Health, Safety and Environment Committee

Loughborough University

AGENDA
SAF19-A2

Notice of meeting

The next meeting of the Health, Safety and Environment Committee will take place at 2.00pm on Wednesday 5 June 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 4 June.

3 Minutes

SAF19-M1

To confirm the minutes of the meeting held on 6 February 2019.

4 Matters arising from previous meetings

SAF19-P25

4.1 To note actions arising from the Minutes.

4.2 To note any other matters arising.

SECTION A – Items for Discussion

5 Health, Safety and Environment Update: School of Sport, Exercise and Health Sciences

SAF19-P26

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

6 University Risk Register

SAF19-P27

To RECEIVE an update regarding the University's strategic risk register and DISCUSS the adequacy and effectiveness of arrangements for capturing and managing health, safety and environmental related risks.

7 Health, Safety and Environment Update: Loughborough Design School

SAF19-P28

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

8 Health, Safety and Risk Manager Report

SAF19-P29

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

9 Health, Safety and Environment Performance Report

SAF19-P30 - Withdrawn

To NOTE future direction in the provision of key performance indicators for Schools and Services.

10 Occupational Health Update

SAF19-P31

To RECEIVE a presentation from the new Occupational Health Manager.

11 Statutory Compliance Key Performance Indicators

SAF19-P32

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

12 Chemical and Biological Safety Update

SAF19-P33

12.1 To RECEIVE an update on chemical and biological safety from the Strategic Scientific Development Officer;

12.2 To CONSIDER a proposal for the disposal of mercury thermometers.

13 Drug Precursors and Regulated Substances

SAF19-P34

To RECEIVE a report on drug precursors and regulated substances by the Strategic Scientific Development Officer.

14 Future Biological Infrastructure Needs

SAF19-P35

To CONSIDER a report on the anticipated future biological infrastructure needs of the University.

15 Decommissioning of Buildings

SAF19-P36, SAF19-P37

15.1 To RECEIVE an update on the decommissioning of the Graham Oldham and F Buildings;

15.2 To RECEIVE a verbal report on the root cause analysis of the decommissioning of the F Building.

15.3 (i) To CONSIDER a report on the scale of items with use and value that have been left in the decommissioned buildings;

(ii) To CONSIDER a proposed process for delivering retention of items with value and responsibility for leading the process.

16 Security and Card Access: W and S Buildings

To RECEIVE a verbal update on security and card access in the W and S Buildings.

17 Environmental Compliance Report

SAF19-P38

To CONSIDER a report on environmental compliance and comment on any areas of concern.

18 Stress and Mental Wellbeing Update

SAF19-P39

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

19 Committee Effectiveness

SAF19-P40

To CONSIDER the effectiveness of the Committee.

20 Policy for the Management of Gas Installations

SAF19-P41

On the advice of the Health, Safety and Risk Manager, to APPROVE changes to the Policy for the Management of Gas Installations.

SECTION B – Starred Items for Approval

*21 Health and Safety Risk Registers

SAF19-P42

To RECEIVE an update on progress in developing the Health and Safety Risk Registers.

*22 Exit Process for Staff

SAF19-P43

To NOTE the new exit checklist for managers.

*23 Changes to Committee Constitution

To RATIFY the action of the Chair in approving the following changes to the Committee's constitution:

(i) replace: Director of Infrastructure and Commercial Services
with: Director of Estates and Facilities Management

(ii) remove: Director of Human Resources

*24 Reports to Health, Safety and Environment Committee

To RECEIVE the following reports:

(i) **SAF19-P44**
Sustainability Manager Report

(ii) **SAF19-P45**
Radiation Protection Report

(iii) **SAF19-P46**
University Fire Officer's Report

(iv) **SAF19-P47**
Accident Data Report

(v) **SAF19-P48**
Insurance Claims Report

(vi) **SAF19-P49**
Annual Report of Ethics Approvals (Human Participants) Sub-Committee for 2018/19

*25 Minutes

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

(i) **SAF19-P50**
Chemical Safety Committee (19 May 2019)

(ii) **SAF19-P51**
GM/Biosafety Committee (11 April 2019)

(iii) **SAF19-P52**
Health and Safety Statutory Compliance Sub-Committee (1 May 2019)

(iv) **SAF19-P53**
Non-ionising Radiation Safety Committee (27 March 2019)

(v) **SAF19-P54**
Radiological Protection Sub-Committee (1 May 2019)

(vi) **SAF19-P55**
Sustainability and Social Responsibility Sub-Committee (22 May 2019)

SECTION C – Items for Information

*26 People Strategy

SAF19-P56

To NOTE the new University People Strategy.

27 Any Other Business

28 Valediction

*29 Dates of Meetings in 2019/20

Wednesday 9 October 2019
Wednesday 5 February 2020
Wednesday 3 June 2020

Author – M Ashby
May 2019
Copyright © Loughborough University. All rights reserved.

Health, Safety and Environment Committee

Loughborough University

Minutes
SAF19-M1

Minutes of the Health, Safety and Environment Committee held on Wednesday 6 February 2019

Attendance

Members:

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

In attendance:

M Ashby (Secretary) Rob Allison, Paul Conway (for M19/3), Simon Fawcett (for M19/3), Julie Turner (for M19/7 and M19/8)

Apologies received from:

David Roomes

19/1 Minutes

SAF18-M3

The minutes of the previous meeting held on 17 October 2018 were CONFIRMED.

19/2 Matters Arising from Previous Meetings

SAF19-P1

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

19/3 Health, Safety and Environment Update: Wolfson School of Mechanical, Electrical and Manufacturing Engineering

SAF19-P2

3.1 The Committee received a presentation by the Dean and Operations Manager of the Wolfson School on health, safety and environment arrangements in place within the School.

3.2 The following points were NOTED in particular:

(i) The Committee was informed that staff demonstrated a positive attitude to health, safety and environment requirements in operation within the School. Health and safety incidents were reported swiftly and immediate action taken to address them.

(ii) The School was proactive in ensuring that staff cleared materials and equipment associated with them prior to their leaving the University and carried out further checks following their departure. The School was also proactive in removing equipment which was no longer required or which did not meet safety standards.

(iii) Non-compliance with health and safety requirements was raised during personal development reviews and, for more serious incidents, resulted in disciplinary action.

(iv) There had been a significant improvement in waste management, and further improvements were anticipated in the future.

3.3 The School Operations Manager was also the Duty Authorised Person for PUWER and was developing the PUWER policy. It was anticipated that work on the policy would be completed during the summer. The Operations Manager would discuss with the Health, Safety and Risk Manager whether it would be possible for a graduate intern to support the School in drafting the policy. **ACTION: WMEME OPS Manager, HSR Manager**

3.4 The Dean and Operations Manager were thanked for their very thorough and reassuring presentation. They were also thanked for their part in improving the health and safety culture within the School over the previous few years. The improvements were impressive and encouraging for others. The HSR Manager and the Strategic Scientific Development Officer would consider how initiatives within the School could be rolled out across the University. **ACTION: HSR Manager and SSDO**

19/4 Health, Safety and Environment Update

SAF19-P3

The Committee RECEIVED an update from the Health, Safety and Risk Manager.

19/5 Health, Safety and Environment Performance Report

SAF19-P4

The Committee RECEIVED a report detailing key performance indicators for Schools and Services. The report provided broad indicators of performance in each area of the University. All bar two areas were considered to be managing health and safety effectively and were considered to have a 'green' status. Two areas had been classified as having an amber status due to some short-term concerns. The Committee understood the nature of the issues identified and was confident that they were being addressed. It therefore recommended to Council that the performance indicator for Health and Safety should be green. **ACTION: Secretary**

19/6 Statutory Compliance Key Performance Indicators

SAF19-P5

6.1 The Committee RECEIVED an update in relation to statutory compliance key performance indicators for the University. It noted progress in developing KPIs for key areas of statutory compliance and projected performance rates against a January 2020 target.

6.2 The Committee welcomed the direction of travel of the update. It believed that the University was operating safety. However, until all of the KPIs had been identified, the report was not able to provide the Committee with this assurance.

6.3 Members noted developments in monitoring F Gas compliance. The Environmental Manager would clarify the required process for monitoring compliance. **ACTION: Environmental Manager to inform Director of Facilities Services**

19/7 Radiation

SAF19-P6, SAF19-P7

7.1 The Committee ENDORSED the 2018 Annual Report to Council by the Radiation Protection Officer and recommended it for submission to Council. **ACTION: Secretary**

7.2 The Committee RECEIVED the 2018 Annual Report on radiochemistry decommissioning by the Radiation Protection Officer.

19/8 Decommissioning of Buildings

SAF19-P8

8.1 The Committee RECEIVED an update on the decommissioning of the Graham Oldham Building and F Building. It expressed concern that the condition in which some laboratories had been left when the buildings had been vacated potentially presented a serious health & safety risk. This was believed to be due to staff assuming that they would be given more time to clear the building after they had vacated it.

8.2 The following points were noted in particular:

(i) the School of Science had since put in place new management practices to ensure that future relocations were less problematic. The Committee was pleased to note this action.

(ii) The Health and Safety Service was to carry out unannounced audits across the University in the future to monitor appropriate storage of chemicals. Instances of non-compliance would be reported to the Management Team and could result in laboratories being closed with immediate effect and/or staff receiving formal warnings.

(iii) The Service was also auditing purchases of chemicals to ensure that they were appropriate and that University was not building up surpluses of stock.

(iv) PhD supervisors played an important role in setting a good example to research students in the management of chemicals and scientific equipment.

8.3 The Committee noted that the proposed University Exit Policy would require staff who were about to leave the University to dispose of materials and equipment associated with them before they left. It noted that PhD students also needed similar encouragement to clear items prior to their departure. The Doctoral College would be asked to put in place measures to ensure that these students only received their awards after this had happened. **ACTION: Deputy Director (HR) to contact Doctoral College.**

8.4 The Committee AGREED that it should be informed of persistent breaches. Staff should be made aware that this would happen to reinforce the importance of compliance. **ACTION: SSDO**

8.5 The Committee noted that a sub-group of the Chemical Safety Committee would identify issues that had arisen. The sub-group should carry out a root cause analysis of the state in which the F building was left, to ensure that lessons were learnt for future moves. The analysis should also consider whether, during the vacation of the F building, individuals had behaved in such a way that they had put others at risk. If this was found to be the case, consideration should be given to further action. **ACTION: HSR Manager**

8.6 The Sustainability Manager would submit a report to a future meeting on the scale of items which still had a use and value being left in vacated buildings. The report would include examples where this has occurred such as the F Building. It would indicate financial and compliance impact and would provide solutions around resource efficiency and decant policy. **ACTION: Sustainability Manager**

19/9 Update on Occupational Health

SAF19-P9

9.1 The Committee RECEIVED an update on the University's Occupational Health Service. The Human Resource and Organisational Development Team and the Health and Safety Service were working to address recommendations arising from a recent review of the Occupational Health Service. The Service had been restructured, and the University intended to recruit an experienced occupational health manager who would implement the review's recommendations. In the interim a third-party provider was providing advisor-level support for the University.

9.2 The changes had already yielded operational improvements. The Committee requested an interim report on progress at its autumn meeting and a more formal report at its meeting in February 2020. **ACTION: HSR Manager, Deputy Director (HR)**

19/10 Smoking Policy

SAF19-P10

10.1 Arising from M18/55, the Committee considered the results of the recent Smoking Policy Survey. The consultation had revealed that a small majority of respondents believed that the current policy was fit for purpose. A number had, however, expressed particular concern about a lack of enforcement of the policy and people smoking in close proximity to entrances.

10.2 Some respondents had proposed that a distinction be made between cigarettes and e-cigarettes. However, most respondents believed that they should be treated the same, as currently.

10.3 The Committee AGREED that the smoking policy should remain unchanged for the time being whilst ways of restricting smoking were explored. In the meantime, it agreed to the following measures to discourage smoking on the University's campuses:

(i) The Health and Safety Service should run a smoking cessation campaign;

(ii) The University community should be reminded of the Smoking Policy and encouraged to challenge those who choose to ignore it. **ACTION: HSR Manager**

10.4 Following the relocation of the Department of Chemistry, the no smoking exclusion zones around its former and new buildings would be reviewed. Deans and directors of Professional Services would also be asked to identify any smoking hotspots that should be considered for designation as smoking exclusion zones **ACTION: HSR Manager**

19/11 Stress and Mental Wellbeing Update

SAF19-P11

11.1 The Committee received an update on the work of the Mental Wellbeing Working Party and on a number of key activities. The Working Party had been dormant in recent months whilst some earlier actions were delivered. It would be reconvened soon with a smaller membership. **ACTION: HSR Manager**

11.2 The new Mental Health First Aiders Scheme was being rolled out across the campus and would be publicised to staff in coming weeks.

11.3 The Employee Assistance Programme continued to be offered to staff, though take up had dropped in recent months.

19/12 New EMS ISO 14001 2015 Standard Requirements

SAF19-P12

12.1 The Committee considered a new requirement of the EMS ISO 14001 2015 standard. The revised standard included a new clause which laid out the ways in which an organisation's senior management needed to demonstrate leadership and commitment with respect to environmental management systems.

12.2 The Committee noted that the Vice-Chancellor and other senior colleagues had been interviewed by NQA external auditors in relation to the University's environmental management system. It was AGREED that the Academic Leadership Team should be briefed about the system, and that the Deans and Heads of Schools and Professional Services who required further information should receive bespoke training. **ACTION: Sustainability Manager**

19/13 Reports to Health, Safety and Environment Committee

The following reports were RECEIVED:

(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

19/14 Policy for the Management of the Lifting Operations and Lifting Equipment Regulations (LOLER)

SAF19-P17

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

19/15 Pressure Systems Policy

SAF19-P18

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

19/16 Terms of Reference and Composition

SAF19-P19

16.1 The terms of reference and composition of the following sub-committees were NOTED:

GM/Biosafety Committee
Health, Safety and Environment Consultative Forum
Non-Ionising Radiation Protection Committee
Radiological Protection Sub-Committee
Sustainability and Social Responsibility Sub-Committee

16.2 The revised terms of reference and composition of the following sub-committees were APPROVED:

Chemical Safety Committee
Health and Safety Statutory Compliance Sub-Committee

19/17 Minutes

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

(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)

19/18 Any Other Business

The Vice-Chancellor noted the importance of the Committee to the University. He expressed his appreciation to the Council member who was present for their contribution and attendance at the meeting.

19/19 Dates of Remaining Meetings in 2018/19

5 June 2019

M Ashby
February 2019
copyright © Loughborough University. All rights reserved.

Health, Safety & Environment Committee

Loughborough University

#

Paper Title: Matters Arising from Previous Meetings

Author: Martine Ashby (Secretary)

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

	Completed – will be removed
	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	**Sept 17 Meeting: Staff Exit Policy to come to Feb 2018 meeting** **Jan 18 Update:** Report will be on next HSE Committee agenda under the Bio/Chemical safety section **May 2018 update** Ongoing still in development. **June 2018 update at meeting:** Draft strategy to be discussed with Deans and then considered by HR Committee. To be considered at October HSE meeting. **Oct 2018 update:** HR to progress Exit strategy as part of the People Strategy **Feb 2019 update:** In final stages of preparation. To be considered at June meeting **June 2019 update:** Exit Checklist included on June 2019 agenda
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	**Feb 18:** Plan has been agreed with AED OPS Manager and is being progressed. **June 18:** AED Operations Manager and Security Manager to coordinate erection of signs to make clear that it is a smoke free zone **Oct 18 update:** 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 **Jan 19 Update:** Arts Ops Manager asked for an update
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	**May 2018 –** Awaiting budget outcome proposals for roll out submitted **Oct 2018 update** – Budget obtained. Now being rolled out across campus. To be completed during 2018/19 academic year **Feb 19 update** – Is being taken forward by Director of Student Services **Confirmed closed**
SAF18-M2	19 (vi)	Share examples of good practice in School's HSE practices at next Health, Safety and Environment Consultative Forum meeting	Science Operations Manager	To be considered at November Health, Safety and Environment Consultative Forum meeting **Nov 2018 update –** Science OPS Manager to present at University Safety Forum in Nov 2018 **Confirmed closed**

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 **Oct 18 update** – Being progressed by Sustainability Manager **Feb 19 update:** Sustainability Manager to be invited to future HSE tours. **Confirmed closed**
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. **Feb 19 Update**: To be considered at June meeting **June 19 Update:** On HSE agenda
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 **Oct 18 note –** Initiatives to support PhD students were noted during Student Services presentation to HSE.
SAF18-M2 **SAF19-M1**	18-M29.1 + 19-M6.3	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 **Oct 18** – On agenda and Director of Facilities Services to provide report to HSSCS in November **Feb 19** – Environmental Manager to contact Director of Facilities Services to clarify required process for monitoring F Gas compliance **ACTION completed**
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)	**Oct 18** – Director of HR and Organisational Development and Deputy Director (HR) to consider as part of review of mandatory processes **Jan 19 Update:** Has also been raised by ITGC. Will be looked at once Strategic Lead for Academic, Professional and Organisational Development has been recruited.

