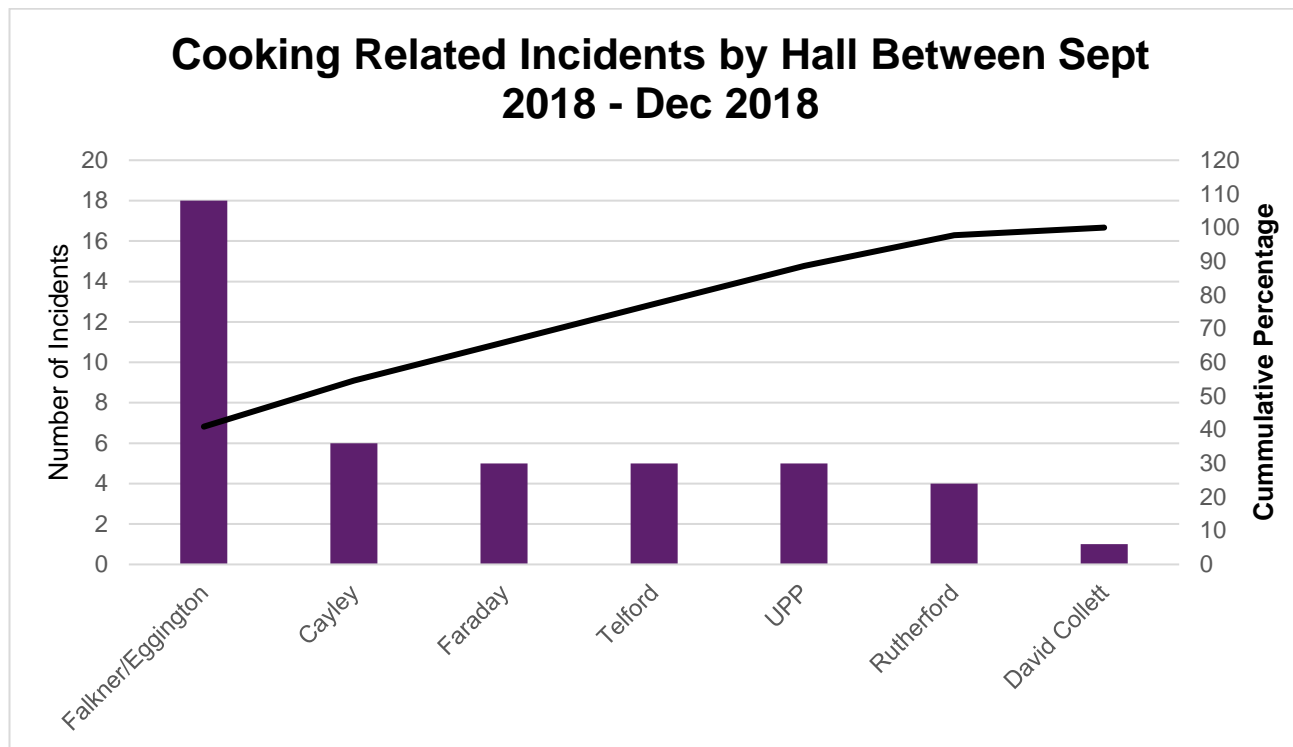
Falkner Eggington Hall continues to be the Hall with the highest incidents of false alarms. Following a successful trial alarms have recently been fitted to prevent kitchen doors being propped open – the impact on false alarms levels will be evaluated. Tests have also been undertaken to determine if it is possible to either condense or deflect steam from the detector head to prevent accidental activation. It became clear during the deflector test that steam activation is to some extent a seasonal event as it requires a lower ambient temperature than occurs in the Summer months. Options for reducing false alarms will continue to be investigated.

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



Deodorant/Steam in showers = 40, Unattended cooking = 44, unknown = 27, Smoking = 5, Other = 6  
 Accidental activation of Call Point = 5, Malicious call point activation = 4, Contractor working in building = 1, Faulty sensor or fire alarm panel = 1

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



Falk/Egg = 18, Cayley = 6, Faraday = 5, Royce = 0, Telford = 5, Rutherford = 4, Towers = 0, David Collett = 1, Whitworth = 0, UPP = 5

**Health, Safety and Environment  
Committee**



**Paper Title:** Incident data for two reporting periods between 1 July – 31 December 2018

**Origin:** Hugh Weaver

**Date:** 6 February 2019

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

## Incident Data Notes

### Introduction

This report has been prepared for the meeting of the Health, Safety and Environment Committee on 6 February 2019. It covers two reporting periods (1 July to 30 September and 1 October to 31 December 2018) and includes:-

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

### General comments

The implementation of the computerised incident reporting system has led to a greater awareness of the incident reporting process and much easier access. Whilst this means that the incident data being generated by the SHE incident reporting system is proving to be more accurate, it has led to an increase in the number of reports against reporting periods historically.

As of 1 December 2018, new increased functionality in the system allows the existing reporting forms to be used to report other types of incident. Including;

- Biological and chemical incidents,
- Fire Alarm incidents,
- Three distinct types of Radiation incidents (involving X-rays, Sealed and Open sources),
- General accidents, and,
- Near Misses and Dangerous Occurrences.

User uptake of the new functionality has been good and has not involved any increase in the training burden as the forms are so simple to use.

The rapid reporting of incidents through the system has also facilitated more meaningful and beneficial incident investigations. Serious incident reviews, where necessary, have been swiftly identified and implemented.

The problem of incomplete reports is ongoing but is easily managed by “super administrators” of the system in the University Health and Safety Service (UH&SS) when triaging the reports.

The number of system administrators or “Users” remains unchanged. A total of 67 “User” licences remains the operational number.

More User training for those SHE administrators who have not yet completed it is being organised and provided by the UH&SS during late February 2019.



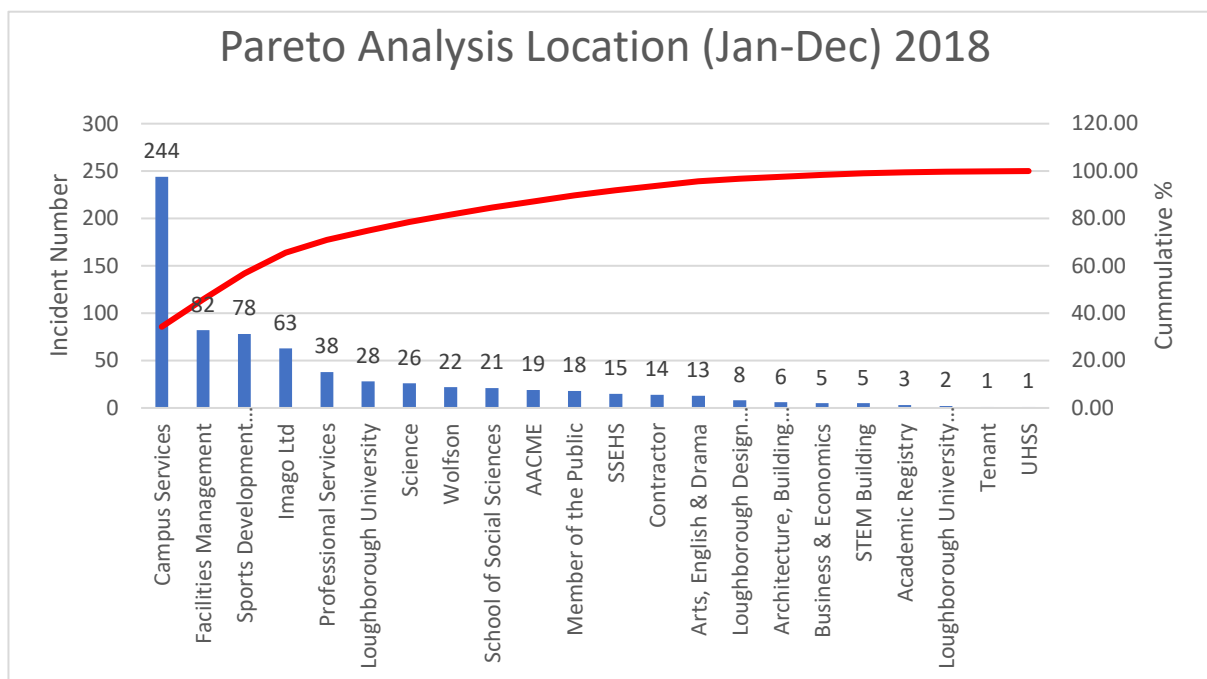
### Specific matters to note

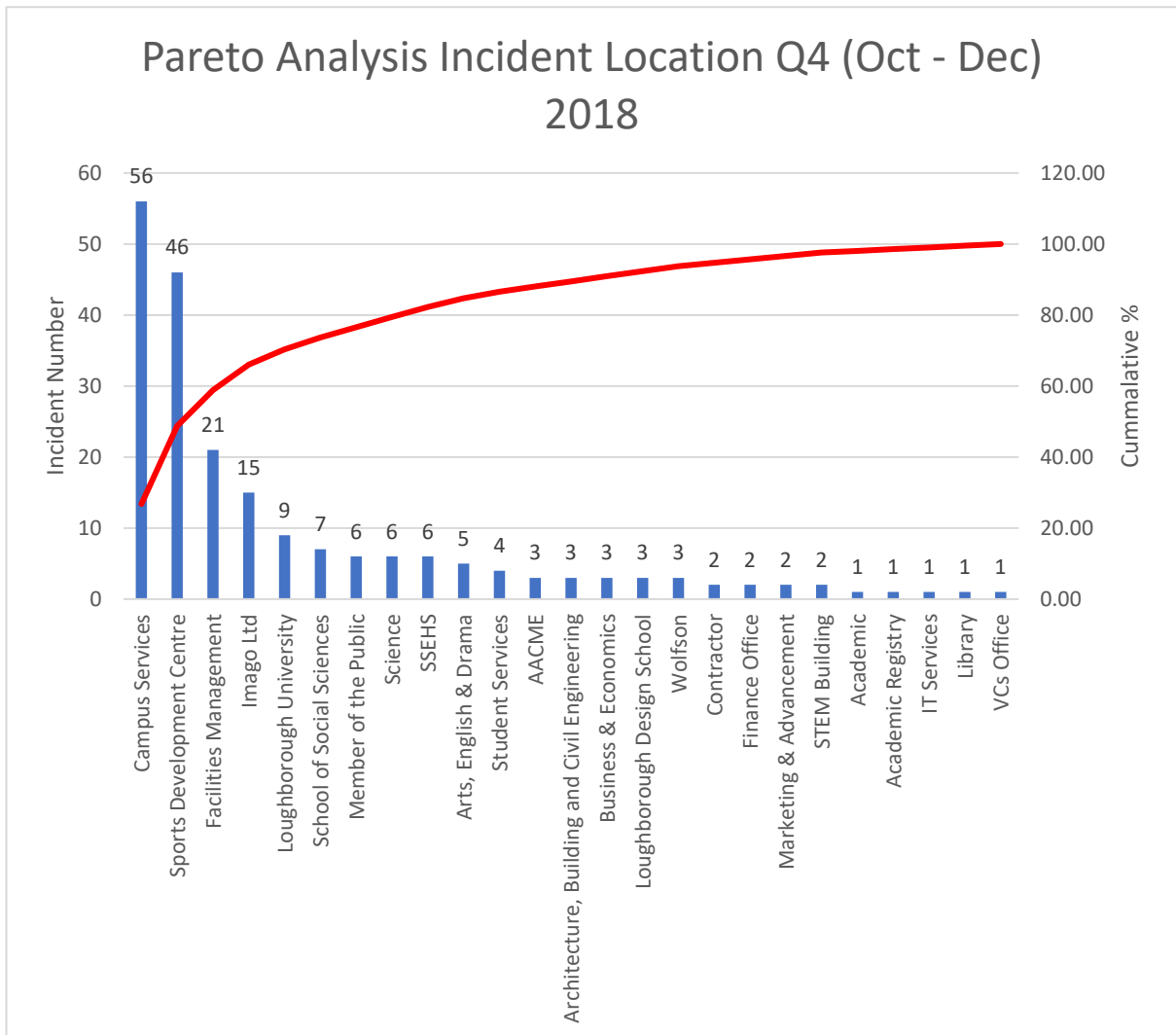
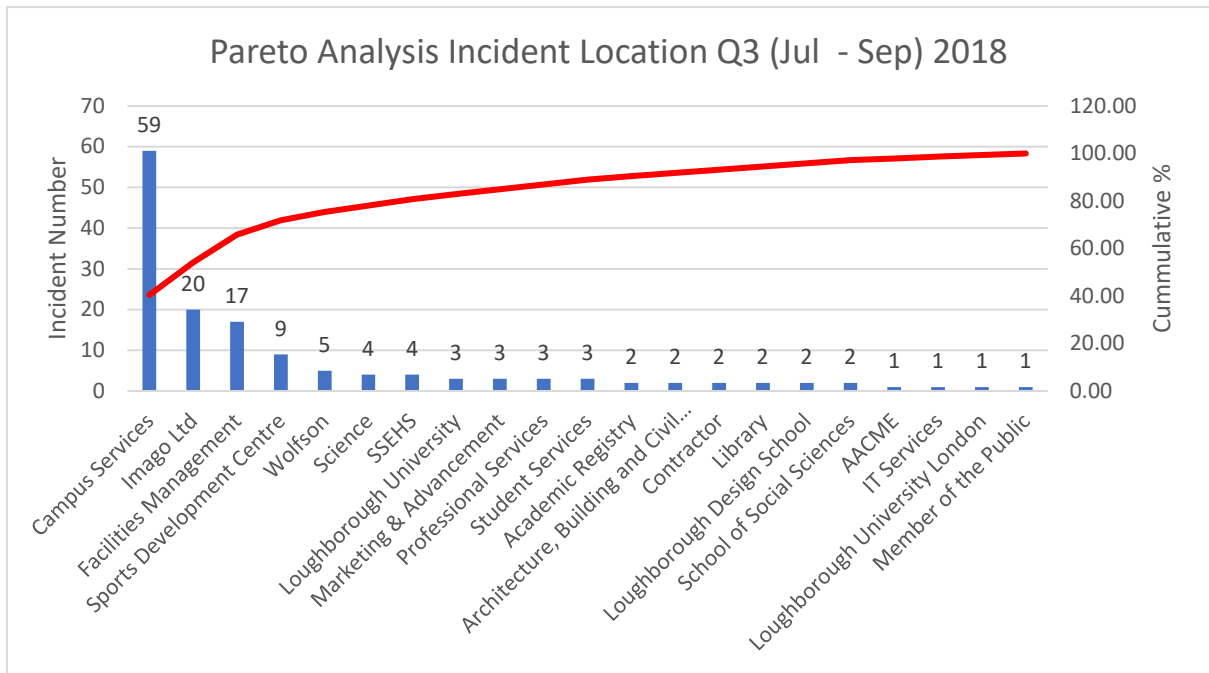
There were 5 RIDDOR reportable injuries during the reporting periods. Three “Over 7 day” injuries, one “Major Injury” and one “Member of the Public”. Please note that students are defined by Riddor as “Members of the Public”.

The total for 2018 is down from 12 to 7. However, the number of Riddor reports is low so as a percentage change it may appear large in itself but is misleading. The underlying causes and injuries resulting were all different and unrelated. Therefore, no trend was identified. One injury resulted in a Employers Liability claim and Serious Incident review (SRI) . The SRI panel followed the process laid down in policy and a number of recommendations have been made and are being implemented.

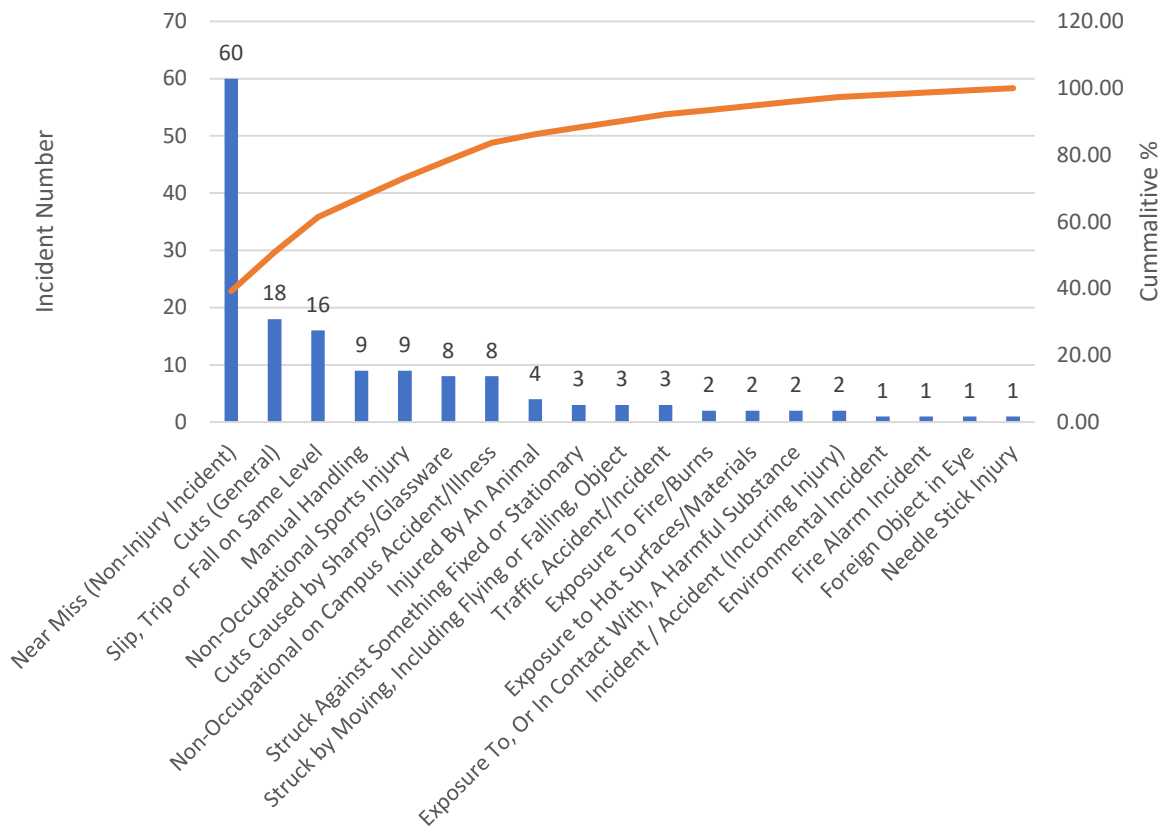
The incident trends previously identified have continued, however it is worth noting that Cuts have entered the top three of injuries now. A number of events in Campus Services caused this as well as reports from broken glass in waste. The former Deputy Health and Safety Manager managed an initiative with Campus Services staff to mitigate this risk.

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

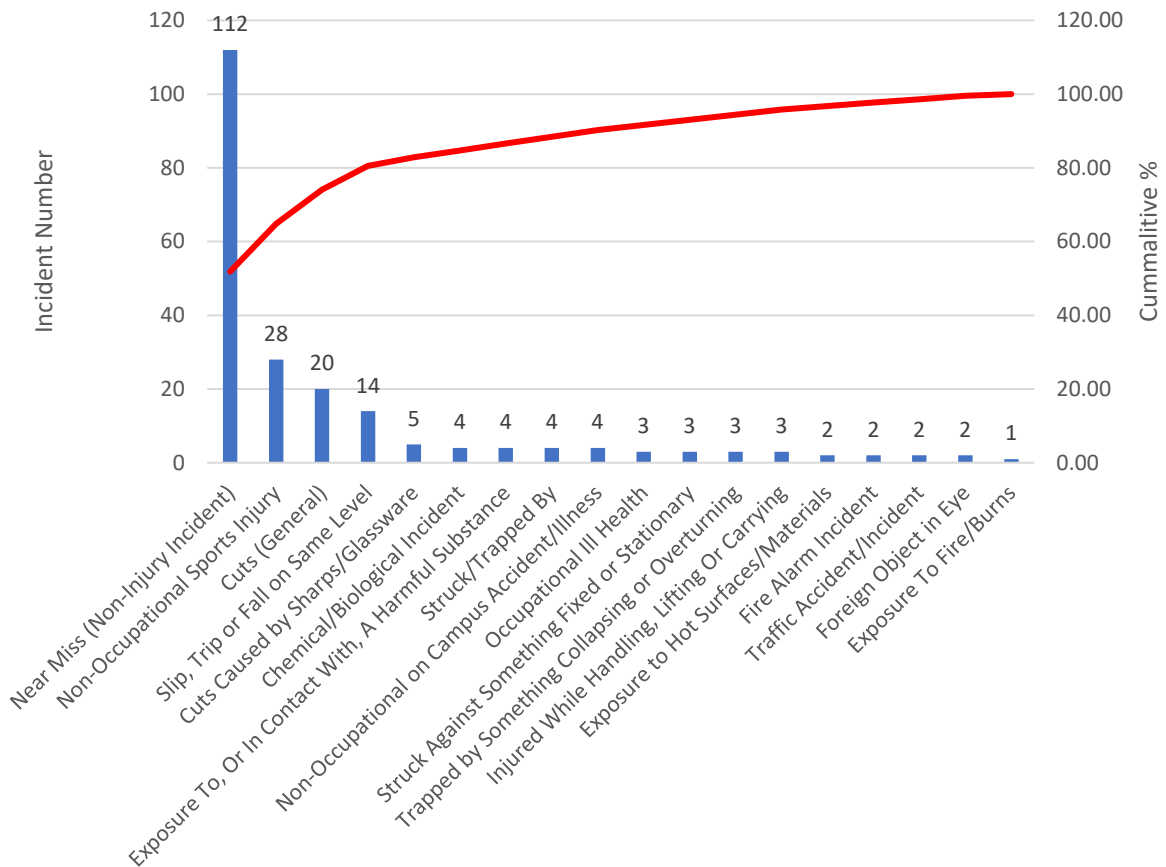




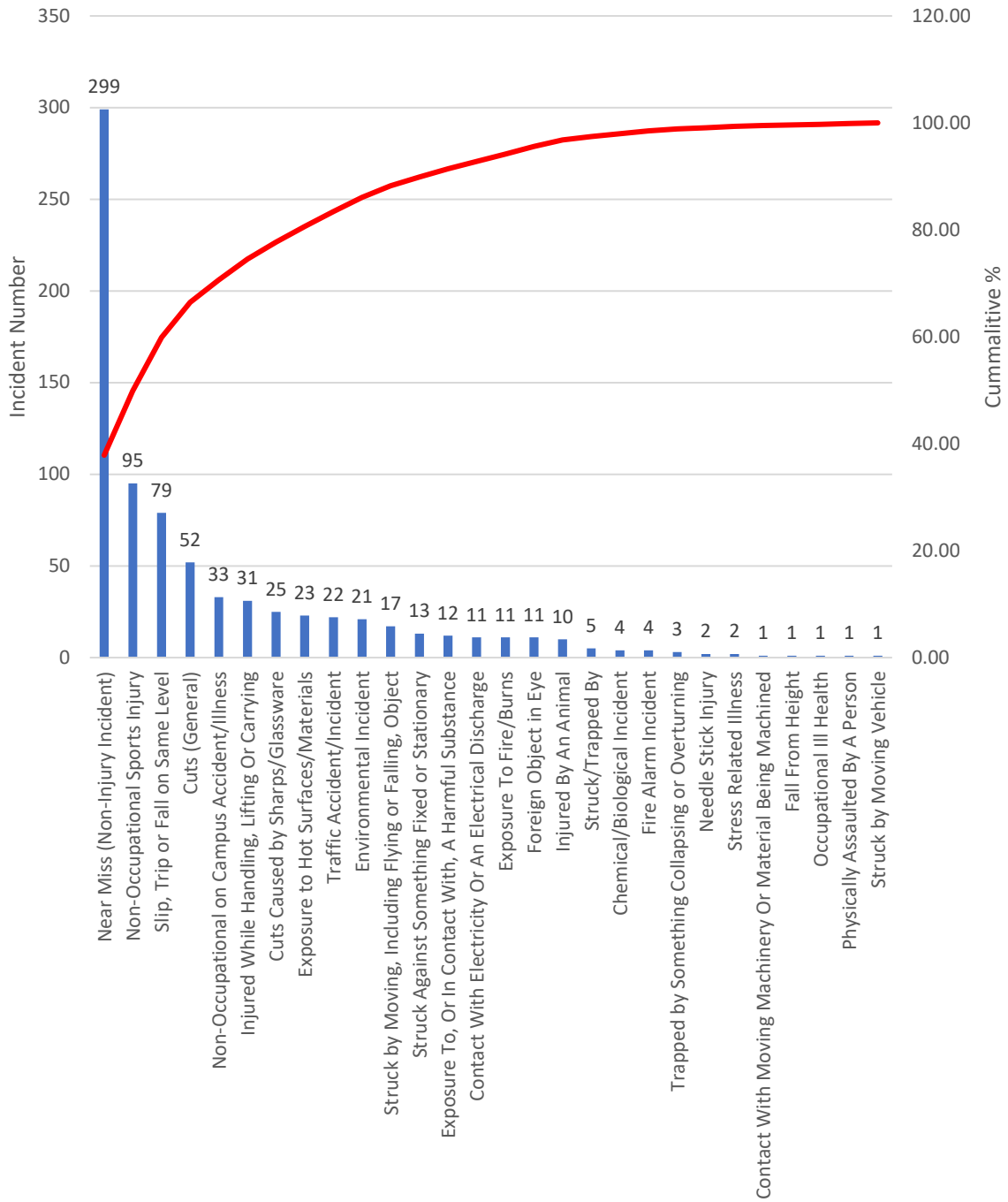
### Pareto Analysis Incident Type Q3 (Jul - Sep) 2018