Meeting	Minute	Description	Action	Status
SAF18-M3	37.2	Contact AACME staff to learn of effective lone working policies and penalties imposed	SoS staff	Meeting held and assurances given. School has taken action. **Confirmed closed**
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 **Confirmed closed**
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 **Confirmed closed**
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 **Confirmed closed**
SAF18-M3	39.4	Forward comments about effectiveness of Committee to Secretary	All members	**Confirmed closed**
SAF18-M3	42	HSE Performance Report: Discuss identified Facilities Management issues and seek resources if appropriate	HSR Manager and Director of Facilities Services	**Feb 19 update:** Actions taken to address the specific items identified. Performance visible on performance chart.
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. **June 19 Update** Communications plan developed and is being delivered. Not considered particularly effective so additional discussions are being held with Marketing and Advancement.
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. **Confirmed closed**

Meeting	Minute	Description	Action	Status
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. **Confirmed closed**
SAF18-M3	55.4(ii) (b)	Trade unions to seek views of members on existing Smoking Policy	Union reps on HSE	**Confirmed closed**
SAF18-M3	55.4(ii) (b)	LSU to seek views of members on existing Smoking Policy	LSU President	**Confirmed closed**
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. **Confirmed closed**
SAF18-M3	55.4(ii) (b)	Smoking Policy to be discussed at next hall wardens' meeting	Head of Student Services	**Confirmed closed**
SAF19-M1	3.3	Discuss whether possible for graduate intern to support School in drafting PUWER policy	WMEME OPS Manager, HSR Manager	**June 19 Update** Budget has been transferred to Wolfson. A suitable individual has been identified and a first draft of the PUWER policy has been written.
SAF19-M1	3.4	Consider how initiatives identified in the WMEME presentation can be rolled out across University	HSR Manager, SSDO	HSR Manager and SSDO have discussed, and good practice from WMEME will be discussed with other Schools if relevant. SSDO has also discussed at Chemical Safety Committee. Working group to improve overall chemical safety across the University will include WMEME key staff to help with applying good practice. WMEME safety team are now on all main H&S sub-committees.
SAF19-M1	5	Convey to Council Secretary recommendation that H&S performance indicator should be green	Secretary	**COMPLETED**
SAF19-M1	7	Submit to Council Annual Report by Radiation Protection Officer	Secretary	**COMPLETED**

Meeting	Minute	Description	Action	Status
SAF19-M1	8.3	Ask Doctoral College to put in place measures to ensure that research students only receive awards after they have cleared items prior to their departure.	Deputy Director (HR)	Exit questionnaire shared with Associate Pro Vice-Chancellor, Lough Doctoral College. Deputy Director (HR) to discuss with her in June meeting
SAF19-M1	8.4	Inform HSE of persistent chemical breaches. inform staff that this will happen to reinforce importance of compliance	SSDO	**COMPLETED. All Schools notified.**
SAF19-M1	8.5	Identify issues arising from the vacation of the F Building. Carry out root cause analysis of state in which building left. Consider whether individuals behaved in such a way as to put others at risk. If so, consider taking further action.	Sub-group of Chemical Safety Committee	**June 19 Update** Root cause exercise completed bullet points to be presented at meeting
SAF19-M1	8.6	Submit report to a future meeting on scale of items which still have a use and value that been left in vacated buildings	Sustainability Manager	
SAF19-M1	9.2	Provide interim report on Occupational Health Service progress at Autumn 2019 meeting and a more formal report at February 2020 meeting	HSR Manager, Deputy Director (HR)	**June 19 Update** On agenda
SAF19-M1	10.3	Take measures to discourage smoking: (i) run smoking cessation campaign (ii) remind Univ community of Smoking Policy and encourage to challenge those who ignore it	HSR Manager	**June 19 Update** Smoking cessation campaign to be run 2nd half 2019
SAF19-M1	10.4	Ask Deans and Heads of Prof Services to identify any smoking hotspots that should be considered for designation as smoking exclusion zones	HSR Manager	**June 19 Update** Complete no additional areas requested
SAF19-M1	11	Reconvene Mental Wellbeing Working Party with a smaller membership	HSR Manager	**June 19 Update** Under way
SAF19-M1	12.2	Brief ALT about environmental management system. Provide further bespoke training for Deans/Heads of Prof Services who require this	Sustainability Manager	

Health, Safety and Environment Committee

Loughborough University

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

Origin: Neil Budworth **Date:** 16th May 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 May 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.

The Health and Safety Service is now back up to full strength following the arrival of William O'Connell from the Wood Group.

Health, Safety and Risk Manager Neil Budworth has been elected as the Chair of the Universities Health and Safety Association (USHA) – this is a two year post

Occupational Health

Sarah Van Zoelen has joined the University as the new Occupational Health Manager. A separate Occupational Health report will be tabled, but very good progress is now being made.

Training

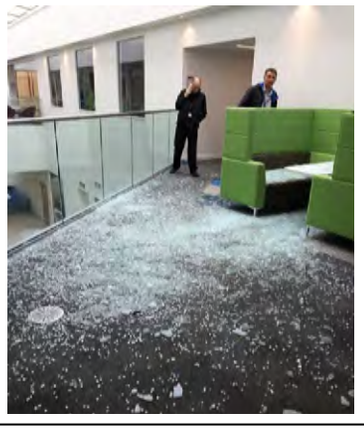
A new fire safety E learning package has been developed and deployed. Over the next few months the Display Screen Equipment "Healthy Working" training and assessment package together with the associated processes will be completely reviewed and introduced.

The roll out of mental health first aiders across the campus is progressing well. So far 117 have been trained.

Incidents

There have been a number of significant incidents on campus since the last HSE committee.

The internal pane of a 2m by 4m glazing panel failed above 'The Street' (atrium) in the NCSEM building.



There was no obvious cause for this failing as it was the internal pane and at some height. This failure resulted in approximately 200kg of glass falling into the area below. As the entire length of the street is covered with identical panels the area has been cordoned off until the area can be made safe. An Incident Review Panel has been arranged. An investigation is underway. So far a specialist from the Glass and Glazing Federation has stated that the glass does not conform to the British Standard

Broken leg on inflatable slide. A student broke their leg when attempting a forwards somersault on a large inflatable slide. An investigation is underway, but initial findings point towards alcohol and lack of supervision as underlying causes. Additional restrictions for certain inflatable are to be discussed with Student Services. Two more serious leg injuries occurred at another Hall event on the same weekend. Investigations are continuing and a meeting with the director of Student Services has been arranged to discuss the provision of this type of play equipment at such events.

A crowd disturbance was reported as crowds were leaving the first SDC Fight Night. Actual violence was avoided but there are some lessons to be learned regarding crowd control and Security staffing levels. SDC are conducting an internal investigation. The incident report has been written and presented to SDT SLT. This has been shared with University SLT.

The University were contacted by Public Health England as they had received information about a confirmed Legionella case on the Loughborough Campus.

The University was subsequently visited by a number of representatives from Public Health England and Charnwood Environmental Health who reviewed management practices, records and undertook a physical inspection of the site. The team were extremely satisfied that water systems are being well managed and felt it extremely unlikely that any legionella originated from the University managed systems. All samples taken were clear of legionella.

Since the last HSE committee meeting there were a number of incidents involving the transport of use of cryogenic liquids, particularly liquid Nitrogen. These included the transportation of liquid Nitrogen dewars in lifts and handling liquid Nitrogen without appropriate personal protective equipment. The incident have been fully investigated and corrective actions put into place. In addition an incident review panel was held to ensure that the root causes were identified and lesson spread across the University. In addition a disciplinary action has been initiated.

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).

Awareness Issues

The Health and Safety Executive have issued new guidance on the management of mild steel welding fume. A safety alert has been issued across the university and checks have been undertaken in a number of areas where welding is undertaken. Sxhools have been requesting Respiratory Protective Equipment (RPE) Face Fit Testing and provided by the deputy Health and Safety Manager.

Following the introduction of new legislation the awareness campaign on the hazards of laser pointers was re launched.

Training in the management of Chemicals and the handling of biological materials has been given to both Facilities Management and Campus Services staff.

Following changes to legislation the Small Unmanned Aircraft (Drone) policy has been reviewed and communicated to key stakeholders. Further changes to the relevant law concerning pilot registration and training requirements follow later in the year.

Future Workplan

Recent investigations have revealed that Principal Investigators are not always aware of their responsibilities, or how to adequately discharge those responsibilities. To address this a programme of Principal Investigator is to be rolled out in the second half of the year. To start this process Risk Assessment Awareness training academics has been provided to the School of Social Sciences Academics.

As part of the People strategy the University Well-being offering is to be completely reviewed.

As the risk registers have now been in place for some time overall approach and documentation will be reviewed, with the aim of simplifying the process and making the information more accessible and easy to use.

A smoking cessation programme will be run in the second half of 2019.

Neil Budworth
Health, Safety and Risk Manager

Health, Safety and Environment Committee

Loughborough University

Paper Title: ALT – PSMT Report

Origin: Sam Chambers **Date:** 29th May 2019

1. Decision Required by Committee	None for information
2. Executive Summary	Details of audit and Health and Safety Committees held during this period and year to date for each school and department
3. Committees/Groups previously considering item.	N/A

Copyright © Loughborough University. All rights reserved.

Professional Service	No of Audits YTD (Jan-Mar 2019)	No of Audits planned for 2019	No of Safety Committee Meetings YTD (Jan-Mar 2019)	No of Safety Committee meetings planned for 2019	Action plan produced	Number of incidents YTD (Jan - Mar 2019)	Number of incidents YTD (Jan-Mar 2019)	Incident rate per 1,000 staff	No. of staff receiving training YTD (Jan-Mar 2019)	% Planned audit carried out 2019	% Planned Safety Committees Carried Out 2019	Notes
Academic Registry	0	0	1	7	INS	0	0	0.00	13	0	14.3	
HR	INS	INS	INS	INS	INS	0	0	0.00	10	N/A	N/A	
Centre for Academic Practice	INS	INS	INS	INS	INS	0	0	0.00	0	N/A	N/A	
Campus Services	15	9	1	2	INS	82	83	27.13	144	166.666667	50.0	
Enterprise Office	INS	INS	INS	INS	INS	2	2	0.66	2	N/A	N/A	
Facilities Management (Facilities Admin/Facilities Development/Facilities Services)	2	0	1	3	INS	8	8	2.65	19	0	33.3333333	
Finance Office	INS	INS	INS	INS	INS	0	0	0.00	3	N/A	N/A	
Doctoral College	INS	INS	INS	INS	INS	0	0	0.00	N/A	N/A	N/A	
Imago Ltd	1			2	INS	18	18	5.95	13	INS	0	
IT Services	0	1	0	1	INS	4	4	1.32	10	0	100	
Library	INS	INS	INS	INS	INS	1	1	0.33	2	N/A	N/A	
SDC	2	4	6	2	INS	41	41	13.56	18	50	300	
Marketing & Advancement	INS	INS	INS	INS	INS	2	2	0.66	17	N/A	N/A	
Research Office	INS	INS	INS	INS	INS	0	0	0.00	1	N/A	N/A	
Student Services	0	1	0	3	INS	11	11	3.64	14	N/A	0	
VC's Office	INS	INS	INS	INS	INS	0	0	0.00	1	N/A	N/A	

INS = Info not supplied
Data requested May 2019 for Jan - Mar 2019

Staff no 2018 3023

Data from May 2019 - Data period Jan to Mar 2019

School	No of Audits YTD (Jan-Mar 2019)	No of Audits planned for 2019	No of Safety Committee Meetings YTD (Jan-Mar 2019)	No of Safety Committee meetings planned for 2019	Action plan produced	Number of incidents Jan-Mar 2019	Number of incidents YTD (Jan-Mar 2019)	Incident rate per 1,000 staff (Jan - Mar 2019)	No. of staff receiving training YTD (Jan-Mar 2019)	% Planned audit carried out 2019	% Planned Safety Committees Carried Out 2019	Notes
AACME			1	2	INS	5	5	1.7	7	INS	50.0	
School of the Arts, English & Drama					INS	7	7	2.3	4	INS	INS	
School of Business and Economics	0	1	1	3	INS	3	3	1.0	7	0.0	33.3	
School of Science	8	64	3	6	INS	29	29	9.6	9	12.5	50.0	
SSEHS	1	3	1	3	INS	3	3	1.0	14	33.3	33.3	
Wolfson School of Mechanical Electrical & Manufacturing Eng.	10	16	2	4	INS	8	8	2.6	11	62.5	50.0	
ABCE		3		3	INS	2	2	0.7	19	0.0	0.0	
Loughborough Design School	0	1	1	2	INS	2	2	0.7	1	0.0	50.0	
Social Sciences	3	4	1	3	INS	4	4	1.3	7	75.0	33.3	
LU LDN	0	2	1	2	INS	0	0	0.0	1	0.0	50.0	

Staff no 2018 3023

INS-Info not supplied
Data requested May 2019 for Jan - Mar 2019

Health, Safety and Environment Committee

Loughborough University

Paper Title: Stress and Mental Wellbeing Update

Origin: Neil Budworth **Date:** 10th May 2019

1. Decision Required by Committee	None – for information
2. Executive Summary	The paper summarises the current position in relation to stress and mental wellbeing.
3. Committees/Groups previously considering item.	None

Stress and Mental Wellbeing as of May 2019

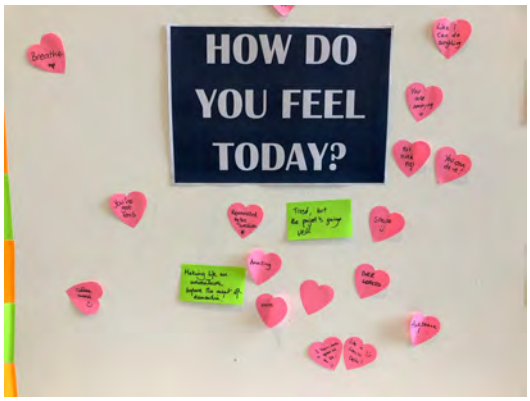
Neil Budworth, Health, Safety and Risk Manager

There has been significant progress on the Stress and Mental Wellbeing programme since the February HSE Committee meeting.

Most recently a full programme of events was delivered as part of the mental Health Awareness week. Events included.

- Yoga & mindfulness session
- A Self-esteem workshop
- Challenging stigma on mental health
- A seminar on the Menopause
- Positive thinking session
- Meditation workshop
- Mind ball game
- A visit from Guide dogs for the Blind

There was a strong uptake for the seminars run throughout the day. The first workshops to fill up were Self Esteem, the Menopause and Positive thinking.



Copyright © Loughborough University. All rights reserved.

To ensure that there is sufficient focus and pace on the Mental Wellbeing agenda, Nadine Skinner has been appointed the Organisational Development Lead for Wellbeing and Resilience. She will be working with Neil Budworth and Sarah Van Zoelen to deliver a co ordinated approach to mental wellbeing.

An initial focus has been on developing the training portfolio. A range of courses from management briefings through to two-day Mental Health First Aid courses have been developed and are being delivered across the University. The roll out of the mental health first aider programme is going well with most parts of the University now being covered. The next phase of the programme is to improve consistency and develop a more common approach. As of the end of April 2019, 117 Mental Health First Aiders had been trained with a further 42 people registered on forthcoming courses. Bi-annual briefing / training / networking sessions for |Mental Health First Aiders are being planned.

The uptake of the Employee Assistance Programme continues to be modest. Uptake of the telephone helpline is on the lower side of the expected range, website use is good and the use of the face to face counselling service is poor. The portfolio of support options will be re shaped over the next few months

The Stress and Mental Wellbeing working group is being re-established with a wider portfolio to look at the whole wellbeing offering.

To inform the work up to 4 benchmarking visits are being planned which will include Thames Water and E.ON and at least one University who are acknowledged leaders in this area.

Within the Occupational Health Service standards have been defined regarding the management of mental health related absence and cases are being regularly reviewed with the HR Business Partners. In addition, as standard mental wellbeing questions are being built into practically all Occupational Health referrals (PHQ 9 and GAD 7) to detect issues at an early stage and also to provide an underpinning basis for decisions regarding fitness to attend meetings etc..

Copyright © Loughborough University. All rights reserved.

Health, Safety and Environment Committee

Loughborough University

Paper Title: **Annual Review of Committee Effectiveness**

Origin: **Secretary** **Date:24.05.19**

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

Health, Safety and Environment Committee

Loughborough University

Paper Title: **UNIVERSITY MANAGEMENT POLICY**
Loughborough University Health and Safety Policy
Policy for the Management of Gas installations

Origin: **Gavin Noon - Gas Duty Authorised Person** **Date: 23.05.19**

1. Decision Required by Committee	Approve revised version of the Policy
2. Executive Summary	Summary of changes to document below. Section 3 items 3.2 & 3.3 minor alterations. 3.4 updated to current requirements. Organogram moved to appendix 17. Appendix 2 emergency reporting procedure updated. Appendix 12 – Pre contract survey form removed - replacement procedure added. Appendix 16 RIDDOR gas related information added. Minor alterations throughout.
3. Committees/Groups previously considering item.	Has been checked by the Health, Safety and Risk Manager and the Deputy Health, Safety and Risk Manager. The original version of the policy V1 was approved in Sept 2016.