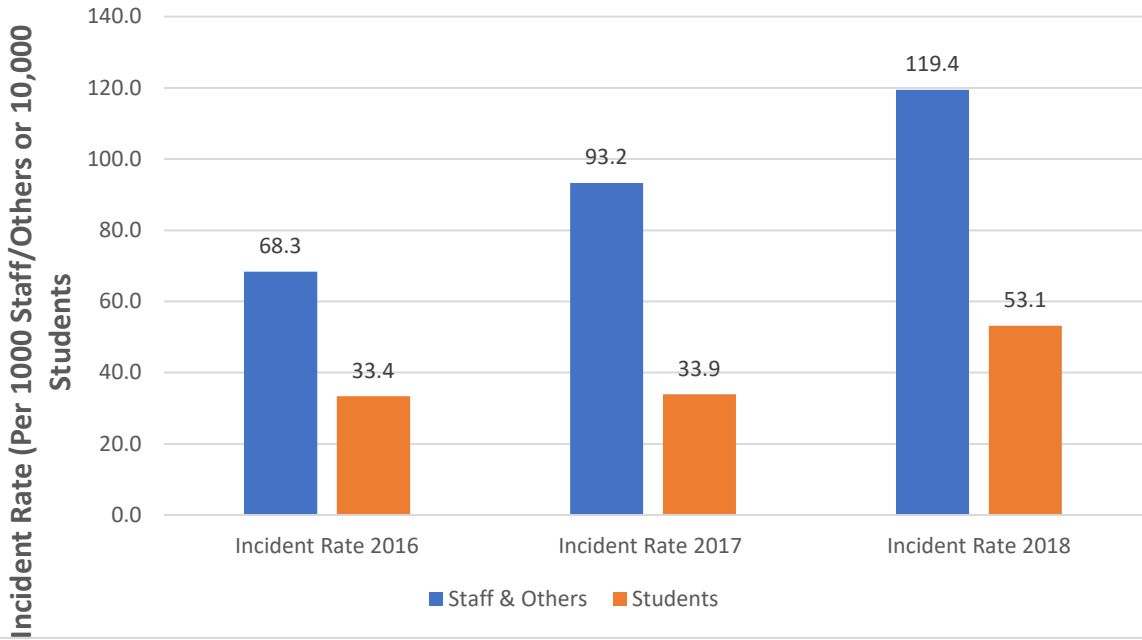
### Pareto Analysis Incident Type Q4 (Oct-Dec) 2018



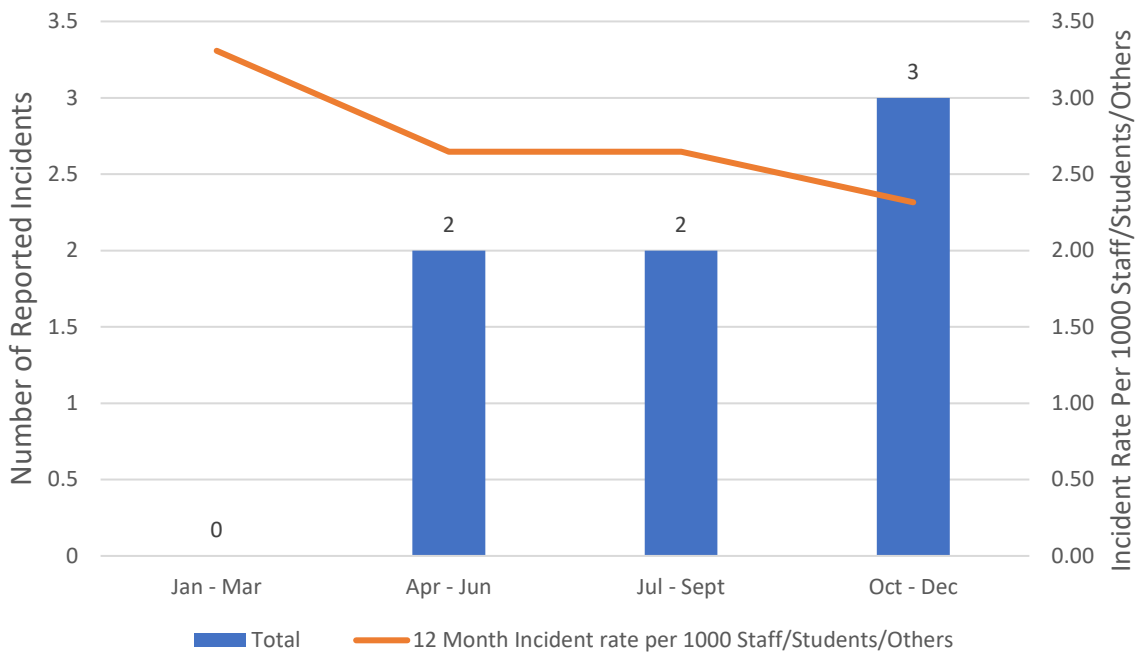
# Pareto Analysis Incident Type (Jan-Dec) 2018



### Incident Rate - 12 Months to Dec 2018 (Minus Near Misses and Non-Occupational Sports Injuries)



### RIDDOR Incidents 12 Months to Dec 2018



## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Lifting Operations and Lifting Equipment Policy

**Origin:** Neil Budworth

**Date:** 30th January 2019

1. Decision Required by Committee	For approval
2. Executive Summary	<p>The policy on the management of pressure systems has been developed by the University Duty Authorised person for the subject and has been subject to wide consultation.</p> <p>The policy has also been approved by the Health and Safety Statutory Compliance Sub Committee.</p>
3. Committees/Groups previously considering item.	Health and Safety Statutory Compliance Sub Committee and wide consultation with relevant stakeholders.



## **HSSC19–P6**

### **Subject**

Policy for the Management of the Lifting Operations and Lifting Equipment Regulations (LOLER)

### **Origin**

David Green (LOLER) DAP

### **Committee Action Required**

To discuss the proposed policy and recommend for approval to the Health, Safety, and Environment Committee.

This policy is a new policy as the University did not have an existing (LOLER) policy. The policy has been widely consulted on by people of different areas of the University and any comments have been considered and the policy being amended as required.

---

## **Policy for the Management of the Lifting Operations and Lifting Equipment Regulations (LOLER)**

*DRAFT – awaiting approval*

Reference No. TBC

Version No. 1

Effective from: October 2018

Review required before: October 2021

Author: David Green D.A.P. (LOLER)

<b>APPROVED AT:</b>	<b>DATE:</b>
Health, Safety and Environment Committee	



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## 1 POLICY STATEMENT

LOLER place duties on the University and employees, who own, operate or have control over lifting equipment. This includes the use of lifting equipment on campus, whether owned by them or not. In most cases, lifting equipment is also work equipment so the Provision and Use of Work Equipment Regulations (PUWER) will also apply (including inspection and maintenance).

LOLER is supported by L113 Safe use of lifting equipment: Approved Code of Practice (ACOP) and additional free guidance from HSE.

The failure and/or misuse of lifting equipment can potentially cause serious personal injury, significant damage to property and loss of time and money. Failure of any load-bearing part of any lifting equipment is reportable to the Health and Safety Executive as a Dangerous Occurrence under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) (RIDDOR)

If you undertake lifting operations or are involved in providing lifting equipment for others to use, you must manage and control the risks to avoid any injury or damage.

Where you undertake lifting operations, you must:

- Plan them properly
- Use only people who are competent and trained
- Supervise them appropriately
- Ensure that operations are carried out in a safe manner
- Ensure lifting equipment and accessories are appropriate for task;
- Mark Safe Working Loads [SWL] or Work Load Limit (WLL) on lifting equipment and accessories.
- Thoroughly examine and inspect lifting equipment and accessories.

### **Applicable regulations and legislation**

Most lifting equipment and lifting accessories will also fall within the scope of the Machinery Directive, as implemented by the UK Supply of Machinery (Safety) Regulations. Such equipment must have been subject to conformity assessment and be appropriately CE marked and accompanied by a Declaration of Conformity (DOC) before being placed on the market or brought into use. This includes lifting equipment such as manually operated chain blocks and car jacks.

The DOC must accompany the new product and is an important document, which should be retained by the user. The DOC may avoid the need for an initial thorough examination before first use in those cases where the safety of that equipment does not depend on the conditions of its installation or assembly.

There are other legal duties that need to be followed:

- The Health and Safety at Work etc. Act 1974,

- The Management of Health and Safety at Work Regulations 1999
- The Workplace (Health, Safety & Welfare) Regulations 1992 and
- The Provision and use of Work Equipment Regulations 1998
- The Personal Protective Equipment at Work Regulations 1992
- the Supply of Machinery (Safety) (Amendment) Regulations 2011

BS 7121-1:2006 Code of Practice for Safe Use of Cranes has been used in the preparation of this policy.

This policy seeks to establish consistent standards across both campus locations, providing guidelines on the responsibilities of relevant personnel involved. A LOLER Decision Tree has been issued by HSE and is presented in Appendix 1.

## **2 SCOPE**

This policy sets out what managers, staff, students and tenants have to do to ensure the safety of people when using lifting equipment or when using passenger and goods lifts. When an object or person is lifted and lowered there are risks from:

- Equipment failure resulting in the object or person being lifted or lowered to fall. injuring persons beneath;
- Collapse of equipment or its components which fall onto persons causing injury;
- During the operation of lifting equipment persons being injured by being crushed. Struck or falling.

### **2.1 Definitions**

#### **What is a lifting operation?**

Regulation 8(2) of LOLER defines a lifting operation as "an operation concerned with the lifting or lowering of a load".

#### **What is lifting equipment?**

'Lifting equipment' means work equipment for lifting and lowering loads and includes its attachments used for anchoring, fixing or supporting the equipment. This includes: cranes, lift trucks, goods and passenger lifts, hoists, elevating access or work platforms, tractor front-end loaders, vehicle tail lifts; and the "lifting accessories" such as ropes, chains, slings shackles, eye bolts, etc.

**Guidance:**

Within the University many Schools/Professional Services will have equipment and operations that they may not traditionally associate with lifting or lowering loads. Examples include ropes used for climbing or work positioning during arboriculture; fall arrest systems for working at height; vehicle tail lifts; mobile elevating work platforms (MEWPs).

'FS' refers to the Facilities Services. FS is responsible for all passenger and goods lifts throughout Loughborough University.

"Competent person" with regard to thorough examination of lifts and lifting equipment is a person/organisation with sufficient technical and practical knowledge to be able to detect any defects and assess how significant they are. The competent person should be sufficiently independent and impartial to allow them to make an objective assessment.

**Guidance:**

It is not advisable for the same person who performs routine maintenance to carry out the thorough examination, as they are then responsible for assessing their own work.

The competent person appointed by Loughborough University for conducting 'thorough examinations' is currently the British Engineering Services (B.E.S) Engineer Surveyor. The 'thorough examination' is sometimes termed an 'insurance inspection'.

### **3 RESPONSIBILITIES**

The primary regulations applicable to this guide are the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

#### **Selecting the right equipment**

LOLER requires that lifting equipment must be of adequate strength and stability. This adds to the general obligations under PUWER regarding the suitability of work equipment.

Lifting equipment should be positioned or installed in such a way as to reduce the risk, as far as reasonably practicable, of the equipment or load striking a person, or of the load drifting, falling freely or being unintentionally released.

Where people are being lifted, there are additional requirements to prevent people from being injured in / by the carrier, including more frequent thorough examinations.

Any School and Professional Service that is responsible for lifting equipment (which includes hoists, cranes, fork lift trucks, chains, ropes, lifting accessories, Jacks, and lifting beams) must:

- Identify all lifting operations and equipment;
- Appoint a competent person(s) to be responsible for each item of lifting equipment owned or used by the School/Professional Service
- Ensure that lifting operations are planned, undertaken and supervised by trained and competent persons:
- Maintain lifting equipment;
- Examine and inspect lifting equipment as required under LOLER, or in accordance with a written scheme of examination that has been drawn up by a competent person
- Keep inspection, test and maintenance records;
- Ensure that before lifting equipment is used, it is examined by the user for any signs of physical damage, and if damaged is taken out of use;
- Ensure that lifting equipment is sufficiently strong, stable and suitable for the proposed use;
- Ensure that the load and anything attached (e.g. pallets & lifting points) are suitable:
- Ensure that lifting equipment is positioned or installed to prevent the risk of injury, e.g. from the equipment or the load falling or striking people:
- Ensure that lifting equipment and accessories e.g. slings, Clamps, are visibly marked with information to be taken into account for its safe use e.g. safe working loads.

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

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

### **3.2 Duty Authorised Person:**

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

Key duties include:

- To ensure overall compliance in regard to LOLER.
- To review and update as necessary the University LOLER Policy.
- To assist and offer advice in regard to LOLER across all areas of the University.

- Ensuring the LOLER Register is up to date.
- Ensuring there are an adequate number of Authorised Persons appointed across the University, so that LOLER compliance can be managed at a local level
- To ensure that all insurance written schemes are produced.
- To ensure inspections are carried out in accordance with the risk assessment
- To gain assurance from departments that asset (insurance inspection) tagging is taking place with current in date colour code chart being displayed where all lifting equipment is stored/used. Presented example Appendix 3:

The regulations impose responsibility onto a person who has control to any extent of :-

- (i) lifting equipment;
- (ii) a person at work who uses or supervises or manages the use of lifting equipment; or
- (iii) the way in which lifting equipment is used.

### **3.3 Authorised Person**

A person, either employed by the University or another organisation, possessing proficient technical knowledge and having received appropriate training, appointed by the Duty Authorised Person in writing to take responsibility for the implementation of policy and procedures as specified of a specific area of H&S legislation. There will be Authorised Persons appointed in different areas across the University, supporting local teams in complying with this Policy.

### **3.4 Competent Person**

The operative / individuals, either employed by the University or another organisation, recognised by the Authorised Person as having the competence to undertake the task and follow the relevant process / procedure. This person undertakes the task at the place of work and, in the context of this Policy, can be one of the following:

- Slinger / Signaller
- Inspector of Lifting Equipment
- Crane operator

### **3.5 Facilities Services**

Facilities Services (FS) are responsible for the asset ownership and maintenance of LOLER infrastructure. Refer to appendix 2 for visual examples of asset ownership.

### **3.6 Facilities Services Electrical Manager**

FS are responsible for meeting the requirements of LOLER in so far as they apply to goods and passenger lifts. Therefore, responsibilities for the safe installation,

commissioning, maintenance, inspection and test are delegated to the FS Electrical team leader.

FS Electrical Service Manager engage competent third parties as the electrical team don't possess the specialised skills necessary. The FS Electrical Service Manager must ensure, where lifting equipment is maintained by Contractors, that:

- A risk assessment is completed and current for each passenger and goods lift and lifting operation;
- The thorough examination of lifts are carried out at agreed appropriate intervals by a competent person and resultant remedial work is carried out in a timely fashion;
- Inspections and maintenance are carried out between the examinations in accordance with the equipment manufacturer's information and the risk assessment;
- Where necessary, a written scheme of examination is prepared for lifting equipment
- Adequate records are kept in compliance with LOLER.

### **3.7 Duties Deans of Schools & Directors of Professional Services**

Deans and Directors are responsible for ensuring that there are suitable delegated staff in their areas of responsibility to discharge the following duties:

- Ensure that all lifting operations undertaken by their staff or students are identified
- Ensure the operators and their supervisors are given the necessary information, instruction and training
- Ensure that initial planning is carried out by those with appropriate knowledge and expertise (i.e. the right equipment and resources are chosen for the task)
- Ensure that the individual lifting operations are planned and carried out by competent persons with appropriate knowledge and expertise establishing a safe system of work
- Ensure that the lifting equipment is satisfactorily maintained
- Ensure that mobile lifting equipment and accessories for lifting loads and people are strong and stable enough for the particular use and are clearly marked to indicate their safe working loads; CDM regulations 2015 should be consulted.
- Ensure that lifting equipment is positioned and installed to minimise risks
- Ensure that lifting equipment which is designed for lifting people is clearly marked to this effect and vice versa for equipment not designed



for lifting people e.g. goods lifts

- Cooperate with arrangements made for thorough examination and testing by a 'competent person' (i.e. the 'insurance inspector') followed by resultant remedial work
- Ensure that LOLER is complied with where relevant and the risk of the use of lifting equipment is satisfactorily controlled
- Seek further information and advice as necessary, before lifting operations are undertaken.

### **3.8 Duties of staff, building occupants, tenants, students**

All staff, students and other building occupants, e.g. tenants and members of the public, must:

- Not use lifting equipment unless they have been properly trained
- Not travel in goods lifts;
- Not overload passenger or goods lifts;
- Report any defects associated with passenger or goods lifts to FS (via the operational reporting software package or FS Help Desk, tel 01509 222121);
- In the event of being trapped out of hours, follow the emergency procedures in the lift and use the Telephone or intercom to contact Security (Telephone 01509 222141);
- Never attempt to escape from a broken-down lift.

### **3.9 Equipment Hire / Loan**

Occasionally, external organisations loan or provide lifting equipment to the University for research or development use and studies. For example, medical equipment for lowering persons is used by a University department to study its effectiveness. In these instances, Loughborough University do not own the asset, but are temporarily loaned it.

Those hiring out equipment for use at work are considered as suppliers under section 6 of the Health and Safety at Work Act and so have broad responsibilities for the safety of the products they hire out. This includes (so far as reasonably practicable) pre-hire testing and inspection to ensure continued safety, and the provision of information.

Although they need to look for obvious safety defects (in terms of the initial safety of CE-marked equipment), those hiring out equipment do not have to go into the detailed design of that equipment or enhance its safety beyond the requirements of the relevant product supply Directive - provided the product is CE marked, accompanied by user instructions and, where relevant, a Declaration of Conformity.

Those hiring out work equipment also have responsibilities under PUWER (and if lifting equipment LOLER), in so far as they exercise control over that equipment (for

example, ensuring the thorough examination of lifting equipment and other routine inspections have taken place at the required intervals). It may be appropriate for the user to organise the periodic thorough examinations (which should be by written agreement, particularly for long-term hire). However, unless part of the hire agreement, those hiring out work equipment can't normally be responsible for the day-to-day and other pre-use safety checks which should be undertaken by the user.

All loaned equipment being used by Loughborough University requires a Temporary Asset Loan Form completing and returning to the Universities Insurance Officer.  
**(Appendix 6)**

## **4 PLANNING LIFTING OPERATIONS**

### **4.1 Risk assessment**

A risk assessment should be undertaken to identify the risks of the proposed lifting operation assisting with a selection of measures to eliminate or adequately control the risks proportionate to the magnitude of risk. Initial planning

For all lifting activities the supervisor shall ensure that every lifting operation involving lifting equipment is—

- properly planned by a competent person;
- appropriately supervised; and
- carried out in a safe manner.

The degree of planning will vary considerably, depending upon the type of lifting equipment to be used and the complexity of the lifting operation for which it will be used. This preliminary action must ensure that the equipment selected is suitable for the range of tasks that it will have to carry out. It must be strong and stable enough for the particular use, and must be installed correctly.

#### **Guidance: Checklist to assist in the selection of suitable lifting equipment**

Consider: -

*The weight and nature of the load to be lifted*

*What lifting accessories are needed?*

*Where is the load to be moved from and to?*

*How often will the equipment be used for this task?*

*In what environment will the equipment be used?*

### **4.2 Planning of individual lifting operations**

For routine lifting operations the planning of each individual lifting operation will be a matter for the operators who have the appropriate knowledge, training and expertise.

For complex lifting operations it may be necessary to plan the task on each occasion.

For much more complex lifting operations (e.g. a tandem lift using multiple cranes), a written plan should be developed by a person with significant and specific competencies - adequate training, knowledge, skills and expertise - suitable for the level of the task.

**Guidance:** An example of an action sequence for an individual routine lifting operation:

- *Assess the load*
- *Select any appropriate accessories.*
- *Check the path of the load this must surface and ground conditions.*
- *Prepare its setting-down position.*
- *Check the condition of the equipment and any accessories that secure the load*
- *Make the lift, Release the load.*

**Loads must not be carried or suspended over areas occupied by persons. This is particularly important where the load is being lifted over areas used by persons not engaged in the lifting operation, e.g. other members of staff, students or members of the public.**

Arrangements must be put in place to prevent unauthorised access to the area under the load, e.g. barriers or tapes, and signage.

### **4.3 Competence**

Appropriate supervision will be determined by the nature of the work, and the competence of those involved in using the equipment.

Information and instruction must be provided for safe use of the equipment.

Operators and those supervising the operation must receive training which should:

- Enable staff to identify that lifting equipment is, or is not, safe to use;
- Enable staff to carry out pre-use checks on the lifting equipment. to identify faults or damage;
- Enable staff to use equipment safely.

## **5 LIFTING OF PERSONS**

A higher risk is recognised when lifting equipment is used to lift persons. Examples include the use of Mobile Elevating Work Platforms (MEWP) which are often used by SDC and Facilities Services. More stringent requirements (LOLER reg. 5) are imposed for this equipment. These requirements are for measures to:

- Prevent a person using the lift/lifting equipment being crushed, trapped or struck or falling from the carrier:
- Prevent the carrier falling;
- Ensure a person trapped in a carrier can be freed.

People should only be raised on work equipment that is specifically designed for that purpose. Nobody should ever be lifted in a loader bucket, on the forks of a fork-lift truck or a similar attachment not designed for the purpose.

Where a person in a carrier (work platform) might fall and be injured:

- The carrier should be fitted with edge protection being suitable for the purpose and should be securely fixed to the carrier;
- The edge protection should be sufficiently high and be either solid, mesh or. If in the form of rails. Should have a top rail. intermediate rail and a toe board;
- The lifting equipment to which the carrier is attached should have a device to prevent the carrier becoming detached. This includes the basic attachment of the carrier to its lifting machine as well as any other devices necessary, e.g. if a carrier is fitted on telescopic loader the loader would need to have a hydraulic lock- off valve for the tilt mechanism;
- A means of escape from the carrier should be available. This could include a ladder stored nearby.

The requirement for thorough examination and inspection for lifting equipment used to lift people is at a greater frequency, particularly where equipment is exposed to conditions liable to cause its deterioration - see Section 6.

### **Guidance:**

Between 2 and 12 inspections are carried out on all passenger and goods lifts by the University's appointed lift contractor, who will agree any resultant remedial works with FS.

The University's appointed lift contractor carries out quality checks on the lifts to ensure that the works have been completed satisfactorily. They also prepare specifications for new lifts and witness test the lift installation and commissioning.

The FS Lift Procedures Manual is held on the FS Maintenance Workspace. The Workspace also gives access to competent persons' report, risk assessments, inspection reports and overload

## **6 THOROUGH EXAMINATION AND INSPECTION**

## 6.1 Thorough examination

Thorough examinations must be carried out by a competent person (Insurance assessor):

- Initially before equipment is taken into service;
- Following installation where safety is dependent on correct installation;
- Following any exceptional event (such as an incident) or long period without use;
- Periodically where lifting equipment is exposed to conditions which may cause deterioration which could lead to a dangerous situation.

LOLER requires the periods between routine thorough examinations are:

- Every 6 months for passenger lifts and other lifting equipment which lifts persons;
- Every 6 months for lifting accessories;
- Every 12 months for all other lifting equipment.

Visual tagging will be used following examination as an instant way of identifying equipment that is safe to use. See Appendix 3 for more details.

A written examination scheme must be prepared with regards to the equipment's assessed risk.

## 6.2 Inspections

Inspections between the thorough examinations may, as an outcome of the risk assessment, be found to be necessary. These may consist of functional checks and visual examinations at suitable intervals. They will normally be required where the safe operation of the lifting equipment is dependent on its condition in use and deterioration could lead to significant risks. Examples of such conditions include:

- Rapid wear from use in an arduous environment;
- Failure through repeated operation;
- Malfunction;
- Tampering with safety devices.

The inspection schedule that is appropriate will take account of the risk assessment and the equipment manufacturer's information. Additional external competence may be required when producing these schedules.

Any person carrying out elements of the inspection schedule, e.g. the operator, user or supervisor, must have an appropriate level of competence to do so.

Lifting equipment which may require regular inspection is likely to include fork-lift trucks and hoists. Lifting accessories such as chains or slings will not normally require an inspection so long as they receive a thorough examination at an

appropriate interval, and a proper pre-use visual check. See Appendix 4 for details.  
Pre-use Visual checks

Pre-use checks must be carried on the lifting equipment before being used by a competent operator during each working day. The aim of such checks is to pick up faults due to day-to-day wear and tear and malfunction of safety-related equipment. If any defects are found the user or operator should report the defect and remove the equipment from service or, if competent to do so, take action to rectify it.

A trained operator or other person carrying out the checks should be able to identify damage to lifting ropes and accessories, distortions to shackles and other obvious faults which could affect the safe operation of the lifting equipment or accessories. Faulty or defective equipment should be withdrawn from service, destroyed and records amended/edited accordingly.

### **6.3 Procurement of lifting equipment and accessories**

Equipment should be sourced from credible suppliers experienced in the sector and with access to sound technical and training support. It should be CE marked and supplied with a Declaration of Conformity and instructions in English.

All lifting equipment including accessories, must be clearly marked to indicate their 'safe working loads' (SWL) or 'work load' (WLL) limit which is the maximum load the equipment can safely lift.

Where the SWL / WLL of any equipment or accessory depends on its configuration, the information provided on the SWL / WLL must reflect all potential configurations. For example, where the hook of an engine hoist can be moved to different positions, the SWL / WLL should be shown for each position.

Accessories must also be marked to show any characteristics that might affect their safe use which may include the weight of the parts where their weight is significant.

Some lifting equipment may be used in corrosive atmospheres – ensure the environment in which it will be operating in is assessed for its suitability. Particular specifications may be needed to ensure it is compatible.

The University's internal Procurement Regulations Process must be followed at all times.