Copyright © Loughborough University. All rights reserved.

UNIVERSITY MANAGEMENT POLICY

Loughborough University Health and Safety Policy

Policy for the Management of Gas installations

Reference No. TBC

Version No. 2 Submitted for approval

Effective from **June 2019**
Review required before **June 2022**

Author **Gavin Noon**
Role **Gas Duty Authorised Person.**

Table of Contents

1.0	**Policy Statement**	**2**
	What is covered by this policy	**3**
2.0	**Hazards associated with Gas installations**	**3**
3.0	**Roles and Responsibilities**	
	3.1 Corporate Governance	**4**
	3.2 Responsibilities of schools / professional services	**5**
	3.3 Leaseholders	**7**
	3.4 Gas Asset List	**7**
4.0	**Version Control**	**8**
5.0	**Appendices**	
	1.0 Abbreviations	**10**
	2.0 Emergency Procedures	**11**
	3.0 Gas Safe Registration	**19**
	4.0 Using External Gas Contractors	**20**
	5.0 Control of specialist tools	**23**
	6.0 Landlords Gas Safety Records	**25**
	7.0 Hard to Access properties	**29**
	8.0 Mutual Exchanges	**33**
	9.0 Customers Own Appliances	**35**
	10.0 Boiler Plant Rooms	**37**
	11.0 Information Management	**39**
	12.0 Property Alterations	**41**
	13.0 Quality Control	**44**
	14.0 Leaseholders	**47**
	15.0 Legislation and Guidance	**49**
	16.0 Loughborough University Procedures	**49**
	17.0 Organogram	**50**

1.0 Policy Statement

Loughborough University take the management of gas safety very seriously, we accept our responsibility as an employer, University and landlord and expect all in-house gas engineers and contractors to work to the highest of standards and adopt the current best practice models of operation across our portfolio of properties.

In turn we also require internal processes to be managed competently across the University stock. With this in mind Loughborough University has produced the Policy for the management of gas installations, which highlights processes to comply with when managing gas related work and documentation.

The policy is designed to provide unambiguous guidance on how the University should

manage all gas safety related functions. The intention of this document is to enable Loughborough University to fulfil their obligations under the Gas Safety (Installation and Use) Regulations 1998 as well as to maintain minimum standards of safety and quality across the gas related operations.

Within the gas industry, standards and technology change very quickly, therefore for this document to remain up to date it must be reviewed at regular intervals. To fall in line with best practice methods the document is version controlled and will be reviewed every three years by the Loughborough University Facilities Management team, or more frequently where there has been a change in legislation or industry guidance. Readers should always ensure that the latest standards and guidance are used when working with gas installations.

What is covered by this policy?

This policy applies to all workplace activities relating to the installation, commissioning, modification and operational use of natural gas service systems.

Occasionally research, development and design activities take place on the campus. In such cases, these activities, if formally ratified by the Health and Safety executive, will fall outside the scope of this policy. Such activities must be carried out under independent risk assessment by competent people.

2.0 Hazards associated with Gas installations.

There are essentially two major hazards associated with gas services.

- Carbon Monoxide Poisoning
- Risk of explosion and fire.

Carbon Monoxide poisoning is by far the biggest killer. It is a colourless, odourless gas that has approximately the same specific density as air. It is toxic in extremely low concentrations. Concentrations of CO in air at 0.01% by volume will cause a headache within 2-3 hours. Concentrations as low as 0.04% by volume present a risk to life after 2-3 hours exposure. 1.28% concentration will result in death within 2-3 minutes. Carbon Monoxide is produced when gas fails to burn correctly.

Natural gas is essentially Methane with a few additives that are designed to improve efficiency and enable detection by the human sense of smell. In its natural state it is colourless and odour less. This additive aids the location of leaks. The gas has an explosive range of 5% to 15% by concentration in air. There are many examples of gas explosions that have occurred in recent years.

3.0 Roles and Responsibilities

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

Duty Holder: COO (senior person responsible)

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

Designated Person: Director or Dean

A person appointed by Loughborough University who has managerial authority and responsibility for the control of health and safety legislation within their area.

Auditor / Verifier of Authorised Persons

An individual or company with the required knowledge, training and experience with necessary independence from local management to undertake independent audits within the organisation and propose remedial action. This individual will also assess the suitability and appointment of Authorised Persons, once proposed by the Duty Authorised Person.

Duty Authorised Person:

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

a) To ensure day to day compliance in regard to Gas Safety.

b) To review as necessary the university management plan.

c) To assist and offer advice in regard to Gas Safety across all areas of the University.

d) Ensures the Gas Appliance Asset Register is accurate.

Authorised Person:

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

No school or professional service other than FM shall carry out any works on any certified gas installation.

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.

An Organogram showing Corporate Governance, with regards to Gas safety at Loughborough University is contained within Appendix 17.

3.2 Responsibilities of Schools/Professional Services

Compliance

At all times the Schools must comply with the Loughborough University Management of Gas Safety Policy. Schools will not be expected to manage any Certified Gas works, although it is permissible to purchase a gas appliance and fit to an approved fitting e.g. a cooker with a bayonet fitting but would exclude threaded fittings that require greater competency to avoid leaks etc. It is also permissible for the school or professional service to co-ordinate maintenance of gas appliances.

The Schools though should have an understanding of regulations that relate to Gas Safety.

Any appliance procured or removed by any school or professional service is required to be registered on the Loughborough University gas asset register referenced in section 3.4 below.

If agreed with FM, any school or professional service may co-ordinate maintenance of gas assets. In such cases, this will include responsibility for the production, retention and audit of records produced from such visits.

Duties of Deans of Schools/ Directors of Professional Services

To ensure any gas appliance is added to the latest Loughborough University gas asset register.

To ensure that any gas appliance is properly operated and in accordance with the manufacturer's instructions and staff or students are suitably trained to have sufficient knowledge to do this.

Any gas appliance is maintained in accordance with current legislation and regulations.

Control of Contractors

Any gas related work is the responsibility of the FM Project Manager. It is the responsibility of Directors of Professional Services and Deans of Schools to contact the FM Project Manager if they have any concerns over the performance of the gas contractor working in their area. Any contractor employed by any school or professional service must fully comply with the requirements of this policy.

Contractors' Health and Safety Induction

Contractors working at the University must have received the University safety induction and hold a valid contractor's pass before starting work.

Training

It is the responsibility of deans and professional service managers to ensure staff are trained to use appliances in accordance with their design and manufacturer's guidance. Staff must be aware and trained in how to respond to gas emergencies.

Facilities Management Responsibilities Overview

Facilities Management (FM) are responsible for the co-ordination and delivery of all works associated with gas installation and maintenance

Facilities Management are responsible for the production and maintenance of associated information related to University wide gas assets, services and equipment. This will include the production of landlord gas safety certificates where required. By agreement, schools or departments may co-ordinate maintenance of their own assets.

As part of this service, FM are responsible for any person carrying out these duties, FM must ensure the technician is suitably qualified and currently registered with Gas Safe as being competent for the duty specified.

If unsure about any matter regarding the maintenance, operation or installation of a gas appliance or service please contact the Loughborough University Duty Authorised Person.

The FM Project Manager has the responsibility to manage the works and to review all documents including Risk Assessments, Method Statements and notifications.

Schools' Relationship to FM

Facilities Management organise all works that involve maintenance and modification of gas assets. Schools and tenants will operate these assets and must do so in accordance with the manufacturer's instructions.

Summary of responsibilities of Schools:-

- Allocate the necessary resources, both in terms of time and financial re-sources to ensure gas safety is maintained within their area of occupation.
- Provide the necessary information; instruction and training to enable staff to operate gas services and appliances in a safe manner.
- Ensure that any matter brought to their attention with regard to Gas safety is given prompt and appropriate attention.
- Allow access to equipment
- Assist with monitoring of compliance status and performance.

- Retain records for inspection of gas related work on asset they operate.
- Liaise with the FM Project Manager to ensure all contractors engaged by the Department are adequately supervised and conduct their work in accordance with current legislation.

Isolations

Should there be a requirement for any work on any live gas systems, they must be isolated in accordance with Loughborough University isolations procedures. Valves must be locked, labelled and registered with the local Facilities Management representative.

3.3 Leaseholders.

Leaseholders are independent bodies; as such they are fully responsible for the maintenance, operation and modification of any gas systems within their demise. Should the gas system derive from University premises, as a provided service, e.g. for space heating requirements, responsibility for maintenance, servicing and replacement of the system will remain with the University. Responsibility for maintenance of devices will remain with the lease holder (Appendixes 8, 9, 10 and 13).

3.4 Gas Asset Register and Record Keeping

The Facilities Information Team (FIT) shall be responsible for updating the gas asset register. It shall be the responsibility of all University Staff who may remove, replace or install new gas appliances to complete the 'Asset Data Register Template' or 'Asset Movement/disposal notification form'.

It shall also be the responsibility of all FM staff responsible for having work carried out on gas appliances, to pass on copies of the gas safety check records and landlord certificates for any new or re-located gas appliances to FIT on completion of the work. This includes where existing appliances may have been re-tested or re-commissioned as part of the works.

4.0 Version Control

VERSION	DESCRIPTION OF CHANGE	CHANGED BY	DATE
1	Conversion of existing FM Gas safety policy to University policy.	SJC	21/08/16
2	Section 3 items 3.2 & 3.3 minor alterations. 3.4 updated to current requirements. Organogram moved to appendix 17. Appendix 2 emergency reporting procedure updated. Appendix 12 – Pre contract survey form removed - replacement procedure added. Appendix 16 RIDDOR gas related information added. Minor alterations throughout.	GBN	23/05/19

5.0 Appendices

1.0 Abbreviations

2.0 Emergency Procedures

3.0 Gas Safe Registration

4.0 Using External Gas Contractors

5.0 Control of specialist tools

6.0 Landlords Gas Safety Records

7.0 Hard to Access properties

8.0 Mutual Exchanges

9.0 Customers Own Appliances

10.0 Boiler Plant Rooms

11.0 Information Management

12.0 Property Alterations

13.0 Quality Control

14.0 Leaseholders

15.0 Legislation and Guidance

16.0 Loughborough University Procedures

17.0 Organogram

Appendix 1: Abbreviations

ACS – Accredited Certification Scheme
AR – At Risk
CO – Carbon Monoxide
DAP Duty Appointed Person
ECGA – Electronic Combustion Gas Analyser
ESP – Emergency Service Provider
GIUSP – Gas Industry Unsafe Situations Procedure
GSIUR – Gas Safety (Installation and Use) Regulations 1998
GSR – Gas Safe Register
HSE – Health and Safety Executive
HSWA – Health and Safety at Work act
ID – Immediately Dangerous
IGEM – Institution of Gas Engineers and Managers
LGSR – Landlords Gas Safety Record
LPG – Liquefied Petroleum Gas
NCS – Not to Current Standards
NG – Natural Gas
PGT – Public Gas Transporter
RIDDOR – Reporting of Dangerous Diseases and Occurrences Regulations 2103

Appendix 2:

Emergency Procedures

Unsafe situations – Reported gas escapes or fumes

Introduction;

The purpose of this section is to provide guidance for all University employees to follow when dealing with a reported gas escape or fumes from a customer or property user. This procedure is to be adopted by all involved in the process.

Responsibilities;

It shall be the responsibility of all University employees who are assigned to the process of dealing with reported gas and fume escapes to ensure that a working copy of this procedure and any subsequent amendments are available for reference at all times.

If the responsible person for any premises knows or has reason to suspect that gas or fumes are escaping into the premises they must immediately take all reasonable steps to turn the gas off at the meter / emergency control valve and ventilate the property.

Due to the specialist nature of emergency gas work and the statutory obligations set for Emergency Service Providers (ESP), a general 'Gas Safe' registered operative not employed by the ESP would not normally be expected to respond to a reported gas escape or fumes from a customer or member of the public (except to give safety advice and to ensure the situation is properly reported).

Procedure;

DEALING WITH A REPORT OF A GAS ESCAPE OR FUMES TAKES PRIORITY OVER ALL OTHER TASKS

Definition;

The following definitions and timescales for response are only applicable to ESP, the Public Gas Transporter (PGT). The Health & Safety Executive have accepted these standards and timescales.

The University will provide the necessary safety advice to make safe with immediate effect and will assist the caller by contacting the ESP on telephone number 0800 111 999 and log any reference number provided.

An uncontrolled gas escape is one where the customer is unable to do anything to control the escape of gas i.e. emergency control valve turned off but smell persists or a gas escape from outside is detected. Attendance must be within 60 minutes; this is the service standard of the PGT.

A controlled gas escape is one where the customer is able to turn off the supply at the meter control valve and hence control the escape of gas. Attendance must be within 120 minutes; this is the service standard set by the PGT.

A report of fumes shall be considered the same as a controlled gas escape, where the customer can control the escape of fumes by turning off the appliance / installation at the emergency control valve at the gas meter or point of entry of gas pipework. Attendance must be within 120 minutes; this is the service standard set by the PGT.

University employees or Leaseholders who have any concerns with regards to a gas escape or fumes, should contact the FM Helpdesk 01509 222121 or out of office hours the Universities Security Office 01509 222141 or 0800 526966.

Normal working hours process;
On receipt of a call, the Helpdesk will complete the 'Reported Gas Escape/Fumes form' and take responsibility for completing and obtaining all relevant information. This will include contact details, location of leak and any immediate actions taken to make the areas safe, such as evacuation of personnel.

2.01 The person dealing with the report from the customer shall advise the customer of the following;

- Where possible turn off the gas supply at the emergency control valve (or local isolation valve) unless located in the cellar or basement.
- extinguish all sources of ignition / naked flames
- do not smoke
- do not operate any electrical switches
- ventilate the building by opening doors and windows
- if the smell persists vacate the premises
- ensure access to the premises is possible

2.02 Under all circumstances, details of the call and information obtained is to be passed to the ESP by the University, telephone ESP **0800 111 999.**

- record the name of the ESP clerk and the 'Reference Number' received on the appropriate Reported Gas Escape/Fumes form

2.03 If the call is received during the normal working hours, then a member of the Universities Mechanical Team – preferably a Gas Safe qualified operative, should also be requested to attend. It may be necessary to call out the Universities Gas Contractor to carry out remedial work. **No repair work is to be undertaken until the ESP has finished and made safe.**

2.04 A copy of the completed 'Reported Gas Escape/Fumes form' is to be sent to the Gas DAP and Mechanical Services Manager.

Out of hours process;

On receipt of a call, Security will complete the 'Reported Gas Escape/Fumes form' and take responsibility for completing and obtaining all relevant information. This will include contact details, location of leak and any immediate actions taken to make the areas safe, such as evacuation of personnel.

2.05 Security are to follow the same process as the FM Helpdesk

The person dealing with the report from the customer shall advise the customer of the following;

- Where possible turn off the gas supply at the emergency control valve (or local isolation valve) unless located in the cellar or basement.
- extinguish all sources of ignition / naked flames
- do not smoke
- do not operate any electrical switches
- ventilate the building by opening doors and windows
- if the smell persists vacate the premises

- ensure access to the premises is possible

2.06 Under all circumstances, details of the call and information obtained is to be passed to the ESP by the University, telephone ESP **0800 111 999.**

- record the name of the ESP clerk and the 'Reference Number' received on the appropriate Reported Gas Escape/Fumes form

2.07 Contact the call out Mechanical Fitter for them to attend site, they will go immediately to site and wait for guidance and instruction from the ESP. The Mechanical Fitter may have to escalate to a higher level depending on the severity of the situation.

2.08 A copy of the completed 'Reported Gas Escape/Fumes form' is to be sent to the Gas DAP and Mechanical Services Manager.

Important Notice;

"If it has been reported by the customer, ESP or contractor that the occupants have received medical attention or has confirmed levels of carbon monoxide (CO), an inspection of the appliances must not be undertaken".

Before proceeding or instructing contractors to attend the University Health & Safety team MUST be informed.

If the above scenario has occurred then the gas supplier / shipper will be instructed by the Health & Safety Executive to carry out a formal investigation, only on completion of this, will any engineer or contractor be allowed to undertake any rectification work.

Note! The University will take instruction from the HSE.