If in doubt or to obtain further assistance, contact the appropriate member of the Procurement Department, details for which can be found at the link below:

<https://internal.lboro.ac.uk/info/finance/staff/procurement/>

### **Asset Ownership**

For all items of lifting equipment, an asset owner must be identified. The objective of this is to ensure it is maintained and serviced, keeping it compliant.

The principles of who owns which asset is listed in Appendix 2. For any disagreements on asset, an arbitration route will be used to agree ownership of asset responsibilities.

## 7 RECORD KEEPING

All B.E.S inspected equipment should be colour tagged and dated (**See Appendix 3**) from its last inspection any equipment not of the correct colour tag should not be used and quarantined until inspected. **IF it is not tagged or the tag is out of date DO NOT USE!** All equipment that is inspected will be registered.

Records must be kept by the person responsible for the lifting equipment, of:

- Thorough examination reports of first use or new installation (other than of lifting accessories) for so long as the equipment is kept, or is in newly installed location;
- EC declarations of conformity - for so long as the equipment is kept;
- Routine thorough examinations reports of all lifting equipment - for at least 2 years. Or until the next report, whichever is longer;
- Written examination schemes, where appropriate.

This documentation shall be retained on a single electronic register, accessible throughout the University so that the responsible department can upload the information onto it. The Facilities Information Team (FIT) own this register, which will be an integral part of the asset management system.

## 8 FURTHER ADVICE AND INFORMATION

- The Lifting Operations and Lifting Equipment Regulations 1998: SI.1998/2307 (HMSO)
- Safe Use of Lifting Equipment; Approved Code of Practice and Guidance: LI 13 (HSE)
- The Provision and Use of Work Equipment Regulations 1998: SI. 1998/2306 (HMSO)
- Safe Use of Work Equipment Approved Code of Practice and Guidance: L22 (HSE)
- The Management of Health and Safety at Work Regulations 1992: SI.1992/2051 (HMSO)
- Management of Health and Safety at Work: Approved Code of Practice: L21 (HSE)
- Thorough examination and testing of lifts- Simple guidance for lift owners. HSE INDG 339.
- The Safety Assessment Federation (SAFed) publishes guides to 'best practice' in the examination and inspection of lifting plant - Guidelines

for the supplementary tests of in-service lifts (L G1).

## **9 EQUIPMENT NOT COVERED BY (LOLER) BUT IS UNDER (PUWER)**

LOLER is wide in its scope. Some equipment might appear to be 'lifting', but is not covered by LOLER. Some notable exceptions that are not covered by LOLER include:

- pallet trucks, where the consequence of the load falling off is very low
- roller shutter doors
- fall arrest ropes / harnesses
- rise and fall desks

However, where this equipment is used at work, it will need to be maintained for safety and may (in some cases) be subject to inspection under the Provision and Use of Work Equipment Regulations (PUWER). Link to regulations: **PUWER**.



## **APPENDIX 1: LIFTING OPERATIONS AND EQUIPMENT COMPLIANCE CHECKLIST**

**The following summarises the features of LOLER; indicates hazards and corresponding risks; and implies appropriate control measures.**

Using this checklist, together with the Initial Planning checklist, will constitute an assessment of the risks associated with the provision and use of lifting equipment.

Adequate responses to these checks will lead to the development of a safe system of work with lifting equipment.

Material of equipment's manufacture suitable for the conditions of use?

1. Adequate strength and stability of equipment?
2. Access prevented to any dangerous parts of equipment/machinery?
3. Safe means of getting on/off or in/out of equipment. Including safe release in the event of breakdown?
4. Equipment operator's position without slipping/tripping risk?
5. Equipment's operation is ergonomic?
6. Operator protected from harmful environment?
7. Starting equipment; changing its operating conditions; stopping it; or stopping it in an emergency is only achieved by deliberate operation of appropriate controls with desired state achieved in a safe manner?
8. Warnings or warning devices easily recognised and understood without ambiguity?
9. Equipment marked (incl. any accessories) with safe working load and any information for its safe use?
10. Suitable lighting provided such that the equipment may be used and the operation conducted safely?
11. Storage of equipment in conditions that do not lead to damage or deterioration?
12. Equipment maintained in a safe condition - without risk to persons carrying out the maintenance operation?
13. Operators inspect equipment before and after use?
14. Thorough examination and inspection of equipment by an independent competent person before being put into service for the first time and periodically thereafter?
15. Procedure established for notification of defects following thorough examinations and inspections?
16. Records of the equipment's EC Declaration of Conformity. And of thorough examinations.
17. Kept for the required periods?
18. Safety of load handler (person attaching/detaching the load) and/or banksman?
19. Adequacy of headroom/floor space for the equipment and the load path?

20. Proximity to hazards such as other work equipment. Unsound surfaces. Electrical cables etc.?
21. Security of the load and its potential for spillage or disintegration?
22. Loads not passing. Or suspended. Over people?
23. Operator's visibility of load and its path?
24. If outdoors. The weather?

## **Guidance on planning, organising and undertaking lifting operations.**

More detailed advice on the planning, organising and undertaking of lifting operations is provided in the [LOLER Approved Code of Practice and guidance](#).

Particular guidance is given on:

- competence of people planning lifting (regulation 8; ACOP para 210 onwards)
- suitability, including strength and stability, of lifting equipment (regulation 4; ACOP para 98 onwards)
- positioning of lifting equipment and visibility (regulation 6; ACOP paras 161 and 237 onwards)
- working under suspended loads (regulation 8; ACOP para 230 onwards)
- attaching / detaching and securing loads (regulation 8; ACOP para 244 onwards)
- location, including access (ACOP paras 256 and 62 onwards)
- environment of use, including operator protection, the effects of wind and mobility (regulation 8; ACOP paras 83, 253, 89 and 112 onwards)
- overturning (regulation 8; ACOP para 258 onwards)
- proximity to other hazards, such as overhead power lines and buried services (regulation 8; ACOP para 265 onwards)
- derating (regulation 8; ACOP paras 111 and 274 onwards)
- the lifting of people (regulation 5; ACOP para 127 onwards)
- preventing overload (regulation 4; ACOP para 122 onwards)
- pre-use checks (regulation 8; ACOP para 285 onwards)
- the continued integrity of lifting equipment (regulation 8; ACOP para 289 onwards)

## **APPENDIX 2: EXAMPLE OF ASSET OWNERSHIP**

### **Responsibilities for asset management – lifting equipment examples**

The purpose of this document is to explain where responsibilities lie regarding lifting equipment. Pictorial examples have been used to explain the principles.

#### **Scenario 1 – Lifting equipment that is part of the infrastructure<sup>2</sup>**

For these types of lifting equipment, such as an overhead gantry crane shown in the picture below, it is classed as part of the infrastructure, because of its size, and integral part of the building structure. The management responsibilities are split as below:

- All equipment up to and including the crane hook is classed as the infrastructure. This is shown in a pink dotted line in the picture below. These items of equipment are recorded on the University single asset register for lifting equipment.
  - It is the responsibility of Facilities Services to own, maintain and service these items of equipment.
  - The users of this equipment (those persons in the relevant School / Professional Service / Tenant areas) have a responsibility to:
    - use it in accordance with the training that is provided to them
    - follow the manufacturer's instructions
    - highlight any defects with its operation to Facilities Services
- All equipment in the green dotted outline is classed as a lifting accessory and recorded on the single asset register. It is the responsibility of the relevant School / Professional Service / Tenant to own, maintain and service this equipment.
- When the 3rd party lifting equipment inspector undertakes their checks, the School / Service / Tenant shall be responsible for locating and presenting their assets for inspection. The lifting accessories also need to be tagged / colour coded to the University standard – this is to ensure that only valid equipment is used.



## Scenario 2 – Lifting equipment that is locally specified and installed by the occupier

An example of this type of lifting equipment is a jib crane (shown in the picture below) that has been specified and installed by the School / Professional Service / Tenant. The lifting equipment is not part of the infrastructure of the building and, in some cases, it is mobile. These items of equipment are recorded on the University single asset register for lifting equipment.

The management responsibilities are clarified as below:

- It is the responsibility of the School / Professional Service / Tenant to own, maintain and service these items of equipment, and ensure that these items of equipment are recorded on the University single asset register for lifting equipment. Facilities Services have no asset responsibilities for these items of equipment.
- The users of this equipment (those persons in the relevant School / Professional Service / Tenant areas) have a responsibility to:
  - use it in accordance with the training that is provided to them
  - follow the manufacturer's instructions
  - highlight any defects with its operation to the owner of the equipment (the nominated persons within the School / Professional Service / Tenant).

- When the 3rd party lifting equipment inspector undertakes their checks, the School / accessories also need to be tagged / colour coded to the University standard – this is to ensure that only valid equipment is used. The Service / Tenant shall be responsible for locating and presenting their assets for inspection.

Example picture for classifying only.



## **Disagreements in ownership.**

An agreed process based on a number of principles with an arbitration route will be used to agree ownership of asset responsibilities.

# APPENDIX 3: EXAMPLE LIFTING EQUIPMENT INSPECTION TAGGING CHART



## LIFTING EQUIPMENT COLOUR CODE

No lifting equipment shall be used, unless it carries the relevant colour code

### CURRENT COLOUR CODE

2018

Compliant until January 2018

**It is the responsibility of the user to carry out pre-use checks on lifting equipment, to identify faults or damage which could affect its safe use**

Lifting Equipment should be thoroughly examined in accordance with Regulations 9(3)(a) of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Talk to your usual British Engineering Services contact to find out more about how we can help you meet your Statutory Examination, Health & Safety and Engineering Risk Management needs.

Or call: **0345 678 2985**

Lifting tackle and general plant items should carry the colour coded cable tie, along with the relevant year slide. This should indicate **the next due** Inspection Month / year.



MONTH	THE COLOUR	MARKED IN	CODE
JANUARY	ORANGE	BLACK	SPK
FEBRUARY	ORANGE	WHITE	SPK
MARCH	YELLOW	BLACK	SPK
APRIL	RED	WHITE	SPK
MAY	WHITE	BLACK	SPK
JUNE	DARK GREEN	WHITE	SPK
JULY	LIGHT BLUE	BLACK	SPK
AUGUST	GREY	BLACK	SPK
SEPTEMBER	BLACK	WHITE	SPK
OCTOBER	GREEN	WHITE	SPK
NOVEMBER	PURPLE	WHITE	SPK
DECEMBER	NATURAL	BLACK	SPK

COLOUR CODE CHART

## APPENDIX 4: EXAMPLE LIFTING EQUIPMENT INSPECTION GUIDELINES.

### Lifting Equipment Accessories Inspection What to Look For?

#### WIRE ROPE

- Stretching and reduction of Rope Diameter
- Exposure of Inner Core
- Birdcaging
- Broken Wires (5% in 10 Diameters)
- Twisting
- Kinking
- Broken Strands (Take out of Service)
- Rust, Corrosion or Chemical Attack
- Mechanical Crushing
- Slippage of Rope from Ferrule
- Ferrule Damage

#### ROUNDSLINGS

- WLL
- Cuts (longitudinal and Lateral)
- Lumps or bunching of Inner Core Exposure
- Exposure of Inner Core
- Legible and Intact Label
- Solar Degredation
- Chemical Attack
- General Wear
- Damage by Misuse
- Failure of Stitching
- Weld Spatter Burns
- Rodent Attack

#### SHACKLES

- Illegible Markings (SWL /WLL)
- Incorrect and Free Working of Pins
- Damaged Thread on Pin or Tapped Eye
- Distorted Body or Pin-  
(The Maximum Permissible Wear on the Body or Pin is 8-10%)
- Nicks, gouges, Cracks or Corrosion
- All 4 Parts to a 4 Part Shackle  
(Body, Pin, Nut and Cotter Pin)
- Opening of Jaw
- Correct Alignment

#### FLAT WEBBING SLINGS

- WLL
- Opening of Eye
- Longitudinal and Lateral Damage
- Cuts
- Wear
- Stitching Damage
- Illegible Label
- Solar Degradation
- Chemical Attack
- A Polyester Sling has come into contact with Alcalis
- A Nylon Sling has come into contact with Acid
- A Polypropylene has come into contact with solvents



## Lifting Equipment Accessories Inspection What to Look For?

### CHAIN BLOCKS

- Casing
- Case Bolts
- Free Running
- SWL Marked
- Chain Damage
- Anchor Pins
- Split Pins
- Hook Damage
- Safety Catch

### PLATE CLAMPS

- Casing
- Case Bolts
- Wear on teeth (sharp and free from dirt)
- SWL Marked
- General Damage
- Lifting Eye Distortion
- Locking Assembly
- Clean and Free from Dirt and Grease

### CHAIN AND HOOKS

#### HOOKS

- SWL
- Hooks Swivels where Appropriate
- Retaining Pins
- Opening of Hook (10%)
- Distortion
- Broken or Bent Tip
- Safety Catch Working if Fitted
- Nicks & Gouges
- No Re-set Hooks

#### CHAIN

- General wear (8%)
- Elongation
- Nicks, Gouges, Cracks
- Bending and Distortion
- Mechanical Wear
- Bent and Deformed Master Links
- Terminal Fittings
- Mechanical Jointing Devices
- Different Length of Legs

### EYEBOLTS




Any Debris should be removed by Cleaning with a Wire Brush, then Examined for:

- Distortion – Such as Bent Shank, Deformed Eye, reduced Diameter at Undercut
- Thread Worn, Corroded, Damaged or Incorrect Formed
- Damage such as Nicks, Cracks, Gouges, Corrosion
- SWL, Thread Identification and ID Markings Missing or Illegible

**Under No Circumstances should Bent Eyebolts be Straightened**



## APPENDIX 5: EXAMPLE STATEMENT OF CONFORMITY

 <p style="text-align: right;"><b>ENGLISH</b></p> <p>Datasheet  <b>RS Pro Shackle, D-Shackle, 1T</b>          RS Stock No: 674-049</p>  <p><b>Product Details</b>          RS Pro D-shackle is suitable for lifting or for securing loads or plant. This shackle features high tensile galvanised steel shackles with screw pin. The shackle with 1/2 Inch diameter, withstands 1t load.</p> <p><b>Features and Benefits</b></p> <ul style="list-style-type: none"> <li>• High tensile galvanised steel shackles with screw pin to BS3032: 1957</li> <li>• Used for lifting or for securing loads or plant</li> <li>• Screw pin</li> </ul>	 <p style="text-align: right;"><b>ENGLISH</b></p> <p><b>Specifications:</b></p> <table border="0"> <tr> <td>Finish</td> <td>Zinc Plated</td> </tr> <tr> <td>Jaw Width</td> <td>7/8 in</td> </tr> <tr> <td>Material</td> <td>Steel</td> </tr> <tr> <td>Pin Diameter</td> <td>5/8 in</td> </tr> <tr> <td>Pin Type</td> <td>Screw Pin</td> </tr> <tr> <td>Safe Working Load</td> <td>1 t</td> </tr> <tr> <td>Shackle Diameter</td> <td>1/2 in</td> </tr> <tr> <td>Shackle Type</td> <td>D-Shackle</td> </tr> <tr> <td>Standards Met</td> <td>BS 3032:1958</td> </tr> </table>	Finish	Zinc Plated	Jaw Width	7/8 in	Material	Steel	Pin Diameter	5/8 in	Pin Type	Screw Pin	Safe Working Load	1 t	Shackle Diameter	1/2 in	Shackle Type	D-Shackle	Standards Met	BS 3032:1958
Finish	Zinc Plated																		
Jaw Width	7/8 in																		
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Safe Working Load	1 t																		
Shackle Diameter	1/2 in																		
Shackle Type	D-Shackle																		
Standards Met	BS 3032:1958																		

08/05/2018



**RS Components**

### Statement of conformity

The product detailed below complies with the specifications published by RS Components. Where applicable it provides assurance that electrostatic discharge sensitive devices have been handled and packed under conditions that meet the administrative and technical requirements of the ANSI/ESD S20.20:2014 and BS EN 61340-5-1:2007 Electrostatic Control Standards.

RS Stock No.	674-049
Description	RS Pro Shackle, D-Shackle, 1T
Manufacturer/Brand:	RS Pro
Mfr. Part No.	

The foregoing information relates to product sold on, or after, the date shown below.

RS COMPONENTS

Date May 9, 2018

RS Components Ltd, Birchington Road, Corby, Northamptonshire, NN17 9RS, UK

## APPENDIX 6: TEMPORARY ASSET LOANED FORM



Temporary Asset  
Loaned Form 2017-2

**Temporary Asset Loan Form** ( enter school/dept. name:..... )

Ensure all relevant documents are attached, (for example: hire loan agreement form supplier/owner of equipment).



<b>Full details of ownership :- company name, address etc</b>	
<b>Full description of equipment on loan</b>	
<b>Replacement cost (value) £:</b>	
<b>Will there be a charge to the university for this loan? BREAKDOWN AND COST BELOW :</b>	
<b>Does equipment meet required BSEN/CEN standards?</b>	<b>PA Test is required and date carried out?</b>
	<b>PSSR or LOLER inspection required by LU?</b>
<b>Has a risk assessment been completed, when and who has signed?</b>	<b>What training has been given and by whom to who?</b>
<b>Has equipment operational note been written/ received and by who?</b>	<b>School/Dept. asset number?</b>
<b>Where will equip be used/stored? State lab/room no: &amp; building</b>	<b>Will the equipment be secure? ( eg: authorised persons entry only )</b>
<b>Full duration of loan (exact date required)</b>	
<b>From:</b>	
<b>To:-</b>	

**ASSESSMENT OF RISK:**

**TRIVIAL / TOLERABLE / MODERATE / SUBSTANTIAL / INTOLERABLE**

**ACTIONS TO FURTHER CONTROL RISK:**

**SIGNATURE:**

**DATE:**

## APPENDIX 7: REPORTING OF NEAR MISSES AND ACCIDENTS

All accidents and near misses involving lifting operations shall be reported via the SHE system. A link to the system is given below:

[www.lboro.ac.uk/incident-report](http://www.lboro.ac.uk/incident-report)

Revision	Revisions Made	Date
0.1	Original first issue (draft)	August 2017
0.2	Second Edition (draft): Appendix 2-3-4-5 added, covering Asset Ownership-Equipment Tagging-Equipment Inspection -Equipment Statement of Conformity. inspection- 3.4 Hiring out of work equipment added.	May 2018
0.3	Draft: Policy Statement edited, and Appendix 6 Temporary Asset Loaned form added in respect to 3.4.	June 2018
1	Version for approval includes changes made via the consultation process.	12 <sup>th</sup> September 2018

## Health, Safety and Environment Committee



Loughborough  
University

**Paper Title:** Pressure Systems Policy

**Origin:** Neil Budworth

**Date:** 30th January 2019

1. Decision Required by Committee	For approval
2. Executive Summary	<p>The policy on the management of pressure systems has been developed by the University Duty Authorised person for the subject and has been subject to wide consultation.</p> <p>The policy has also been approved by the Health and Safety Statutory Compliance Sub Committee.</p>
3. Committees/Groups previously considering item.	Health and Safety Statutory Compliance Sub Committee and wide consultation with relevant stakeholders.

## UNIVERSITY MANAGEMENT POLICY

Loughborough University (incl. London Campus)

Policy for the Safety of Pressure System Reference

Version No. 06

Effective from  
required before

May 2018 Review  
June 2021

Author Nigel Worth

**This Policy revision was approved by the Statutory H&S Sub-Committee on xxxxxxxxxxxxxxx**

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## 1.0 PURPOSE

This Policy is to ensure that the periodic inspection of pressure systems, and the risks of pressure systems are assessed, controlled, and managed in accordance with current UK Regulations, (Pressure Systems Safety Regulations 2000 (SI 2000 No 128).) and Approved Code of Practice (ACOP) and guidance. This policy should be read in conjunction with all references within this document.

This document replaces the previous Facilities Services (FS) Health and Safety Policy.

## 2.0 SCOPE

This policy applies to all areas and installations on the Loughborough University sites including residential areas, IMAGO, UPP and UNITE and any other organisation residing within the site where pressure systems are in use.

## 3.0 REFERENCES

The Pressure Systems Safety Regulations 2000 (PSSR),  
Approved Code of Practice. ISBN 9780717617678 and references therein.  
Pipelines Safety Regulations 1996 (PSR)  
Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004 (CDGTPER 2004 SI 2004/568).  
Health and Safety at Work etc. Act (1974).  
COSHH Regulations (1999).  
Management of Health and Safety at Work Regulations 1999  
The Safety Representatives and Safety Committees Regulations 1977.  
Health and Safety (Consultation with Employees) Regulations 1996.  
Policy on the Reporting of Accidents, Dangerous Occurrences and Occupational Ill Health.  
Change Control Procedure

## 4.0 DEFINITIONS

### 4.1 Pressure vessels and systems

A pressure system is a closed system designed to hold steam at any pressure, any fluid or mixture of fluids which is at a pressure greater than 0.5 bar above atmospheric pressure or a gas dissolved under pressure in a solvent (e.g. acetylene).

Pressure systems used at the University include: steam boilers, autoclaves, pressurised storage vessels for cryogenic liquids and compressed gas distribution systems.

Pressure equipment failures can kill or seriously injure users as well as people nearby and cause serious damage to property.

Note: The term 'fluids' includes gases and liquids which can exert a vapour pressure. They do not include hydraulic oils. Hydraulic systems, whilst using high



pressures, do not store energy in the system and therefore are not classed as pressure systems.

Note: Gas cylinders (the legal term for them being transportable pressure vessels TPV) are covered by separate legislation (The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009)

There are three types of Pressure System

- i) A pressure vessel, its associated pipe work and protective devices.
- ii) Pipe work with protective devices, e.g. safety valve and/or gas regulator, to which a transportable pressure receptacle may be connected.
- iii) A pipeline and its protective devices.

Where gas is kept in liquid form at very low temperatures in a tank, the pressure above the liquid is below 0.5 bar (gauge) and PSSR would not apply unless the pressure rises above 0.5 bar (gauge). The Regulations do not apply simply because of pressure exerted by a head of liquid. Moreover, the Regulations do not aim to deal with vacuum conditions.

Further guidance with an indicative list of plant that comes within the scope of this policy is provided in Appendix 1.

**4.2 Written Scheme of Examination WSE** – A site specific technical document, which defines the control measures and procedures to maintain efficient and effective control of a pressure system, for ongoing compliance with current UK Regulations, (Approved Code of Practice (ACOP) and guidance on the Pressure Systems Safety Regulations 2000 (SI 2000 No 128).), commonly known as the Approved Code of Practice.

### 4.3 Legislation

The installation and use of pressure vessels requires compliance with 7 pieces of legislation:

*[The Health and Safety at Work Act 1974 \(HASWA\)](#)*

The University is required under section 2 of the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of employees whilst at work. This legislation includes a general duty of care to protect our students. These requirements are applicable to all work situations, including provision of a working environment that is safe and without risk to health.

*[The Management of Health and Safety at Work Regulations 1999 \(MHSWR\)](#)*

Requires the University to make suitable and sufficient assessment of the risks to the health and safety of employees whilst they are at work and to ensure the health and safety of third parties (i.e. students, visitors and contractors) arising out of, or in connection with University activity.

*[The Pressure Equipment Regulations 1999 \(PER\)](#)*:

These Regulations apply to the purchase of pressure equipment; they enable the free trading of products within the EU by removing the need for separate documentation and testing for each individual European market. Manufacturers may use a single CE mark on their products to show compliance with these Regulations. The Regulations cover pressure equipment and assemblies with a maximum allowable pressure greater than 0.5 bar above atmospheric pressure (gauge pressure).

*The Pressure Systems Safety Regulations 2000 (PSSR):*

The aim of these Regulations is to prevent serious injury from the hazard of stored energy as a result of the failure of a pressure system or one of its component parts.

To determine which regulations of the PSSR apply to a given system see Appendix 1.

*The Electricity at Work Regulations 1989 (EAWR):*

The EAWR 1989 places a legal responsibility on employers and employees, as duty holders, to ensure that electrical systems used at work under their control are safe. To achieve compliance with the legal requirements of the EAWR 1989 requires proof that an electrical system is safe, which involves amongst other things, proper inspection and testing of a system by competent people and the creation and maintenance of records.

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

Requires the University to carry out suitable and sufficient assessment of the risks with work involving exposure to hazardous substances. Where necessary the University should ensure that exposure of staff, students, visitors and contractors to substances hazardous to health is either prevented or, where this is not reasonably practicable, adequately controlled.

**COSHH however does not cover flammable and explosive substances, lead and lead salts, asbestos and radioactive substances which are only harmful by nature of their radioactivity. These substances are subject to separate pieces of legislation.**

*The Provision and Use of Work Equipment Regulations (PUWER) 1998*

Applies to all work equipment. The regulations require that:

- Work equipment is suitable for the purpose it is used or provided for, and is properly maintained and inspected at suitable intervals.
- Where the use of work equipment is likely to involve specific risks, the use, maintenance etc. of that equipment is restricted to people given the task of using and/or maintaining it.
- Users, supervisors and managers have received adequate training for the purposes of health and safety.

## 5.0 ROLES & RESPONSIBILITIES

### 5.1 Roles

**Director of Facilities Services** - A person appointed by Loughborough University to take managerial responsibility for the overall execution of this policy.

**Duty Authorised Person**- A person appointed by the Director of FS in writing, to take managerial responsibility for the implementation of policy and procedures at the University in accordance with the ACoP.

**Authorised Person FS** - A person appointed by the Duty Holder to take managerial responsibility for the implementation of policy and procedures as specified.

**Authorised Person – University School.** A person appointed by the University School to take managerial responsibility for the implementation of policy and procedures as specified.

**Authorised Person - University Associated Companies.** A person appointed by the University Associated Company to take managerial responsibility for the implementation of policy and procedures as specified.

**Pressure Vessel Inspection Service Provider** – A company specialising in pressure vessel inspection services, contracted to provide a service to the site. The contract is established and administered in conjunction with the Duty Holder and the service provider.