2.05 Copies of all documentation raised should be stored on the database system under the relevant address file, namely;

- Reported gas escape / fumes form
- Engineers job report
- Any warning / advice notices

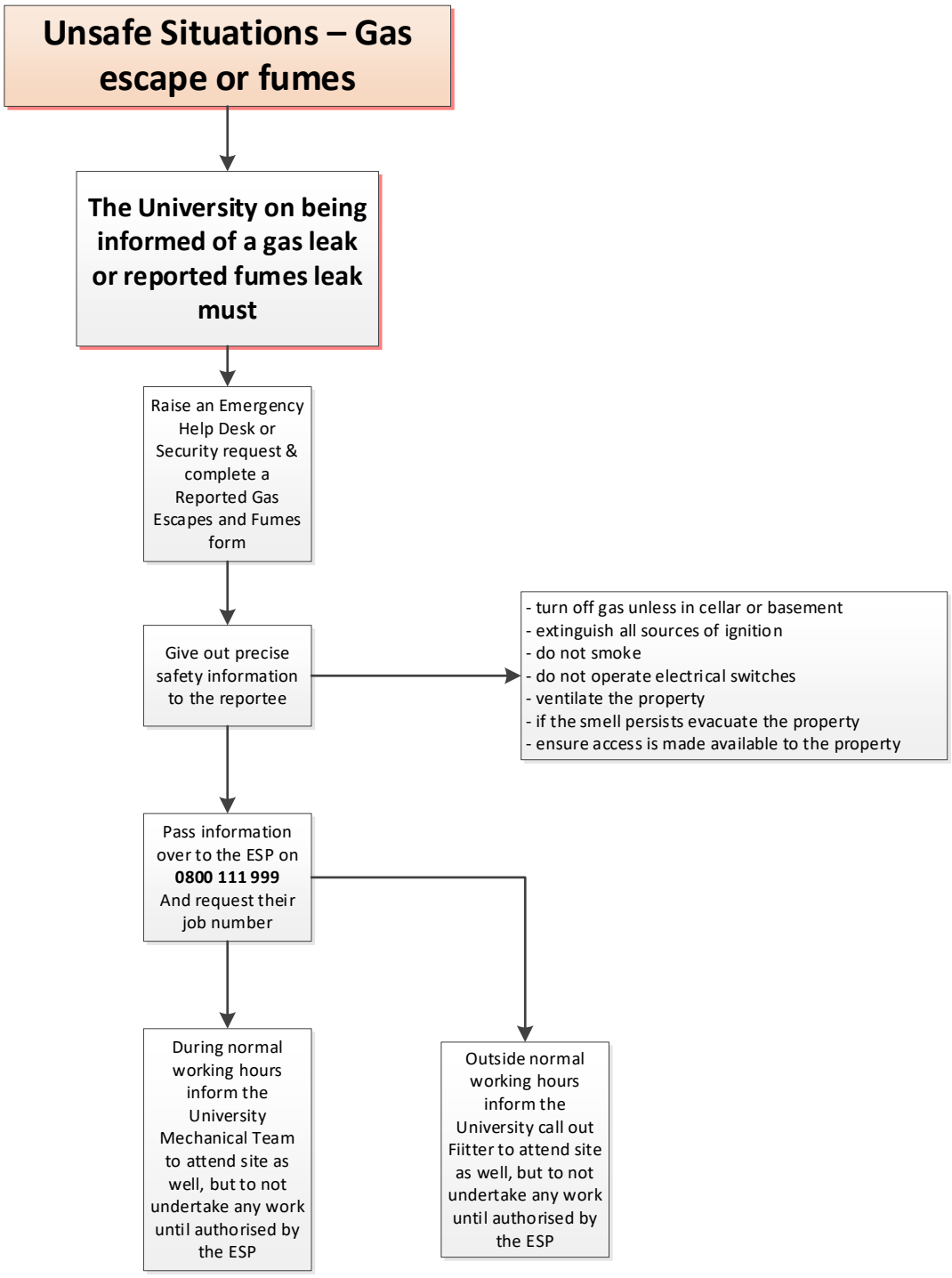

Unsafe Situations – Gas escape or fumes
The University on being informed of a gas leak or reported fumes leak must
Raise an Emergency Help Desk or Security request & complete a Reported Gas Escapes and Fumes form
Give out precise safety information to the reportee
- turn off gas unless in cellar or basement
- extinguish all sources of ignition
- do not smoke
- do not operate electrical switches
- ventilate the property
- if the smell persists evacuate the property
- ensure access is made available to the property
Pass information over to the ESP on 0800 111 999 And request their job number
During normal working hours inform the University Mechanical Team to attend site as well, but to not undertake any work until authorised by the ESP
Outside normal working hours inform the University call out Fiitter to attend site as well, but to not undertake any work until authorised by the ESP

Figure 4

Reported Gas Escapes and Fumes Form

Have you informed the customer to:	Tick Box
1. Turn off the gas supply at the emergency control valve, unless in cellar or basement	☐
2. Extinguish all sources of ignition/naked flames	☐
3. Not to smoke	☐
4. Not to operate any electrical switches/telephones or mobiles	☐
5. Ventilate the building by opening doors and windows	☐
6. Ensure access to the premises is possible	☐
7. If smell persists vacate the premises	☐

Record the following:			
Name of caller:	Name of customer: (if different from caller)		
Address:		Postcode:	
Telephone number:	Mobile:		
Location of gas escape / fumes			
Is the gas escape / fumes	Controlled ☐	or	Uncontrolled ☐
Report received by:			
Name:	Job role:		
Date ...../...../.....	Time ..... am/pm		
Actions taken:			
Passed to ESP:	Date ...../...../.....	Time ..... am/pm	
ESP reference number:			
Passed to Mechanical Team	Name:	Date ...../...../.....	Time .....am/pm

Employee Name..... Signature.....

2.1 Gas Industry Unsafe Situations Procedure

Introduction;

Gas Safe registered engineers have a responsibility to advise the responsible person for a property when they find dangerous gas installations or appliances.

What actions they take is determined by the requirements of the Gas Safety (Installation and Use) Regulations 1998 and the guidance given in the ''Gas Industry Unsafe Situations Procedure'' (GIUSP).

When a registered gas engineer identifies an unsafe situation they should try to find the cause and repair any faults. Where this is not possible they should explain that the fault(s) should be repaired before the installation is used again. If it can't be corrected immediately they should make the installation safe, after first seeking permission from the user / responsible person to do so. This is normally done by disconnecting or by turning off the gas to the affected part of the installation. This will be dependent upon how serious the defects are.

When the gas engineer has identified a gas related danger is present within property they will attach a warning label to the dangerous gas fitting and issue a written warning notice.

The warning notice will identify what classification of 'safety defect category' the engineer has deemed the installation to be, they will be either;

- Immediately dangerous (ID), or
- At Risk (AR)

Copies of any warning notices issued by the contractor should be kept on file by the University for future reference. More guidance and information around risk classification can be gained from the current edition of the GIUSP which is issued by Gas Safe Register as Technical Bulletin 001.

The University must take prompt action to correct any safety defects found on appliances or fittings they own.

2.2 – Carbon Monoxide Alarm Activation

Introduction;

This section will assist the University in meeting their legal duties and correctly classifying unsafe gas installations in accordance with the Gas Safety (Installation and Use) Regulations and the current British Standards applicable to carbon monoxide alarm activation BS7967.

The scope of this procedure will apply to all contractors undertaking gas work on their behalf. This procedure will apply to all existing gas installations and appliances installed.

When responding to a call from a customer where it is alleged the carbon monoxide alarm has activated it will be necessary to establish whether any persons within the property have been taken ill or hospitalised. If they have, ensure that the ESP is notified immediately

(complete the gas escapes and fumes form to record all information) then follow the guidance given from the ESP.

It must be noted that the activation of an alarm is not to be taken as "just the batteries need changing" or "the alarm is faulty".

The contractor must confirm if the alarm has activated, for how long, at what frequency and in what circumstances, they must confirm if the alarm is working in accordance with the alarm instructions. If the alarm activation is indicating the presence of CO they must follow the guidance given in BS 7967 to investigate.

Safety principles;

2.21 All reports of fumes, smells, spillage/leakage of combustion products and CO detector activation described in this process shall be adhered to following the basic rules:

- Protect life
- Protect property
- Locate all fuel burning appliances
- Locate any escape of gas, fumes, smells or spillage/leakage of combustion products
- Confirm the safe installation and operation of all suspect gas appliances
- Advise the customer of any remedial action that is required
- Complete all necessary reports, documentation and action as advised in the Gas Industry Unsafe Situation Procedures

Fumes investigation is to be carried out;

2.22 The tenant will be advised that a preliminary investigation is to take place. The tenant will have also been instructed to seek medical advice to ascertain if they have been affected by carbon monoxide. Hospital/Doctor blood tests are the preferred method for blood level confirmation.

2.23 During the gas contractors visit they will carry out an investigation using a portable electronic combustion gas analyser as per BS 7967.

2.24 On completion of their investigation the contractor will complete a 'Fumes Investigation Report'.

2.25 The GIUSP must be followed at all times.

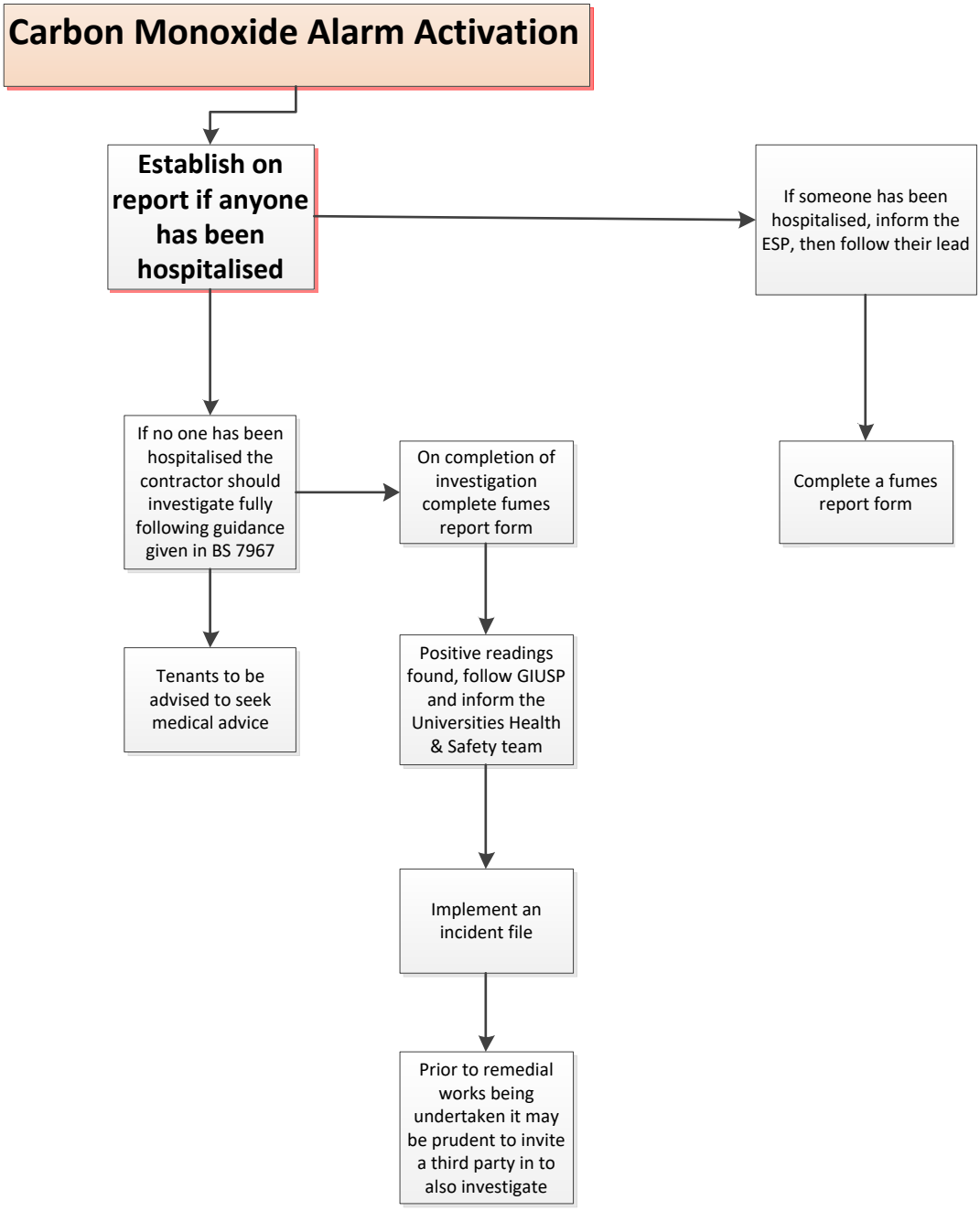
Actions taken following a positive reading of carbon monoxide (CO);

2.26 Notify the University Health and Safety Team.

2.27 Establish an incident file, witness statements / reports required from all involved in the initial report.

2.28 Prior to any remedial work being undertaken an independent investigator / consultant may be invited to investigate the situation in addition to the installer /

service contractor. The Universities Health and Safety team are to be kept informed and participate in the decision making process.



Appendix 3
Gas Safe Registration

Introduction;

Since April 2009, Gas Safe Register is the official body for gas safety and gas safe registered installers in the United Kingdom, Isle of Man and Guernsey. To work legally on gas appliances and installations a business must be on the Gas Safe Register.

Gas Safe Register deals with all aspects of the downstream gas industry covered by the following regulation;

- The Gas Safety (Installation and Use) Regulations 1998

These regulations cover both piped natural gas and liquefied petroleum gas (LPG). It is law that anyone carrying out gas work that is within the scope of these regulations is on the Gas Safe Register.

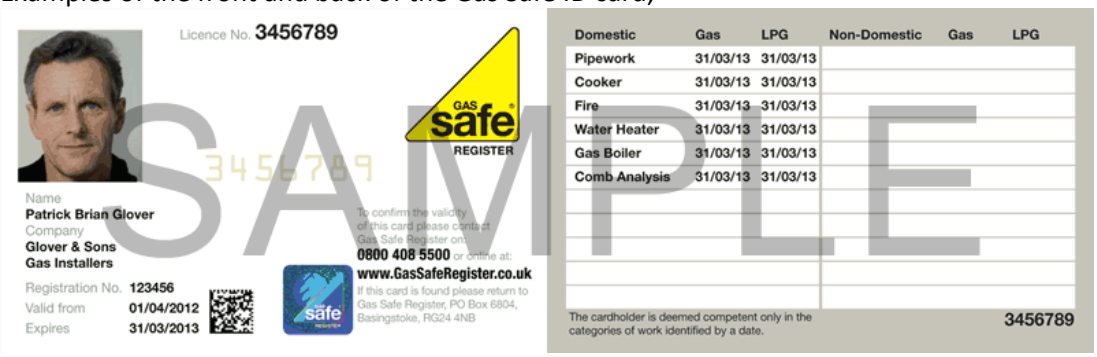
Gas Safe Register will;

- Raise public awareness of gas safety and the gas register of installers
- Manage inspection and enforcement
- Provide technical support and standards updates to registered engineers

Gas Safe Registration;

Gas Safe registration is for a period of twelve months, on renewal each business will received for each year registered a business registration certificate, plus each engineer will receive their own individual licence card.

Examples of the front and back of the Gas Safe ID card;



Appendix 4
Using External gas contractors

Introduction;

This section should be followed when recruiting businesses or individual gas engineers to undertake domestic and non-domestic gas work. This guidance should be used in conjunction with any standard procurement criteria that is utilised by the University.

This process does not attempt to replace any existing Procurement policies but should be used as an extra guide when recruiting a gas engineering business. The aim is to ensure that the University recruits businesses and engineers that are suitably qualified and experienced for the work they will be expected to undertake.

A systematic approach should ensure that the process is transparent, easily understood and achieves the desired end; that being the most suitable organisation is offered the work.

Note (1)

Gas Safe registration is only valid for a twelve month period before renewal is required.

Note (2)

Accredited Certification Scheme (ACS) engineer specific assessment qualifications are only valid for a five year period, before renewal is required.

Initial selection;

4.1 Advertisements should be placed in the relevant format; they should reference the type of work to be undertaken e.g. Domestic, Non Domestic or LPG.

4.2 The advert must specify that all applicant businesses must be registered with 'Gas Safe' for the work elements that they are intending to cover.

4.3 The advert should specify the minimum qualification levels acceptable on the contract, these being ACS gas fitting qualifications, and the qualifications should also be combined with additional work experience.

4.4 Initial sorting of the applications would not necessarily need to be carried out by someone who is gas technically competent. The person undertaking the initial check would however, need to be aware of the minimum requirements for training and qualifications required for the contract so that this could be checked against the application information.

4.5 The question MUST be asked of the applicant business as to whether they or any operative has ever been involved in a gas safety related HSE investigation; if so all details should be provided.

4.6 After the initial vetting process has weaned out candidate businesses that are not suitable due to lack of relevant qualifications, geographical location etc. request that Loughborough Universities Facilities Management team, assess the applications. This next assessment should utilise the information regarding past experience alongside the qualifications to determine the most suitable applicants to be selected for interview.