**Engineering Insurance Surveyor** - A person appointed by the inspection service provider to undertake inspections of pressure vessels.

**Project Manager:** A person/s appointed to manage the construction of new infrastructure and buildings and the modification or refurbishment of existing installations.

**Health and Safety team members** – A person(s) who is responsible for advising on all matters Health and Safety and liaising with the Facilities Services team.

## 5.2 Responsibilities

### Director of FS will:

Appoint and ensure the competency of the Duty Holder, by ensuring that the person has suitable ability, experience, training and resources to enable them to carry out the role.

Check content and Guidance of this Policy and the Written Scheme. Ensure that these are available and accessible for all persons with responsibilities under this policy.

Ensure any modifications to this policy are carried out in consultation with the Duty Holder and the Health and Safety Manager.

**Duty Authorised Person will:**

Review and update this Policy when appropriate in line with site procedures.

Appoint and ensure competency of FS Nominated Deputies by ensuring that the person has suitable ability, experience, training and resources to enable them to carry out the role.

Ensure a central site register of FS managed pressure systems is maintained.

Ensure Risk Assessments are reviewed on a bi-annual basis or whenever it is reasonable to suspect it is no longer valid.

Ensure procedures listed in the Risk Assessment to manage risk are in place.

Arrange a Risk Assessment for any plant and equipment previously unidentified.

Manages all actions for minimising risk listed in the Risk Assessment, ensure the actions are carried out and recorded.

Communicate by whatever means suitable, information to the employees with regards to relevant information on the risks and control measures being undertaken to control pressure vessels.

Chairing appropriate Pressure Systems management review meetings and forums.

Check any modifications or changes to existing installations are carried out under the site change control process and that all associated drawings, Risk Assessments and testing schedules are updated.

Seek assurance from University Schools, University Associated Companies and tenants that they are undertaking the periodic inspection of their pressure systems, and that the risks of pressure systems are assessed, controlled, and managed in accordance with current UK Regulations, (Pressure Systems Safety Regulations 2000 (SI 2000 No 128).) and Approved Code of Practice (ACOP) and guidance.

**Authorised Person (s) will:**

Take day-to-day responsibility for controlling any identified risk from pressure systems in line with the Written Schemes.

Take day-to-day responsibility for controlling any identified risk with respect to any changes to the operation of plant or the management of change process within their area.

Advise the Duty Holder of any pressure vessel changes, additions removal from service or items for concern in their area.

There will be Nominated deputies identified for specific functions and operations identified in the written procedures. These will include, but not be limited to:

Authorised Person – FS Maintenance  
Nominated Deputy – FS Development  
Nominated Deputy – University Schools  
Nominated Deputy – University Associated Companies

The nominated deputy for University Schools and University Associated Companies are to be appointed by a senior manager of the School or Associated Company.

Where one or more organisation or Schools/sections operate in an area, there will be the appropriate corresponding number of Nominated Deputies

#### **Authorised Person - FS Maintenance**

Carry out audits to ensure all WSE's and risk assessments are in place, completed and comply with current regulations.

Review the risk assessment and control measures whenever there is a reason to suspect that they are no longer valid. i.e. when a pressure system is modified, or operating parameters changed.

Ensure immediate action in response to Inspections containing immediate defects. Where required, ensure that equipment is removed from service until a satisfactory result is achieved.

Ensure that all scheduled control measures are in place and effective.

Ensure that pressure systems operate under the conditions detailed in the Risk Assessment.

Ensure that all planned PPM work and remedial works undertaken is carried out on time, to specification and are recorded.

Liaise with Nominated Deputies from Schools / University Associated Companies with regard to the appropriate access / timing of pressure system works.

If authorised by the Duty Holder issue permits to work on pressure systems.

Ensure contractors are properly inducted prior to the commencement of work.

Ensure that contractors are instructed on the requirements for isolations, safe systems of work and permits to work where necessary.

Ensure work is managed in accordance with FS Policy for Safe Systems of Work, and any other FS Policy applicable to it.

Create work orders and raise notifications for remedial work

Appoint suitably Service Providers to undertake the specified maintenance and monitoring as agreed with the Duty Holder. To regularly monitor the performance of the Service Providers through reviews and audits.

Check any modifications or changes to existing installations are carried out under the site change control process and that all associated drawings, Risk Assessments and testing schedules are updated.

Check at suitable intervals that tenants occupying University property are fulfilling their obligations under the PSSR.

Liaise with Nominated Deputies from Schools / University Associated Companies with regard to the appropriate access / timing of pressure system works

#### **Authorised Person – FS Development:**

Ensure that the Project Manager has checked that his designers and installers are complying with the section CONTROL PRINCIPLES “Design and Installation” of this document.

Following any modification to a pressure system, ensure that the Project Manager has obtained a completed Commissioning Check list from the installer, reviewed and signed off in conjunction with the designer.

Ensure that the Project Manager has obtained from the designer completed drawings, risk assessments and testing schedules on all new pressure systems.

Ensure the Project Manager has obtained Written schemes prior to use of any equipment/installation

Ensure that the Project Manager has checked any modifications or changes to existing installations are carried out under the site change control process and that all associated drawings, Risk Assessments and testing schedules are updated and forwarded to the Nominated Deputy.

#### **Authorised Person – University Schools & University Associated Companies**

Effectively act as Duty Holder for their School or Associated Company.

Ensure a register of pressure systems within their area is maintained and notify the duty holder of any changes or additions for the central register to be updated via Appendix 2.0 Asset Movement form

Carry out audits to ensure all Risk Assessments are in place, completed and comply with current regulations.

Review the Risk Assessment and control measures whenever there is a reason to suspect that they are no longer valid. i.e. when a pressure system is modified, or operating parameters changed.

Ensure immediate action in response to Inspections containing immediate defects. Where required, ensure that equipment is removed from service until a satisfactory result is achieved.

Ensure that pressure systems operate under the conditions detailed in the Risk Assessment.

Ensure that all statutory inspection and testing is carried out on time, to specification and are recorded.

Ensure that all planned maintenance work and remedial works undertaken is carried out on time, to specification and are recorded.

Create work orders and raise notifications for remedial work through Archibus.

Appoint suitable Service Providers to undertake the specified maintenance and monitoring. To regularly monitor the performance of the Service Providers through reviews and audits.

Check any modifications or changes to existing installations are carried out under the site change control process and that all associated drawings, Risk Assessments and testing schedules are updated.

Ensure that all scheduled control measures are in place and effective.

**Inspection Service Provider will: -**

Have a suitable and sufficient management structure to ensure professional competence always.

Ensure that appropriate method statements and task-based risk assessments are carried out prior to commencing works. provide to the Duty Holder, it will be for the Engineering Insurance Provider to satisfy himself of the control of risks and the safe working methods applicable to the inspections.

Ensure that all their personnel and suppliers i.e. Specialist Contractors, and Consultants are competent, and suitably trained certificated and experienced,

and have the necessary equipment to carry out their duties in line with the Written Schemes.

Be pre-qualified for the activity they are contracted to carry out.

Complete work schedules within an agreed timeframe.

Provide day-to-day advice on pressure systems.

Communicate all inspection and test results to the FS Maintenance team by written communication.

Provide corrective recommendations immediately, in the event of an out of compliance issue.

Inform the FS Maintenance if physical access or operations cannot be completed, and document this.

Provide the University with an agreed annual schedule of engineering plant inspections.

Prepare and communicate alternative arrangements where original inspection schedules cannot be met.

3 days prior to attending site, confirm with the University the intention to visit and inspect, and detail any necessary preparatory works required to facilitate the inspections.

Where equipment is declared unsafe and has been withdrawn from service, immediately provide details of major defects to be remedied within a specified period, and confirmation of any notification to the local enforcing authority.

At a period not exceeding 28 days after the inspection, provide the University with a copy of the appropriate insurance inspection certificate(s) as agreed.

### **The Engineering Insurance Surveyor will: -**

Be a recognised competent person appointed by the Insurance Service Provider who is responsible for conducting engineering plant inspections and issuing an appropriate insurance certificate.

A competent person having sufficient technical knowledge and experience, which means:

- i) full understanding of the system to be worked on and practical experience of that class of system; and
- ii) full understanding of the hazards which may arise during the work and the precautions that need to be taken.



**FS Helpdesk will:**

Process maintenance works instructions for remedial works on pressure systems controlled by FS.

Receive and process notifications received by email/Archibus from users of existing, newly purchased and second-hand equipment.

**Health, Safety and Risk Manager will: -**

Advise the Duty Holder, in writing, of any statutory changes to the requirements for the management of pressure systems.

Carry out liaison with the relevant teams in the event of an incident.

Provide guidance and direction on general Health and Safety Policy.

**Responsibility**

The Facilities Services Department is required to retain an up to date inventory of all pressure vessels and systems in use within the University. This is achieved by notification via the Asset Movement form.

Facilities Services should be consulted prior to procurement of any system so that written schemes of examination can be devised and the necessary follow up arrangements can be put in place. For autoclaves, Facilities Services should be consulted to ensure that the necessary building services are in place.

**5.2 Arrangements for Managing Health and Safety****Purchase and installation of new or pre-owned pressure systems**

To comply with the [PSSR](#) when purchasing and installing new equipment or pre-owned equipment, it must be ensured that it is suitable for its intended purpose and that it is installed correctly by a competent installer.

This requirement can normally be met by using the appropriate design, construction and installation standards and/or codes of practice.

Since 2002, most pressure equipment placed on the market has had to meet the requirements of the [PER](#). For pressure equipment not covered by the [PER](#), the more general requirements of the [PSSR](#) apply.

Regulations 4 to 7 of the PSSR apply to manufacturers, importers and suppliers of pressure systems. Staff involved in the purchasing of pressure systems should be aware of the requirements of these regulations.

This is particularly important if the pressure system has been pre-owned.

In summary these are:

#### **Regulation 4 Design and construction**

This regulation places duties on designers, manufacturers and any person who supplies equipment or a component intended to be part of a pressure system to ensure that it is fit for purpose, to prevent danger.

#### **Regulation 5 Provision of information and marking**

The aim of this regulation is to ensure that adequate information about any pressure system subject to PSSR is made available to users/owners by designers, suppliers or those who modify or repair equipment. Basic information about pressure vessels should be permanently marked on the vessel, including the Safe Operating Limit.

#### **Regulation 6 Installation**

*“The employer of a person who installs a pressure system at work shall ensure that nothing about the way in which it is installed gives rise to danger or otherwise impairs the operation of any protective device or inspection facility.”*

#### **Regulation 7 Safe operating limits**

The designer, manufacturer and supplier are responsible for providing adequate information about the system or its component parts. It prohibits the user/owner from operating the system or allowing it to be operated before the safe operating limits have been established.

#### **Safe operation and maintenance of pressure systems equipment**

To operate and maintain pressure equipment the following [PSSR](#) must be complied with.

#### **Regulation 8 Written scheme for periodic examination**

If a pressure system contains steam at any pressure or has a relevant fluid at a stored pressure above 0.5 bar and has pressure x internal volume of greater than 250 bar litres or more, a written scheme of periodic examination must be in place. The scheme must state the nature and frequency of the examinations and specify any extra measures necessary to prepare the system for safe examination and, where appropriate, must provide for the examination to be carried out before the system is first used.

The HSE's publication [Written Schemes of Examination, Pressure Safety Systems Regulations 2000](#), includes a list of typical pressurised systems that are likely to require a written scheme of examination.

The scheme must be drawn up by a competent person who is normally an engineer appointed by the University's insurer; this can be arranged through Facilities Services. It is important that the user of the pressure system liaises with the engineer so that he or she has clear understanding of how the system will be used and the environment in which it will be used. The presence of substances that may cause corrosion or weakening of the components of the system need to be considered when the scheme is drawn up.

#### **Regulation 9 Examination in accordance with the written scheme**

Line Managers and Senior Managers are responsible for ensuring that examinations in accordance with the [written scheme](#) are carried out. These should coincide with the annual maintenance, as the system may need to be stripped down for the inspector to access specific components.

Once a pressure system has been registered on Archibus using the Asset Movement Form automatic e-mail reminders will be sent out informing users when maintenance and inspections are due.

### **Regulation 10 Action to be taken in case of imminent danger**

Concerns serious defects identified by the competent person whilst carrying out maintenance under the written scheme of examination. Serious defects are those that require immediate attention where there is a risk of imminent failure of the system, if immediate repairs are not undertaken or other suitable modifications are not made to the operating conditions. The competent person should immediately issue the user or owner of the equipment a written report identifying the system and detailing defects and arrange to remove the equipment from use, as well as any remedial action required.

### **Regulation 12 Maintenance**

A suitable maintenance schedule is required in addition to examinations conducted under the written scheme. Suggestions for a suitable maintenance schedule are detailed in the [Approved Code of Practice, L122 Safety of pressure systems, PSSR](#). General requirements for equipment maintenance are also covered in the [Approved Code of Practice, L22 Safe use of work equipment, PUWER](#) for regulation 5 of PUWER.

### **Regulation 13 Modification and repair**

*“The employer of a person who modifies or repairs a pressure system at work shall ensure that nothing about the way in which it is modified or repaired gives rise to danger or otherwise impairs the operation of any protective device or inspection facility.”*

Therefore, all maintenance work must be carried out by a competent person.

### **Regulation 15 Precautions to prevent pressurisation of certain vessels**

Regulation 15 states:

*‘Paragraph (2) shall apply to a vessel:*

*(a) which is constructed with a permanent outlet to the atmosphere or to a space where the pressure does not exceed atmospheric pressure; and*

*(b) which could become a pressure vessel if that outlet were obstructed.*

*(2) The user of a vessel to which this paragraph applies shall ensure that the outlet referred to in sub-paragraph (a) of paragraph (1) is at all times kept open and free from obstruction when the vessel is in use.’*

The purpose of this regulation is to prevent an unintentional build-up of pressure in a vessel which is provided with a permanent outlet to atmosphere, or to a space where the pressure does not exceed atmospheric pressure.

### **Arrangements for the safe disposal pressure systems and equipment**

Pressure systems and/or equipment that are being disposed of shall be deregistered via the [Asset Movement form](#).

Equipment must be made safe and if necessary decontaminated and disposed in

accordance with the [University Recycling and Waste Management Procedures](#).

## **6.0 CONTROL PRINCIPLES**

### **6.1 Ownership of Pressure systems**

Control of Pressure systems in use in the University will fall into one of three categories:

#### **a) Facilities Services Infrastructure – Pressure Systems**

This relates to permanent and mobile pressure systems which form part of the University infrastructure and standard service provision. It does not include those systems which are introduced by University Schools, University Associated Companies and Tenants for specific activities.

For infrastructure systems Facilities arranges for an independent competent person to conduct inspections and tests.

The competent person will be an Engineering Insurance Surveyor authorised by and acting on behalf of a recognised insurance company inspection service.

The competent person will identify and supply the additional information (for example a written scheme of examination) and procedures necessary to comply with the PSSR requirement.

Facilities are responsible for ensuring that the arrangements are implemented, minimum legal standards are observed and that any remedial action necessary is executed promptly.

#### **b) University Schools and University Associated Companies controlled pressure systems**

Such systems, whether permanent or temporary include those which are supplied by way of hire, lease or other arrangements.

Systems which are hired or leased are principally the responsibility of the supplier to comply with the requirements of PSSR.

Those acquired under hire purchase are the responsibility of the 'customer' - normally the University School which has entered into the agreement. For these systems the University School arranges for an independent competent person to conduct inspections and tests.

Where appropriate the competent person will be the Facilities Services Appointed Engineering Insurance Surveyor authorised by and acting on behalf of a recognised insurance company inspection service.

The competent person will identify and supply the additional information (for example a written scheme of examination) and procedures necessary to comply with the PSSR requirement.

University Schools are responsible for ensuring that the arrangements are implemented, minimum legal standards are observed and that any remedial action necessary is executed promptly.

### **c) Tenants controlled pressure systems.**

Such systems, whether permanent or temporary include those which are supplied by way of hire, lease or other arrangements.

For these systems the Tenant arranges for an independent competent person to conduct inspections and tests. This information **MUST** be passed through the Asset Movement form via email to [FIT@lboro.ac.uk](mailto:FIT@lboro.ac.uk) .

Where appropriate the competent person will be an Engineering Insurance Surveyor authorised by and acting on behalf of a recognised insurance company inspection service.

The competent person will identify and supply the additional information (for example a written scheme of examination) and procedures necessary to comply with the PSSR requirement.

Facilities are responsible for ensuring that University Associated Companies and Tenants have arrangements in place to ensure minimum legal standards are observed.

## **6.2 Design and Installation**

All pressure systems shall be designed, manufactured and installed to be safe and without risks to health when used at work. Adequate documentation shall be provided to the user to ensure that the system can be maintained and operated safely and without risk to health.

Designers will ensure that pressure systems comply with the Pressure System Regulations 2000.

Designers will ensure that general issues of design, sizing, layout, construction and commissioning of pressure systems comply with National and International standards.

Modifications or changes to existing installations should always be carried out under appropriate change control.

All associated drawings, Risk Assessments and testing schedules are updated by the designer before system handover. Ensure that all new systems have

completed drawings, Risk Assessments and testing schedules.

### **6.3 Risk Management**

All risk assessments shall be carried out and approved by authorised persons.

Authorised persons shall be able to demonstrate competence and experience of Risk Assessment.

Risk assessments shall identify recommendations according to the following criteria:

Any remedial works that may be required to ensure the system meets the current “Approved Code of Practice & Guidance” legislation.

Identify scheduled maintenance checks/tasks and records that shall be adhered to, to comply with current legislation and reduce the risk to an acceptable level.

Risk assessments should include an up-to-date line diagram of the system.

The risk assessment shall be reviewed whenever there is reason to believe that it is no longer valid (e.g. due to changes in plant, equipment, operating parameters or new information about risks or control measures).

The Risk Assessment and control measures shall be reviewed in any event at least every 2 years. Reviews of the assessment shall be documented and filed with the original Risk Assessment.

### **6.4 Equipment Identification**

All pressure systems components boilers, vessels, air receivers and other relevant plant identified by the Risk Assessment(s) shall be registered and labelled, where possible, with unique “Plant Item Numbers”.

A ‘site register’ shall be maintained of all pressure systems.

### **6.5 Maintenance**

All maintenance shall be carried out in accordance with ACOP and managed in accordance with specific risk assessments. Specific activities and frequency is detailed in the Written Scheme Procedure.

The maintenance and inspection of fixed installations (those that form part of the building pressure system) is organised by Facilities Services.

It remains the responsibility of the University Schools to check that maintenance and inspection of School controlled pressure systems.

## 6.6 Information, Instruction, Training and Supervision

### Regulation 11 Operation

*“(1) The user of an installed system and the owner of a mobile system shall provide for any person operating the system adequate and suitable instructions for:*

*(a) the safe operation of the system; and*

*(b) the action to be taken in the event of any emergency”*

There is an additional training requirement under regulation 9 of **PURER** to ensure employees are provided with sufficient information, instruction and training. Senior Managers must ensure that training is provided to all those involved in the operation, maintenance, examination, etc. of pressure systems and equipment.

An outline of the content of the training is given in the [Approved Code of Practice, L122 Safety of pressure systems, PSSR](#).

## 6.7 Procedures for registration with Facilities Services

University Schools must register existing, newly purchased and second-hand equipment by email to [FIT@lboro.ac.uk](mailto:FIT@lboro.ac.uk) . Using the Asset Movement form

University Schools should send a copy of the commissioning and testing data to the FS help desk and give the original to the School Nominated Deputy.

On receipt of the completed form, the FS Helpdesk if necessary will arrange for the Insurance Inspector to visit the School to make a WSE and inform the User and School Nominated Deputy.

FS will add the item(s) to the University Register for subsequent annual inspections.

If registering newly installed second-hand pressure systems, unless the supplier has provided commissioning and testing data the University School will also need to ask the Helpdesk whether a WSE needs to be drawn up before first use. FS will contact the University Insurance Inspector to determine if this is necessary and to arrange a visit.

All nominated persons require Access to view Loughborough Universities Asset register.

## 6.8 Incident Reporting and Investigations

If the competent person carrying out an examination under the scheme of examination believes the pressure system or part of the pressure system will give rise to imminent danger unless certain repairs or modifications have been carried out or unless suitable changes to the operating conditions have been made, then, he shall forthwith make a written report to that effect identifying the system and specifying the repairs, modifications or changes concerned and give it -

(a) in the case of an installed system, to the user; or  
Facilities Services Policy

(b) in the case of a mobile system, to the owner and to the user, if any, and the competent person shall within 14 days of the completion of the examination send a written report containing the same to the enforcing authority for the premises at which the pressure system is situated.

The sequence of events for reporting imminent danger is given below:

- (a) The competent person immediately produces a written report identifying the system and specifying the repairs, modifications or changes required and gives it to the user/owner.
- (b) The user/owner ensures that the system (or, if the report only affects a discrete part of the system, that part) is not operated until the necessary repairs, modifications or changes have been carried out.
- (c) The competent person sends a written report to the relevant enforcing authority within 14 days.
- (d) The competent person produces a report of the examination under the written scheme (regulation 9) and sends it to the user/owner within 28 days
- (e) Any incident must be reported through the SHE Portal <https://sheassure.net/lboro/Portal/LBU/Index>

Reporting of dangerous occurrences shall be carried out in accordance with the Policy on the Reporting of Accidents, Dangerous Occurrences and Occupational Ill Health.

Document lessons learnt in accordance with University H&S policy.

## 7.0 DOCUMENT MANAGEMENT

The duty holder will nominate a deputy duty holder to be responsible for maintaining and updating the written records as required by the ACOP.

- (a) any designer's/manufacturer's/supplier's documents relating to parts of the system included in the written scheme;
- (b) any documents required to be kept by the Pressure Equipment Regulations 1999;
- (c) the most recent examination report produced by the competent person under the written scheme of examination;
- (d) any agreement or notification relating to postponement of the most recent examination under the written scheme; and
- (e) all other reports which contain information relevant to the assessment of



matters of safety.

The Inspection Service Provider will maintain an electronic site register of pressure vessels and examination reports.

## 7.1 Record Keeping

### **Regulation 14 Keeping of records**

Places a duty on the user of an installed system and the owner of a mobile system to keep maintenance and inspection records. The results of periodic examination are kept on the University insurers data base.

Full information on the recording examination and maintenance is given in the [Approved Code of Practice, L122 Safety of pressure systems, PSSR](#).

Facilities Services stores records of examination and maintenance reports (including examinations carried out under the written scheme) for all pressure systems in operation, owned and maintained by the Facilities Services Department.

Records are stored within Schools and Departments for pressure systems they own and maintain.

Thorough inspection records are stored on the British Engineering Systems Register (Portal) which is operated and maintained by the Competent Person (British Engineering Systems).

Competency training records for Loughborough University staff operating or maintaining pressure systems are retained by the School, Department or equivalent responsible for providing the training.

## 7.2 Further Information

To find out how the Pressure Systems Safety Regulations 2000 Regulations apply to your pressure system, see Appendix 1.

To communicate any changes to a Pressure System please use Appendix 2.0 Asset Movement form

### **External Sources**

Health and Safety Executive: [INDG178: Written Schemes of Examination, Pressure Systems Safety Regulations 2000](#).

Health and Safety Executive: [L122: Safety of Pressure Systems, Pressure Systems Safety Regulations 2000. Approved Code of Practice and guidance](#).

Health and Safety Executive: [L22: Safe use of work equipment. Provision and Use of Work Equipment Regulations 1998. Approved Code of Practice and guidance](#).

Health and Safety Executive: [ING229: Using Work Equipment Safely, Guidance for the Provision and Use of Work Equipment Regulations 1998](#).

## 8.0 VERSION CONTROL

Version	Description of Change	Changed By	Date
01	Draft issue for comment	BM	01/11/2010
02	Roles and responsibilities amended. Draft Issue for comment	BM	28/07/2011
03	Comments incorporated. Section 8.0 completed. University Department replaced with University School. Document approved and issued.	BM	03/08/2011
04	H&S manager comments incorporated	BM	12/8/2011
05	Minor amendments	BM	29/5/2012
06	Review and amend Policy – conversion from the original FS Policy into a University-wide policy	NVW	16/05/2018

## Appendix 1.0 Examples of Pressure Equipment and Decision Tree of which Regulations apply to a given system.

Accumulator, Hydraulic  
Accumulator, hydraulic, nitrogen pressure vessel  
Air receiver in association with some autoclaves, mass spectrometers, EM units  
Air / water expansion vessel  
Argon liquid, pressure vessel  
Autoclave – electric, non-self-generating (e.g. part of building steam system or attached to associated boiler)  
Autoclave – electric, self-generating  
Autoclave – steam jacketed  
Blow down vessel  
Calorifier, heated Boiler – canteen type, electric urn  
Condenser pressure vessel  
Cooling water expansion pressure vessel  
Critical point dryer pressure vessel  
Desiccant air dryer  
Heat exchanger  
Helium hydraulic shock chamber tube gun  
Hot water urn  
Hypersonic gun  
Nitrogen pressure gun  
Nitrogen pressure vessel  
Pressure parts of packaged refrigeration system  
Pressurisation unit – softened water booster  
Receiver, Air - vertical/horizontal/portable  
Receiver, Air and water  
Receiver, Air/oil  
Receiver, Carbon dioxide – solid drawn  
Receiver, Coal gas  
Receiver, Experimental test rig, air  
Receiver, natural gas  
Receiver, Nitrogen  
Receiver, Sewage ejector/air  
Receiver, Teaching air  
Sand/Water pressure vessel  
Steam boiler (electric or gas heated)  
Steam jacketed kettle  
Steam jacketed pan  
Steam oven  
Safety of pressure systems Approved Code of Practice, 2000

## Decision Tree of which Regulations apply to a given system