Detailed selection;

4.7 Certain documents will require reviewing, for the gas contracting business and individual engineers; these should include but not be limited to;

- Business Gas Safe registration details / certificate (requires renewal after 12 months)
- Individual engineers Gas Safe ID cards (front and back, requires renewal after 12 months)
- Business public and employers liability insurance details / certificate (requires renewal after 12 months)
- Individual engineers City & Guilds – SNVQ or industry equivalent
- Individual engineers apprenticeship certificates
- Individual engineers ACS certificates (requires renewal every 5 years)

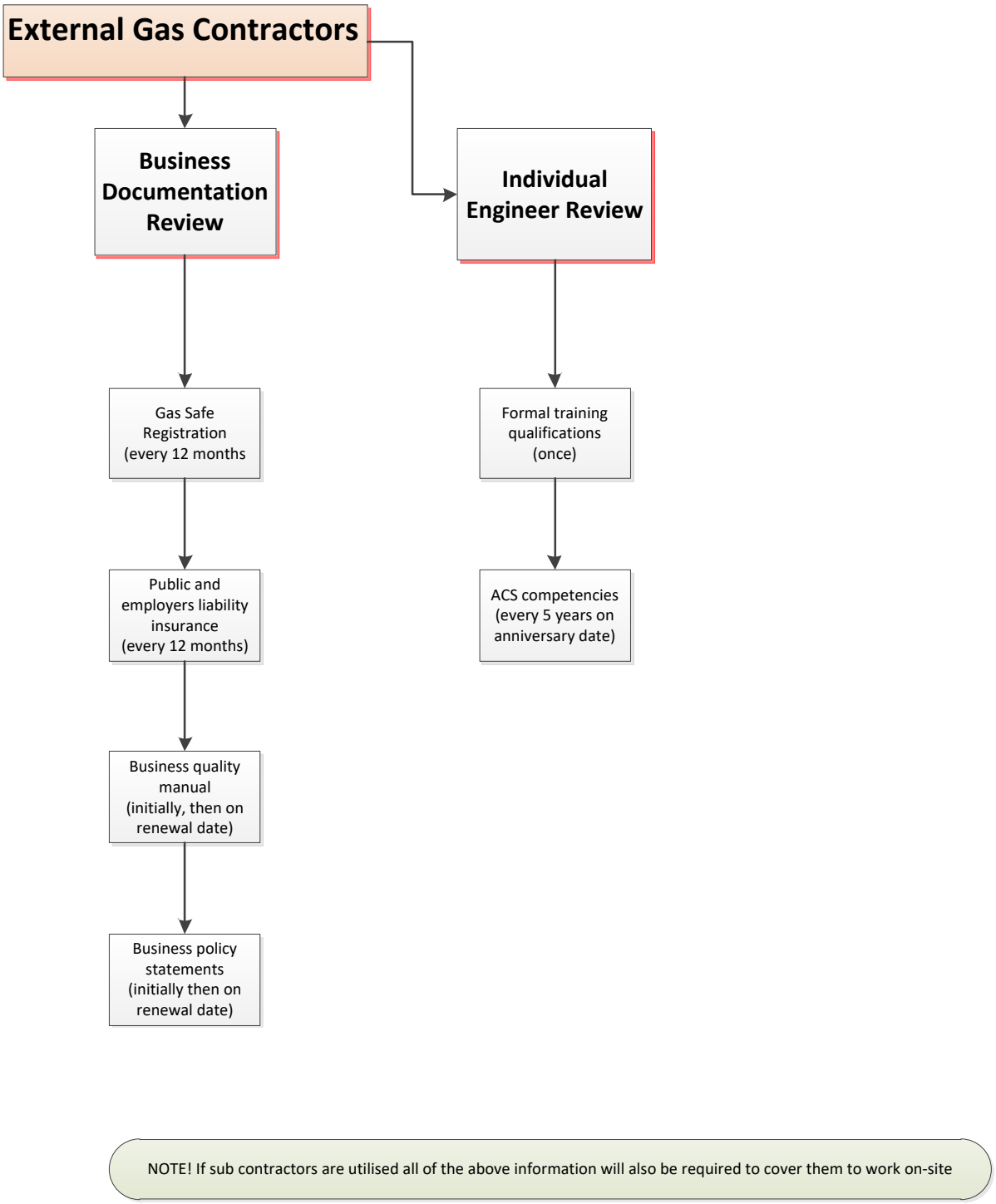
4.8 Supplied registration details and documents are to be cross-referenced with Gas Safe register.

4.9 Other documents will require reviewing for the gas contracting business; these should include but not be limited to;

- does the gas contracting business have a quality manual
- does the gas contracting business have policy statements
- does the gas contracting business have a defined quality control process

4.10 At this stage it is imperative to ascertain if the gas contracting business will utilise sub-contract labour, if so all of the above information will be required for each provider to the main gas contractor.

4.11 All evidence sourced from the contractor must be held on file. The files must be updated on a rolling cyclical period, as and when each renewal process is reached.


External Gas Contractors
Business Documentation Review
Individual Engineer Review
Gas Safe Registration (every 12 months
Public and employers liability insurance (every 12 months)
Business quality manual (initially, then on renewal date)
Business policy statements (initially then on renewal date)
Formal training qualifications (once)
ACS competencies (every 5 years on anniversary date)
NOTE! If sub contractors are utilised all of the above information will also be required to cover them to work on-site

Appendix 5
Control of specialist tools

Introduction;

The objective of this section of the policy is to ensure that when contractors are requested to attend any site that is under the control of Loughborough University to undertake gas work they are equipped with correctly calibrated specialist tools and equipment for the work in hand.

Tools that are required to be re-calibrated will be Electronic Combustion Gas Analysers (ECGA) and electrical test equipment.

The University will ensure that contractors are aware of their responsibilities where applicable to only using correctly calibrated equipment.

Where special instrumentation is provided such as ECGAs or electrical testing equipment it will be the responsibility of the contractor to make sure that all equipment is calibrated by the correct manufacturer or their agent at the time interval as indicated by the manufacturer. Where specialist instrumentation is utilised by contractors current in-date calibration certificates are to be provided to the University.

The contractors will maintain a log of all the equipment that requires calibration. Where instrumentation is out-of-date engineers will not use such equipment but will source equipment that is suitably calibrated and in-date.

It will be the engineer or contractors responsibility to check the current calibration date prior to using the instrument.

All in-house engineers must also only use correctly calibrated equipment, it will be the duty of the engineer and line manager to ensure this process is adhered too.

The management process;

Contractors

5.1 At the start of any contract the contractors must provide calibration certification for all specialist tools that are to be utilised within University properties.

5.2 The contractor must manage the re-calibration process for all their specialist tools.

5.3 The contractor must provide the University re-calibration certification before the cyclical anniversary date expires.

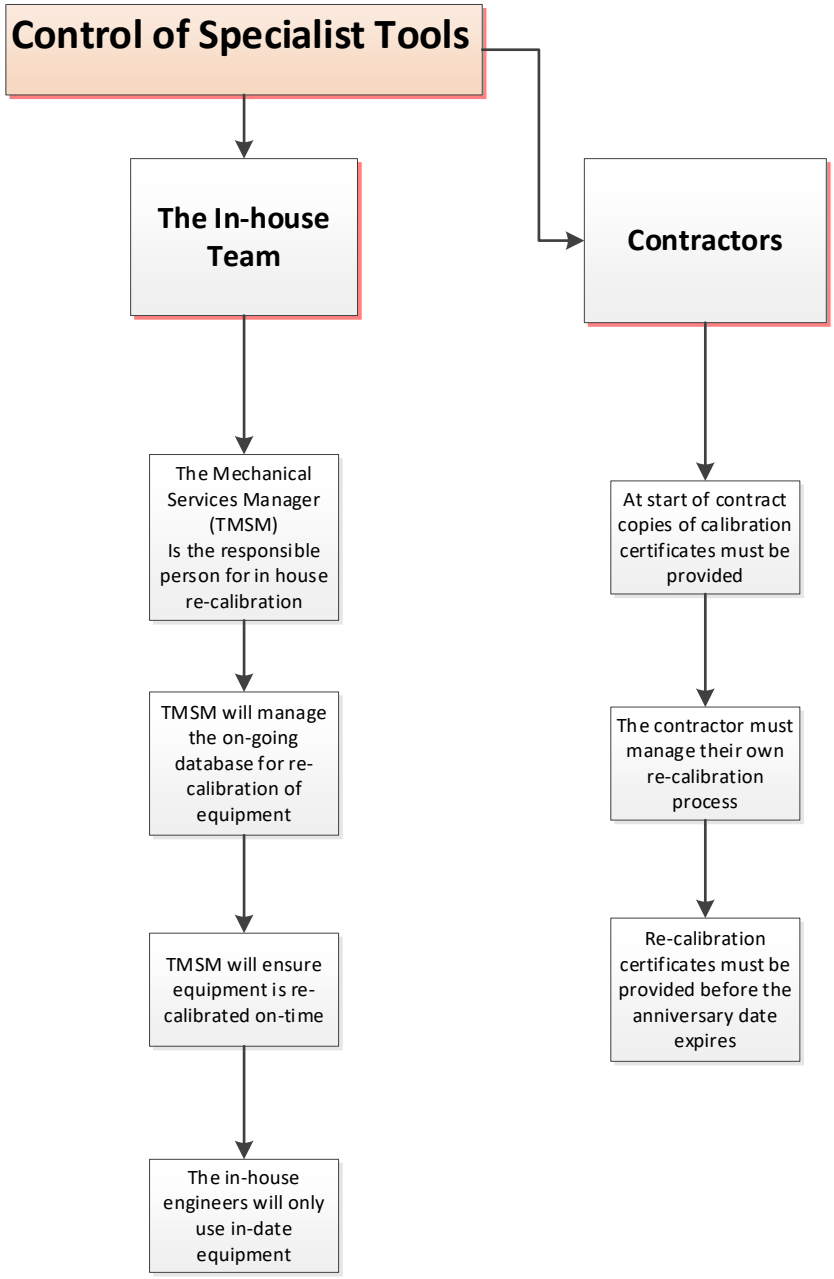
The in-house team

5.4 The Mechanical Asset care Services Manager will be responsible for ensuring the recalibration of equipment takes place.

5.5 The Mechanical Asset Care Services Manager will ensure that an asset register of equipment exists, it is kept up to date and recalibration certificates are stored centrally for reference.

5.6 The Mechanical Asset Care Services Manager will be responsible for organising that the recalibration of equipment takes place with the right service provider and within the designated cyclical dates.

5.7 The in-house engineers will be responsible for only using in-date equipment.



Appendix 6
Landlords Gas Safety Records

Introduction;

The GSIURs outline the responsibilities of what is expected of a landlord under regulation 36. This regulation specifically deals with the installation, maintenance and use of gas appliances, fittings and flues in domestic and certain commercial premises. They place duties on landlords to ensure that gas appliances, fittings and flues provided for customers are safe for continued use.

These duties are designed to protect the customer's safety, and are in addition to the more general ones that landlords have under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.

Duties of a landlord;

6.1 The landlord is required to;

- ensure gas fittings and flues are maintained in a safe condition
- ensure gas appliances are serviced in accordance with the manufacturer's instructions if these are not available and the engineer is not conversant with the appliance installed, manufacturer's installation instructions will need to be obtained
- ensure an annual safety check is carried out on each gas appliance chimney / flue
- have all installation, maintenance and safety checks carried out by a competent "Gas Safe" registered engineer
- issue a copy of the latest safety check record to existing customers within 28 days of the check being completed (in certain cases there is an option to display the record centrally at a mutually agreed place.
- make sure, before any new tenancy starts, either via a void or mutual exchange, that the property is safe to let and the in-coming tenant receives a current copy of the LGSR
- keep a record of each safety check for at least two years
- it should not be assumed that an annual service inspection meets the safety check requirement, or that a safety check will, on its own, be sufficient to provide effective maintenance. The landlord gas safety check and annual service/maintenance are two distinct requirements

Gas equipment covered by the checks;

6.2 The safety check and maintenance requirements generally apply to any gas appliance fitting or chimney / flue installed in the 'relevant premises' except that;

Appliances owned by the customer are not covered;

- an appliance owned by the customer but connected to a chimney / flue owned by the landlord is not covered, but as the chimney / flue is part of the fabric of the building it is always advisable to safety check the installation so as to ensure the chimney / flue remains fit for purpose

- any appliances and chimney / flues serving 'relevant premises' (such as central heating boilers not installed in customers' accommodation, but used to heat them) are covered

The landlord's duty to maintain and carry out safety checks applies to fixed as well as portable appliances, such as LPG cabinet heaters. The gas contracting engineers will need to be vigilant when checks are made as to the ownership and use of mobile cabinet heaters and LPG potable appliances. Where such appliances are provided on an emergency provision, the appliance will need to be checked in accordance with the manufacturer's installation and use instructions.

The Landlord Gas Safety Record;

6.3 The LGSR is a legal document and is therefore to be completed in accordance with the conditions below;

- the gas engineer is to complete ALL relevant sections on the form in clear legible writing only or where applicable by electronic systems
- no alterations should be made to any information entered on the form by the engineer / contractor, the use of correcting fluid or other materials for deletion of incorrect entries is not permitted
- all information entered onto the form should be clear, concise, 'jargon' free and plain enough to be understood by the customer and other 'non-experts' who may view the record
- in the boxes for details of "Any Faults" and "Remedial Action Taken" the gas engineer / contractor is to state clearly if he has carried out the noted rectification work or if it is still outstanding
- a copy of the record is to be left with or posted to the customer, if the customer has any doubt over statements made or resultant actions taken regarding the condition of any appliances or entries they should be fully explained
- information entered onto the record is not to include any comments about the customer's property itself, should the engineer feel such comments are necessary to justify any action taken/not taken, he should do so in writing separately to ensure the landlord is made aware
- should any completed record not be to the satisfaction of the landlord it will be returned to the gas contractor, who will then be instructed to arrange for the engineer to re-visit the property to carry out the check again and re-issue a new record, a copy of the new record will be given to the customer together with an explanation of why this occurred
- all gas appliances fitted within the property of the landlord including customer owned are to be recorded on the LGSR

6.4 Information required to be recorded on the landlord's gas safety record;

- the date on which the pipework, appliance or chimney / flue was checked

- the address of the premises at which the pipework, appliance chimney / flue is installed. In the case of University owned properties, this will include the unique building number reference.
- the name and address of the landlord of the premises at which the pipework, appliance or flue is installed
- location details and description of each appliance or flue checked
- any defect identified
- any remedial action taken
- confirmation that the check undertaken complies with the requirements of the Gas Safety (Installation and Use) Regulations, which state, "Where a person performs work on a gas appliance, he/she shall immediately thereafter examine;
  a) the effectiveness of the chimney / flue
  b) the supply of combustion air
  c) its operating pressure or heat input, or where necessary both
  d) its operating pressure so as to ensure its safe functioning
- the name and signature of the individual carrying out the check
- the ''Gas Safe'' Registration number of the individual, or employer
  Note! Where applicable and the manufacturer requires the check to be carried out, record the relevant results from a flue gas analysis test, record these results on the LGSR as appropriate, this will confirm the manufacturer's additional appliance safety checks have been undertaken.
- A signature of the Loughborough University Facilities management representative who has received the record.

6.5 Desktop Review of the Landlords Gas Safety Record

As part of a quality check, a desk top review of completed LGSRs will be undertaken by the University. This process can be carried out by non-technical staff on a best endeavour basis from the Facilities Management Team and must be assigned to someone's job role. A 100% check must be undertaken on the following points, Note! Technical aspects will be reviewed and checked under the quality control process;

- the date on which the pipework, appliance or flue was checked
- the address of the premises at which the pipework, appliance/s or flue is installed
- the name and address of the landlord of the premises at which the pipework, appliance or flue is installed
- location details and description of each appliance chimney / flue checked
- the name and signature of the individual carrying out the check
- the "Gas Safe" Registration number of the individual, or employer

A record must be kept of what records have been checked, when the check took place, by whom and what anomalies were identified.

Those LGSRs with mistakes identified, must in the first instance be forwarded to the Health & Safety (Quality Control) team for their guidance.

Example LGSR audit checklist;

Date of desk top audit	Date on LGSR	Address	Appliances listed	Engineers printed name and signature	Gas Safe Registration number listed	Name of person checking LGSR	Passed to QC team
25/01/14	01/02/14	123 Smith St	2	✓	✓	A N Other	No
26/01/14	x	1 John St	1	x	✓	A N Other	Yes

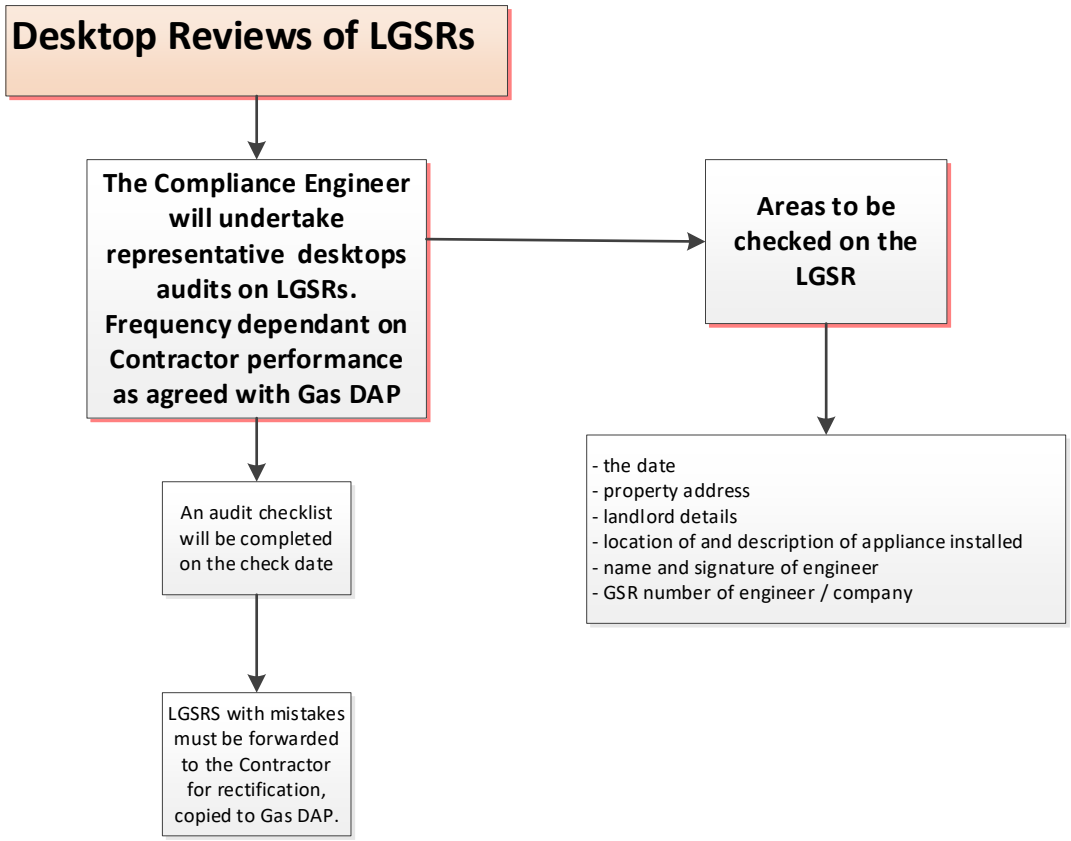


Figure 3

Appendix 7
Hard to access properties

Tenanted houses and sub warden properties are private residences. In order to enter these premises to carry out gas services maintenance, permission must be gained beforehand and this is recorded on a University SAW 19 form. These can be obtained through your University contact and / or the University key room. Please note as permission needs to be granted, this may take up to two weeks. In the event no access is granted the University must be formally notified. Please see procedure for entry into wardens and sub-wardens.

Void and empty Properties

Introduction;

The objective of this section is to ensure that when an existing tenancy has expired and the property is classed as void, a gas safety check and cut and cap process is undertaken. Then when the tenancy starts, suitable landlord's gas safety checks are undertaken (this will change the cyclical anniversary date of the property).

The University will also ensure that customers are aware of their responsibilities only to use "Gas Safe" registered installers to undertake gas work, i.e. for the installation of their own gas cooking appliances.

This section is intended to provide guidance regarding the gas installation and appliances, to ensure, so far as reasonably practicable, that the health and safety of customers is not compromised. This process is also to be referenced with any other void property procedure to avoid duplication and keep all involved in the process up to date on their actions.

In order to comply with the requirements of the current Gas Safety (Installation and Use) Regulations, gas safety checks should be completed for all new tenancies and the appropriate landlord gas safety record be produced.

When the property is vacated, the likelihood is that the gas and electrical supplies may still be left on. It would therefore be reasonable for the University to carry out a safety check of the whole installation, then make safe via a cut and cap process, this should be undertaken as near as possible to the time that the University were made aware of the void situation. This would minimise the possibility of the new customers or persons working in the property being exposed to any risk of injury from any gas related unsafe situation.

Before the initial voids 'cut and cap' visit the University and contractor are to liaise and decide whether to drain the central heating system of water, this would ensure that water damage from burst pipes would not cause an issue during periods when the property is vacant.

When the property is re-allocated to another customer, it should be made clear to the new customer that it is their responsibility to arrange for the reconnection of the utility supplies with their choice of supplier. It would be appropriate to suggest that where possible the date for the reconnection of the utilities should be the same date as the customers takes legal possession of the property. This should also be before the planned re-commissioning process is undertaken by the University contractor.

Once a date for the reconnection of the supplies has been established, the University should instruct the contractor to re-commission and carry out full operational safety checks and or service on the whole of the gas installation and issue a suitable LGSR.

In addition, the University feel it is important to recognise duty of care and the need to instruct the new customer on the safe operation of the gas equipment in the property they are moving into. This will then enable the University to demonstrate that they have taken a legitimate interest in the health, safety and welfare of their customers.

The process;

The office process (stage 1)

7.1 The University will assign specific individuals who will have responsibilities for managing the voids process and who will set up and maintain suitable records.

7.2 The University will plan for the contractor to visit and make the property gas safe; they will also liaise with the contractor so as to decide if the heating system is to be drained of water (over cold periods / estimated prolonged periods).

7.3 Documentation received back from the contractor will be inputted onto the database system.

7.4 The Facilities Management team will be notified that the property has been made gas safe and is awaiting any potential upgrade works.

Contractor process (stage 1)

7.5 Contractors operative to visually inspect the complete gas installation and report back to the University any defect works for rectification before the next tenancy begins, undertake a gas tightness test and then disconnect the installation at the meter with the appropriate fitting.

7.6 The operative is to remove any old appliances left by the previous customers and seal the pipework with an appropriate fitting.

7.7 Cooker bayonet connectors are to be removed and plugged off plus any other open ended pipework is also to be suitably sealed.

7.8 The remaining landlord appliances are to be labelled as un-commissioned, heating systems are to be drained and suitably labelled on instruction from the University.

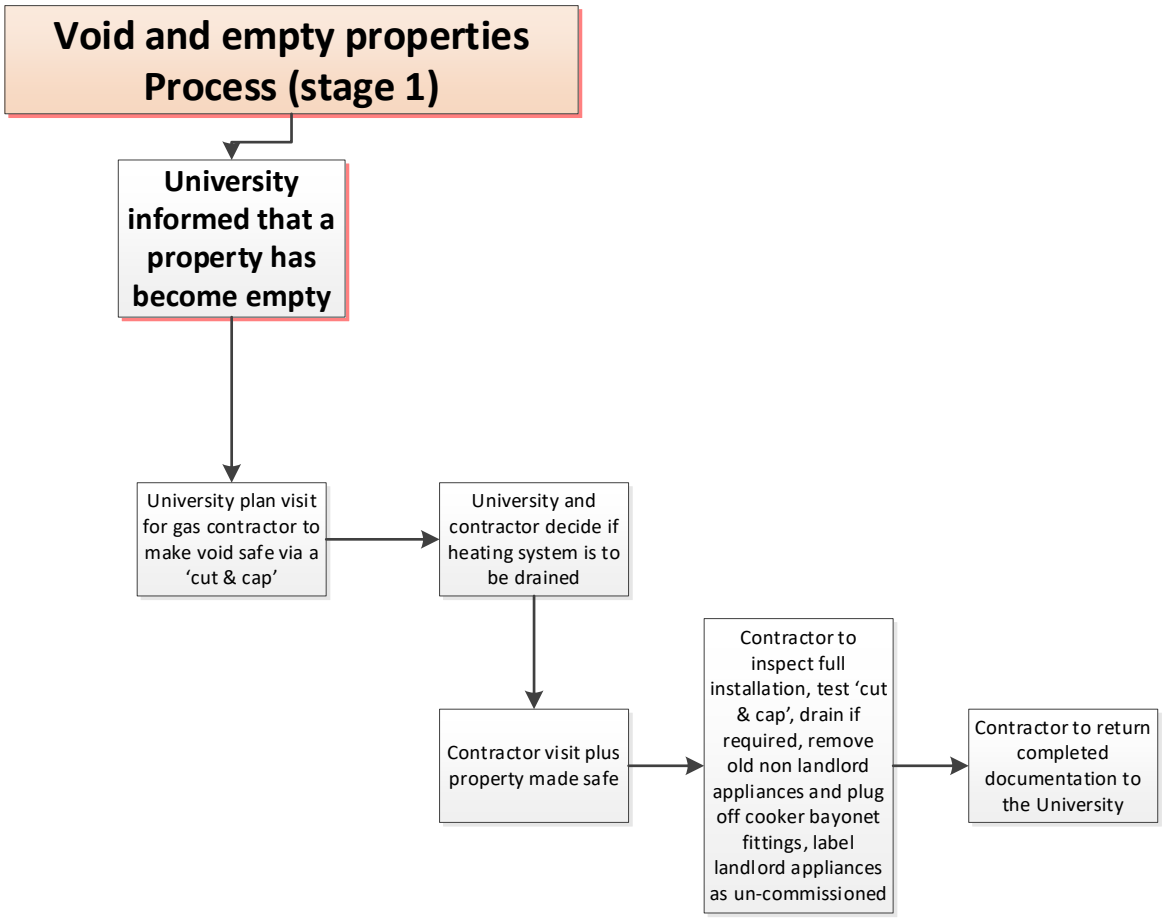


Figure 6

The office process (stage 2)

7.9 University to compile a customer's starter pack.

7.10 The University to liaise with the customers to ensure both gas and electric services are connected before the gas contractor arrives.

7.11 The University will instruct the contractor to re-commission all gas appliances and carry out a full LGSR.

7.12 Paperwork received back from the contractor will be input onto the database system, changes in the cyclical anniversary date will be made. Any new LGSR produced will be sent to the new customer.

Contractor process (stage 2)

7.13 Contractor will follow instructions on work required as detailed by the University.

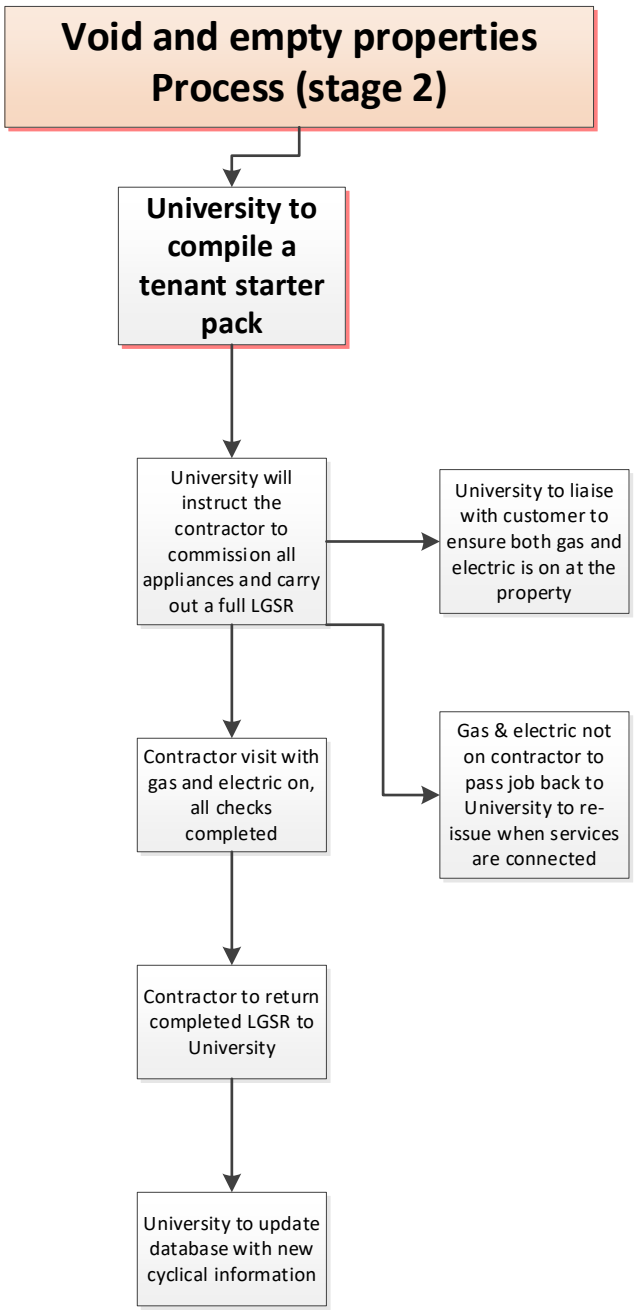
7.14 If the electric and gas services are not connected the Contractor will pass back to the University to re-allocate at a later date.

7.15 Tasks to be undertaken on site;

- reconnect the installation and carry out tightness test
- re-fill heating system with water if required
- service or safety check appliances
- re-commission all appliances, follow manufacturers guidance, and regulation 26.9

7.16 Complete relevant documentation and instruct the customers on the operation of all landlord appliances and systems.

7.17 Return all documentation to University.



Appendix 8
Mutual Exchanges

Introduction;

The objective of this section is to ensure that when a mutual exchange takes place the University is aware of the outgoing customer and which gas appliances where applicable may be legally removed from the property. The University will also give guidance to the incoming customer on how to best utilise the already installed appliances and systems. Where customers exchange properties the University will ensure that the gas installation pipework, chimney/flue where applicable and appliances are safe for use prior to or during the exchange process taking place.

The University will also ensure that customers are aware of their responsibilities only to use "Gas Safe" registered installers to undertake gas work they may wish to have carried out on their own appliance i.e. installation of a cooker.

In order to comply with the requirements of the current Gas Safety (Installation and Use) Regulations, gas safety checks should be completed for all new tenancies and the appropriate gas safety record obtained.

With mutual exchanges the aim will be to carry out the safety check on the day of the exchange. If this is not possible a gas safety check will be undertaken prior to the existing customer moving out.

If the exchange is planned to take place over the weekend, the University will cap off both gas installations on the last weekday before exchange, then re-connect and re-commission the appliances on the first working day after the weekend. The intention being that a customer is never placed in an unsafe gas situation.

The process;

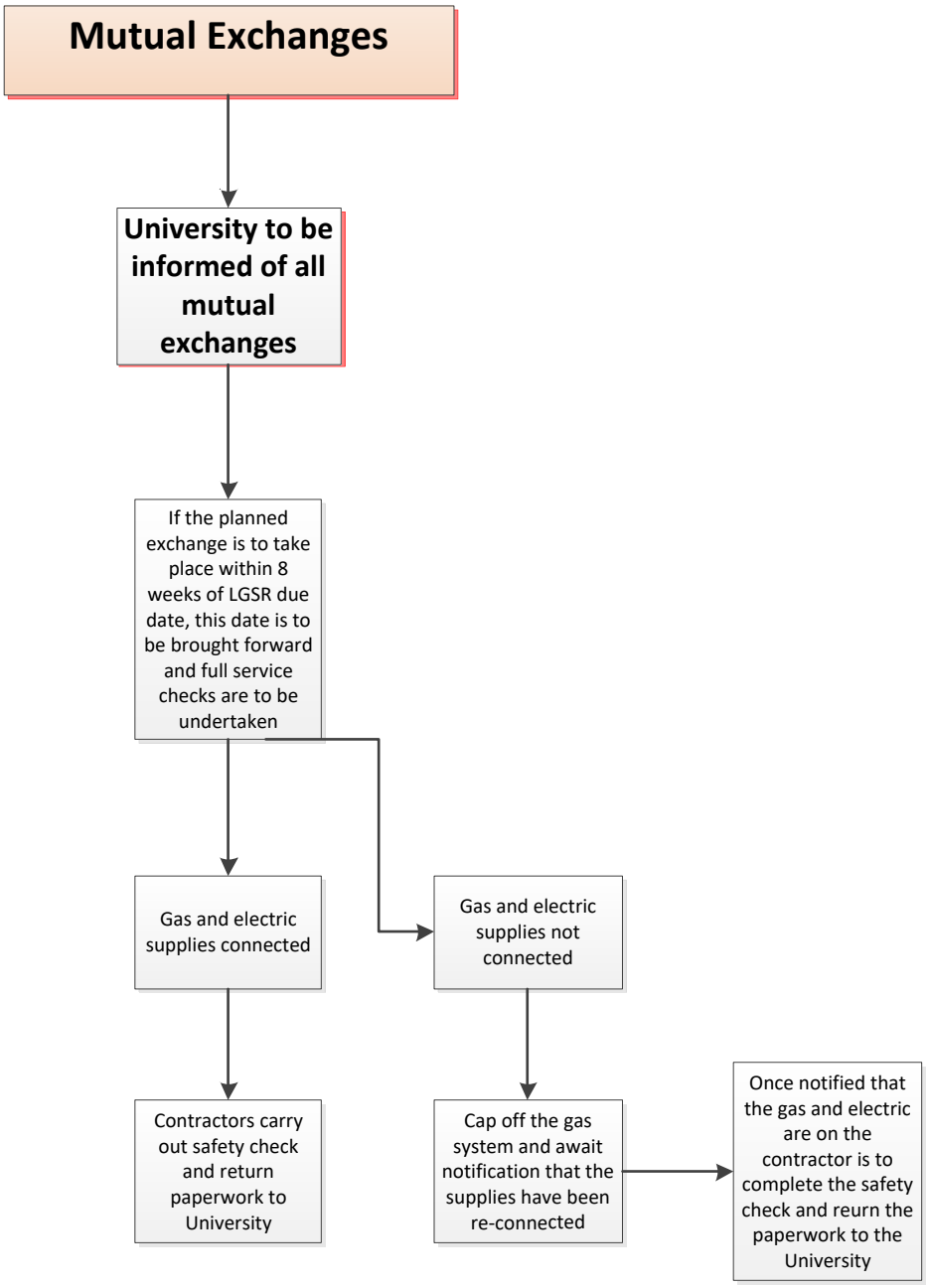
8.1 The University are to obtain all information on mutual exchanges as soon as reasonably practicable in order to plan for gas safety checks to be carried out as close to the exchange dates as possible, if the exchange is to take place within 8 weeks of LGSR cyclical anniversary date then the full LGSR check is to be undertaken.

8.2 If the planned exchange is to take place at the weekend, both properties will have the safety checks undertaken before each tenant moves out, then each property will have the gas capped off. The re-connection and re-commission process will take place on the first working day after the exchange.

8.3 All mutual exchange customers will be advised to ensure that the electric and gas supplies are both on, to allow for full appliance operational checks to take place. If any service is not connected the complete gas system will be disconnected and made safe until such time that the University is notified of their re-connection, which would then allow for the re-connection and re-commissioning of the gas systems to take place.

8.4 The University will inform all exchange customers that if they want to have their own gas appliances connected, i.e. cookers, to only use suitably qualified and registered Gas Safe companies to undertake the work.

8.5 All completed LGSR documentation will be returned to the University by the contractor, to allow for storage and inputting onto the database system.


Mutual Exchanges
University to be informed of all mutual exchanges
If the planned exchange is to take place within 8 weeks of LGSR due date, this date is to be brought forward and full service checks are to be undertaken
Gas and electric supplies connected
Gas and electric supplies not connected
Contractors carry out safety check and return paperwork to University
Cap off the gas system and await notification that the supplies have been re-connected
Once notified that the gas and electric are on the contractor is to complete the safety check and reurn the paperwork to the University

Appendix 9
Customers Own Appliances

Introduction;

Under the Gas Safety (Installation and Use) Regulations 1998 the landlord is responsible for only relevant gas appliances (ones that they own). Customers (including tenants and residents) may have their own appliances installed into the property; this section explains the process that the Universities contractors should take when encountering an appliance that is customer owned.

The process;

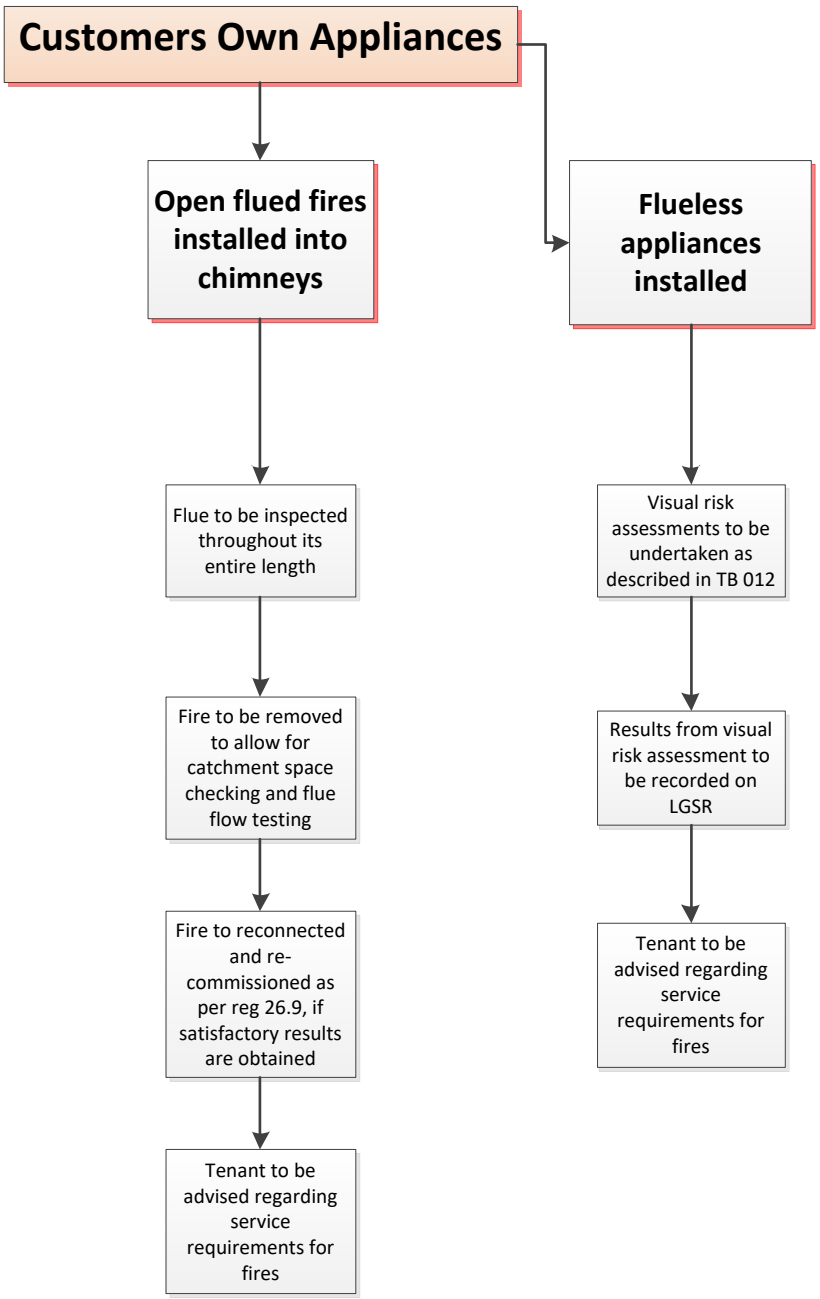
9.1 Customers own appliances receive a visual inspection as part of the annual gas safety check. A visual inspection of the customers cooker is to be carried out and any "at risk" (AR) or "immediately dangerous" (ID) issues are to be recorded on the landlord gas safety record and fed back to the University as the landlord. Where necessary and with the users permission the appliance / installation will be made safe by isolation or disconnection. Where any none gas safety none standard installation issues are identified these should also documented and reported to both the customer and University.

9.2 Chimneys and flues serving customers own appliances (generally gas fire) are not covered by Regulation 36 of the Gas Safety (Installation and Use) Regulations, but the Health and Safety at Work etc. Act (HSW Act) covers a wider range of duties that extend to the fabric of a building including chimneys. The Health & Safety Executive believe that under the HSW Act chimneys serving customers own appliances should be maintained so as to be fit for purpose. Therefore, where a customer's fire is installed it will be inspected for safety, if incorrectly installed the customer will be requested to get the original installer back to make good and bring the installation up to current standards.

9.3 The landlord's chimney/flue system should be visually inspected as far as is reasonably practical throughout its length. A flue flow and spillage test should be carried out in accordance with the current Gas Safety (Installation and Use) Regulations, regulation 26 (9), manufacturer's installation instructions and British Standard BS 5440. In addition to the flue flow and spillage testing, the appliance should be removed and the catchment space visually inspected. The closure plate (if applicable) and appliance must be refitted in accordance with the manufacturer's instructions. In all cases where gas work is undertaken, as defined under the Gas Safety (Installation and Use) Regulations, the checks required under Regulation 26 (9) must be undertaken and the results of these tests recorded.

9.4 With customers own balanced flued and flueless appliances such as gas cookers / convector heaters and flueless gas fires the contractor will carry out a visual inspection of the appliance only. Any obvious defects shall be dealt with via the GIUSP and actions noted on the LGSR and additional warning notices.

9.5 In all cases the customers are to be advised of the service requirements on appliances that they own.


Customers Own Appliances
Open flued fires installed into chimneys
Flueless appliances installed
Flue to be inspected throughout its entire length
Fire to be removed to allow for catchment space checking and flue flow testing
Fire to reconnected and re-commissioned as per reg 26.9, if satisfactory results are obtained
Tenant to be advised regarding service requirements for fires
Visual risk assessments to be undertaken as described in TB 012
Results from visual risk assessment to be recorded on LGSR
Tenant to be advised regarding service requirements for fires

Appendix 10
Boiler Plant Rooms

Introduction;

Loughborough University have throughout the site a number of communal or district boiler plant rooms. The University need to ensure a rigorous planned and preventive maintenance schedule with set frequencies is adhered to. Please note that under the Gas Safety (Installation and Use) Regulations 1998 regulations 35 and 36 lay down the legislative platform for these checks.

Loughborough University operate three medium temperature heating systems (MTHW) in Building 123 (S Building Boiler House), Building 024 (Sir Frank Gibb Labs) and Building 059 (Holywell Energy Centre). When working with these systems it is important to comply with HSE guidance note BG01.

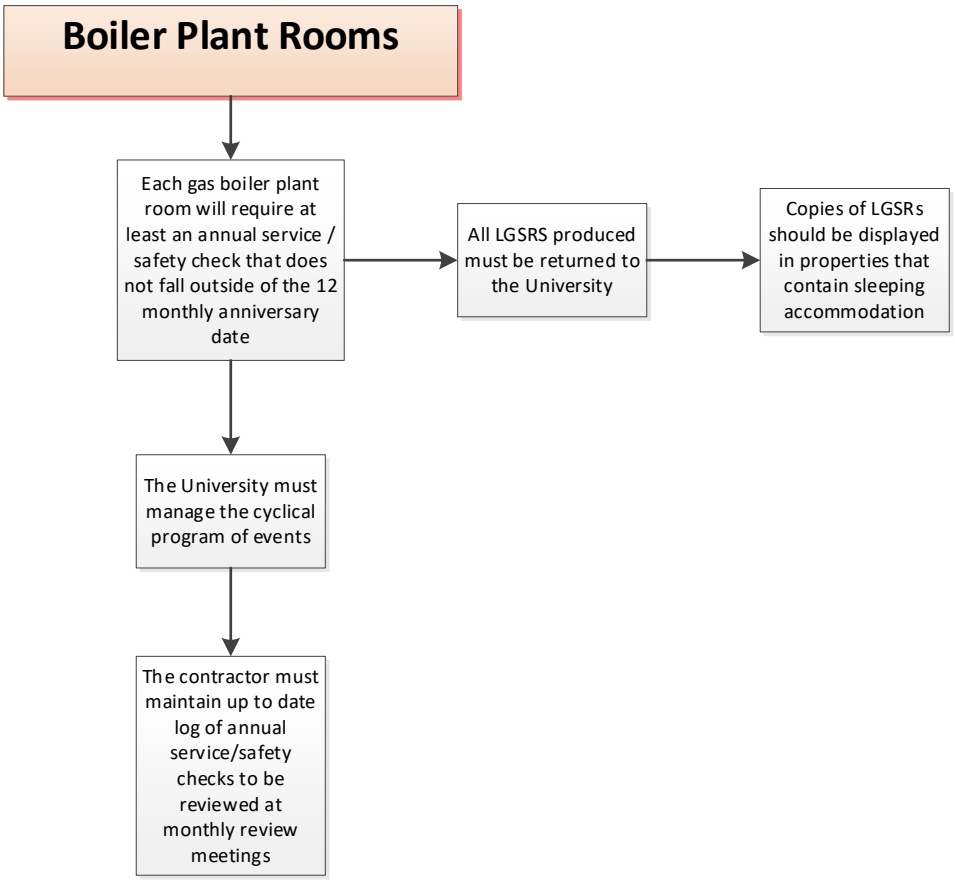
The process;

10.1 Every non-domestic gas appliance and chimney / flue will require as a minimum one service / maintenance / safety check carried out every year. Every complete record must be forwarded onto the Facilities Management team. Records must be recorded in the FM archive and / or electronically available to the University and its agents.

10.2 A copy of this record should be displayed in a prominent place in the premises for example the building notice board where the plant room supplies sleeping accommodation.

10.3 The University must manage the programme, so as to ensure that contractual timeframes are adhered to.

10.4 The Universities gas contractor must keep up to date records and logs for each plant room boiler house they are responsible for, these must remain in each plant room with the appliance manufacturer's installation and maintenance instructions.


Boiler Plant Rooms
Each gas boiler plant room will require at least an annual service / safety check that does not fall outside of the 12 monthly anniversary date
All LGSRS produced must be returned to the University
Copies of LGSRs should be displayed in properties that contain sleeping accommodation
The University must manage the cyclical program of events
The contractor must maintain up to date log of annual service/safety checks to be reviewed at monthly review meetings

Appendix 11
Information Management

Introduction;

Regulation 35 and 36 of the Gas Safety (Installation and Use) Regulations places the onus for undertaking mandatory 12 monthly maintenance and safety checks firmly on the shoulders of the University. So as to be in a position of being able to demonstrate compliance with these regulations, correct control of information is essential.

The Universities Facilities Information Team utilise an EXCEL file where data is entered, stored and uploaded onto a central system so as to control this very important information. The information is shared with the contractor so as to form a live working document where the cyclical programme of events can be managed from.

The process;

11.1 All boiler plant room and domestic gas appliance cyclical programmed events must be entered onto the live database. This database will form the basis of future access dates so close management is essential.

11.2 The database should be shared with the contractor, so that they can plan suitable resource in a timely manner so as to ensure that all visits are completed within the allotted timeframe.

11.3 The contractor must report back on the following;

- access date
- failed access date
- number of attempts to gain access
- work completed
- any outstanding work
- any appliance that has been isolated or disconnected due to safety reasons

11.4 It will be the responsibility of the Facilities Management team to update the database with the information provided by the contractor.

Training Requirements.

Only Gas safe trained and approved persons are permitted to work on natural gas systems and services Registration must be :-

a) Current i.e. in date

b) Relevant to the task they are carrying out

This does not limit the more regular review and audit of training records to ensure compliance is maintained.

It is the responsibility of line managers to ensure all training in their team is kept up to date. If in doubt ask!

Location of records

At Loughborough University, all Gas records are stored in electronic format in the 'Maintenance Services' folder in Workspaces. In addition records are kept and maintained by the University approved contractor for maintenance.

How long are records kept?

All gas service records shall be retained for not less than a period of 3 years.

Asset tagging/labelling

All gas appliances, associated emergency isolation valves, solenoid valves and gas proving systems should have Archibus bar code labels fixed to them. Any new, replacement or disposal of assets should be notified to the Facilities Information Team as per the Asset Numbering Policy.

Appendix 12
Property Alterations

Introduction;

The purpose of this section is to ensure that the University and their contractors are aware of the effects of alterations to properties that could affect the safety of existing gas fittings. These property alterations or refurbishments could be any of the following, please note that this is not an exhaustive list:

- window replacements
- cavity wall insulation
- replacement ventilation
- fitting extract fans
- reducing chimney heights
- enclosing an existing flue / appliance
- building extensions
- installing cladding
- extending existing flues
- conversions from flat to pitched roofs
- rooms converted to sleeping accommodation
- kitchen upgrade / replacement

Before any significant alteration is made to any premises where a gas appliance, installation, chimney or flue-way is installed any implications for the gas appliance installation safety needs to be properly addressed. If followed it could be demonstrated that the University have exercised due diligence prior to and during the work process.

Legislation guidance

The above works must be undertaken with due regard to the current Gas Safety (Installation and Use) Regulations; Regulation 8 *(Existing Gas Fittings)*.

Regulation 8 (1) Existing gas fittings states:

> 'No person shall make any alterations to any premises in which a gas fitting or gas storage vessel is fitted if that alteration would adversely affect the safety of the fitting or vessel in such a manner that, if the fitting or vessel had been installed after the alteration, there would have been a contravention of, or failure to comply with, these regulations.'

This regulation embraces a wide range of physical alterations to premises that may affect the safety of an existing gas fitting installed in the premises where the alteration is to be made. Before a significant alteration is made to premises where a gas appliance or gas fittings are installed their safety needs to be properly assessed.

Regulation 8(2) Existing gas fittings, states:

> 'No person shall do anything which would affect a gas fitting or flue or means of ventilation used in connection with the fitting in such a manner that the subsequent use of the fitting might constitute a danger to any person, except that this paragraph does not apply to an alteration to premises.'

This regulation applies to everyone, not just gas installers. It supplements Regulation 8(1), by prohibiting other activities (i.e. except alterations to premises) which have potential to compromise safety; this might for instance include modifications which cause blockage/obstruction of an air supply vent or flue. As in Regulation 8(1), it is essential for the implications of such change or modification to be properly addressed, before work is commenced, to ensure that gas safety cannot be prejudiced in any way.

Modification of any gas fitting should be made only by a competent person who is, or is employed by, a "Gas Safe" registered company. Alterations not comprising 'work' on a gas fitting but which nevertheless may affect gas safety, e.g. a change to room ventilation provisions, should also be made only by a person with the required competence. Similarly, any significant modification needs to be checked by a person before the gas fitting concerned is taken into use, to ensure that appropriate standards have been met and safety has not been compromised.

Regulation 8(3) Existing gas fittings, states:

> 'In relation to any place of work under his control, an employer or self-employed person shall ensure, so far as reasonably practicable, that provisions of paragraphs (1) and (2) are complied with.'

The process;

12.1 The persons responsible for managing the works from FM, defined as the Project Manager, must firstly assess whether there are any gas appliances or associated flues within the building or area where any alterations are to be carried out.

If it is established that there are no gas appliances or flues located in the building or work area, then no further consultation will be required with any of the Mechanical Services Team.

12.2 Where it is identified that there are gas appliances or flues or if any doubt exists, then a consultation process needs to take place with the Mechanical Services Team which may be one of the following posts/persons.

- Gas DAP – Gavin Noon
- Mechanical Services Manager – Adey Bonser
- Gas Safe qualified operatives – Andy Moss or Peter Miller.

Generally, the FM Project Manager shall provide an overview of the proposed works and how this may possibly affect the safety of the existing gas appliances or flues. On larger projects this consultation process should form part of the FM handover procedure and associated documents.

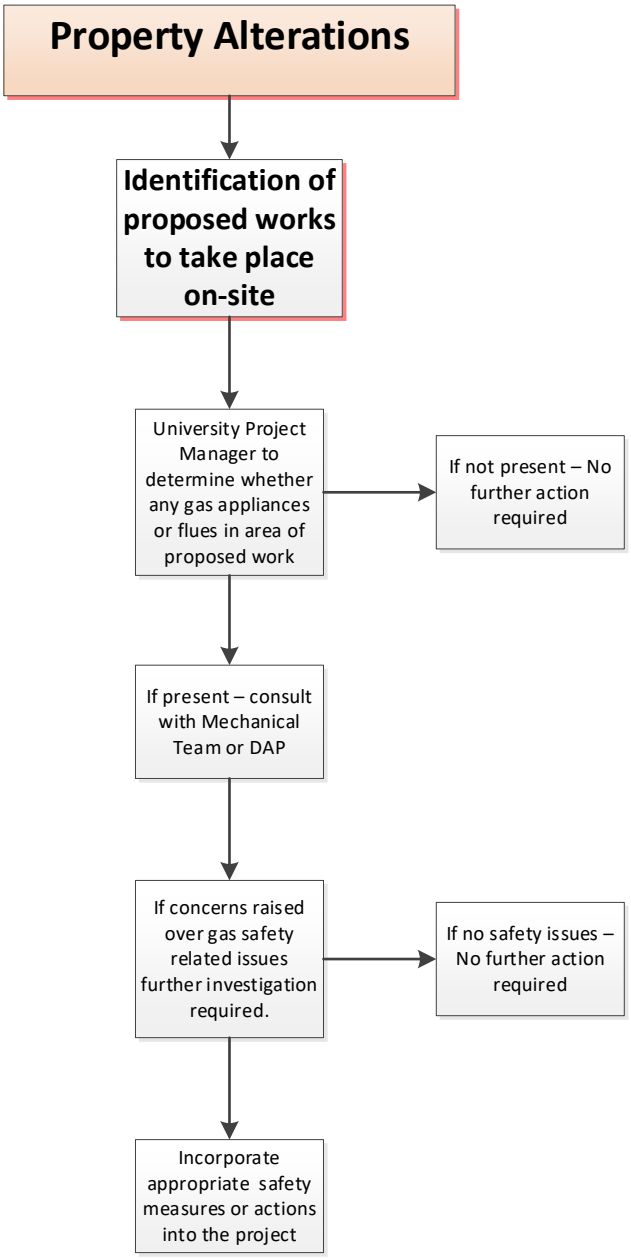
In some circumstances, it may require the appliance chimney or flue to be disconnected during the alterations and re-commissioned on completion of works. This may be required with works such as cladding, roofing or chimney / flue work.

12.3 Any alterations where the work has affected or been carried out on the gas installation, the Project Manager shall ensure that all the installations affected are tested and left in a safe condition. A "Gas Safe" registered company must carry out this work. The

content and extent of these checks must include but not be limited to the requirements of Gas Safety Regulation 26.9.

Certificates and testing;

It shall be the responsibility of the Project Manager, to pass on copies of the gas safety check records and landlord certificates to the Facilities Information Team (FIT), where existing appliances may have been re-tested or re-commissioned as part of the works.



Appendix 13
Quality Control

Introduction;

A quality control process is a pivotal management tool that if implemented correctly will not only confirm the onsite quality performance of engineers, but also re-affirm that all on site risks are managed by the University in a structured format.

The types of quality control inspections that should be implemented are a measured mixture of 'work in progress' and post inspection visits. The process could involve an external third party / so as to satisfactorily assess the quality of performance.

The contractors should also undertake a percentage rate of quality control inspections (usually 100% installations and 10% servicing and repair) whose results should be provided to the University for assessment.

The University has a duty under the Health and Safety at Work etc. Act and the Management of Health and Safety Regulations to:

- assess the risk of the health and safety of all employees and also anyone else who may be affected as a result of work undertaken
- endeavour to provide comprehensive information, instruction, training and supervision with the aim of ensuring, so far as is reasonably practicable, the health and safety at work of every employee or person so affected
- risk assess all work activities

The quality control process should allow trends to be tracked and dealt with so as to plug any potential safety gap that may be highlighted. All engineers across all appliance types should be included into the process

Any proposed auditing regime should address all of the issues listed below;

- all engineers should be quality control checked
- all work types should be quality control checked
- documentation produced by engineers should be included into the quality control process
- quality control process to be modelled on a risk assessment format
- responsibility for managing any quality control audits should be assigned to an individual's job role
- all audits should be analysed and findings should be interpreted for review by management
- reports should identify trends
- all reports, findings and recommendations should be recorded so as to demonstrate that the University are managing a robust quality control process

Quality control ensures that gas engineers are undertaking work in a professional and competent manner whilst not being directly supervised.

A selection of gas work carried out by a gas engineer will be inspected to ensure that, as a minimum, all checks and tests required by the Gas Safety (Installation and Use) Regulations, appliance manufacturer's instructions, industry standards have been undertaken.

The number of checks carried out will be proportional to the type, scope, and amount of gas work undertaken. The frequency and quantity of quality control checks will be dependent on the findings.

To achieve this, the 'risk assessment' will be based on three types of work:

- installation

- service
- repair

The quality control process will include an element of external third party inspection. The external reporting mechanism will ideally include national benchmarking statistics so as to allow the University to assess its contractors own performance in comparison to other housing providers.

The process will retain its flexibility in direct proportion to the findings of any audit. The procedure will allow for trends and individual performance to be monitored and documented in such a way that would clearly demonstrate that the University are taking all reasonable steps to ensure that safe gas work is being carried out by its gas contractors.

The process;

13.1 Quality control checks will be carried out on each engineer. The University will ensure each engineer operational or intended for use on the contract is included into this process.
13.1.1 Suitably competent (with experience of gas work either is or has been gas safe approved). asset care staff will conduct a review of at least 10 random appliances on a 6 monthly basis.
13.1.2 The University Compliance Engineer will carry out an independent inspection of LSGR's on at least an annual basis.

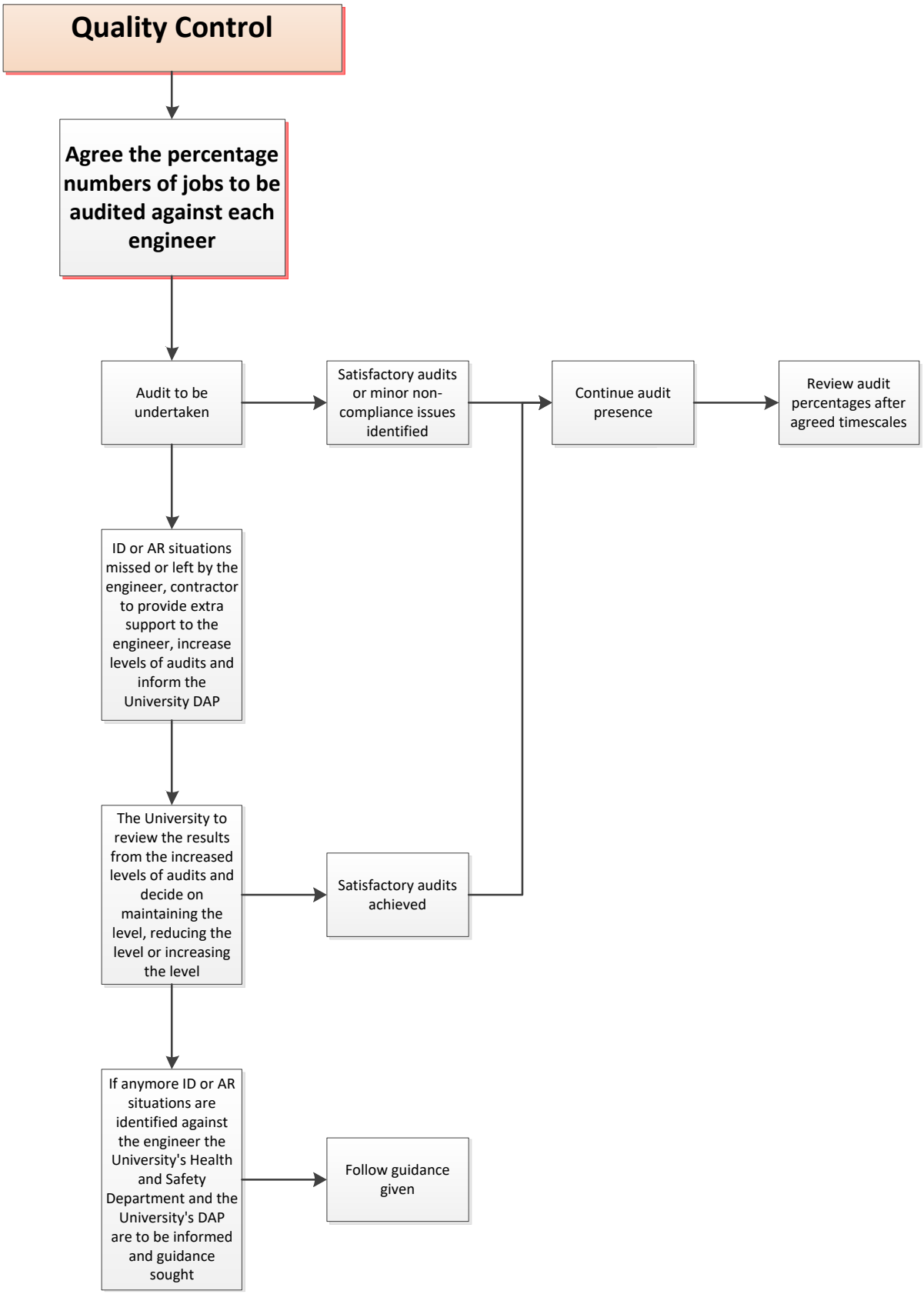
13.2 If the process identifies ID or AR installations that have been either caused by or missed by the engineer, an increased amount of quality control checks are to be implemented on the individual concerned. These checks are to be undertaken on a post inspection basis. The engineer concerned must be interviewed, initially to discuss the findings. Extra support / mentoring / training should be considered by the contractor. The University DAP must be informed of all matters relating to the issue identified, including improvement actions.

13.3 The results from the increased level of audits must then be reviewed by the University a decision must be made on maintaining, increasing or decreasing the levels of audits.

13.4 If the results from the additional quality control visit as undertaken identify more ID or AR installations against the engineer involved the results should be escalated straight to the Universities Health and Safety Department and University DAP for their guidance.

13.5 All areas of work are to be Quality Control checked;

- Installation (By the project manager and approved gas safe engineer).
- Servicing By the relevant contractor and sample checked by a University representative.
- Records reviewed annually by the University compliance officer.


Quality Control
Agree the percentage numbers of jobs to be audited against each engineer
Audit to be undertaken
Satisfactory audits or minor non-compliance issues identified
Continue audit presence
Review audit percentages after agreed timescales
ID or AR situations missed or left by the engineer, contractor to provide extra support to the engineer, increase levels of audits and inform the University DAP
The University to review the results from the increased levels of audits and decide on maintaining the level, reducing the level or increasing the level
Satisfactory audits achieved
If anymore ID or AR situations are identified against the engineer the University's Health and Safety Department and the University's DAP are to be informed and guidance sought
Follow guidance given

Appendix 14

Leaseholders

Introduction

The responsibility for gas safety within a leasehold property is not an obligation that the University are duty bound to manage, as the gas safety element falls outside the landlords remit under the GSIURs.

This can cause issues in respect of safety as some leasehold properties neighbour University properties. So because of the close proximity of the dwellings this could mean that nearby properties and their occupants could be affected by the escape of carbon monoxide, leaks from gas pipework or appliances, which could all be attributed to the lack of gas safety maintenance within a close-by leasehold property.

Loughborough University recognise this potential issue, so therefore encourage their leaseholders to ensure that a gas safety maintenance and safety check regime is followed.

Unfortunately the University cannot force a leaseholder to follow a structured programme of maintenance, but the University can encourage and provide advice so as all University visitors are only ever present within a well a managed and gas safe environment.

Appliance manufacturers always state that a regime of maintenance should always be undertaken on their appliances at regular twelve monthly intervals. Therefore the leaseholders should ensure that all installed gas appliances within their properties are serviced annually by a competent Gas Safe Registered company.

Loughborough University encourage the leaseholders on our site to utilise the service of our term gas contractors to undertake the minimum annual visit. This will allow them to benefit from the reduced rates of servicing and safety checking, that the University can obtain from bulk buying purchase power.

The process;

14.1 Identify all leasehold addresses on-site, send the initial gas certification request this should be addressed to the leaseholder requesting evidence of the current gas safety or servicing checks that have taken place, offer the services of the Universities term contractor to undertake the gas safety work at the University rate.

14.2 Those leaseholders that do not respond should be sent a 2nd letter offering the services of the Universities term contractor.

14.3 Information in regards to those leaseholds that have taken advantage of the scheme can be provided to the Universities term contractor.

14.4 It is recommended that this process is repeated annually.

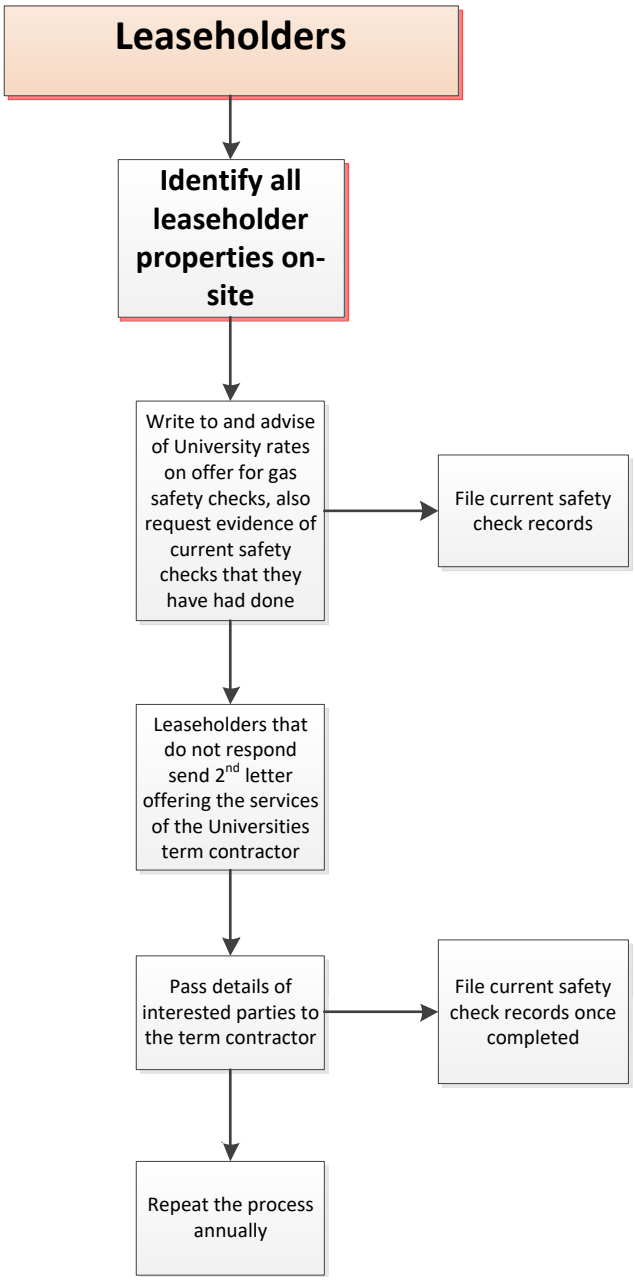

Leaseholders
Identify all leaseholder properties on-site
Write to and advise of University rates on offer for gas safety checks, also request evidence of current safety checks that they have had done
File current safety check records
Leaseholders that do not respond send 2nd letter offering the services of the Universities term contractor
Pass details of interested parties to the term contractor
File current safety check records once completed
Repeat the process annually

Figure 13

Appendix 15

Legislation and Guidance

1. General list of Legislation

a) Health and Safety at Work Act 1974

b) The Gas Safety (Installation and Use) Regulations 1998

c) The Gas safety management Regulations 1996

d) The Gas Safety (rights of entry) Regulations 1996

e) Building regulations or building standards as appropriate

f) RIDDOR Reporting of Injuries ,Diseases and Dangerous occurrences Regulations 2013

2. General list of Guidance Documents

a) Institution of Gas Engineers and Managers (IGEM standards)

b) Gas industry unsafe situations procedure.

c) BG01 Guidance on the safe operation of boilers

Appendix 16

Loughborough University Procedures

1. Procedure for notifying HSE

Loughborough University have a process in place where all Unsafe situations (RIDDOR reportable) are reported through the University health and safety team.

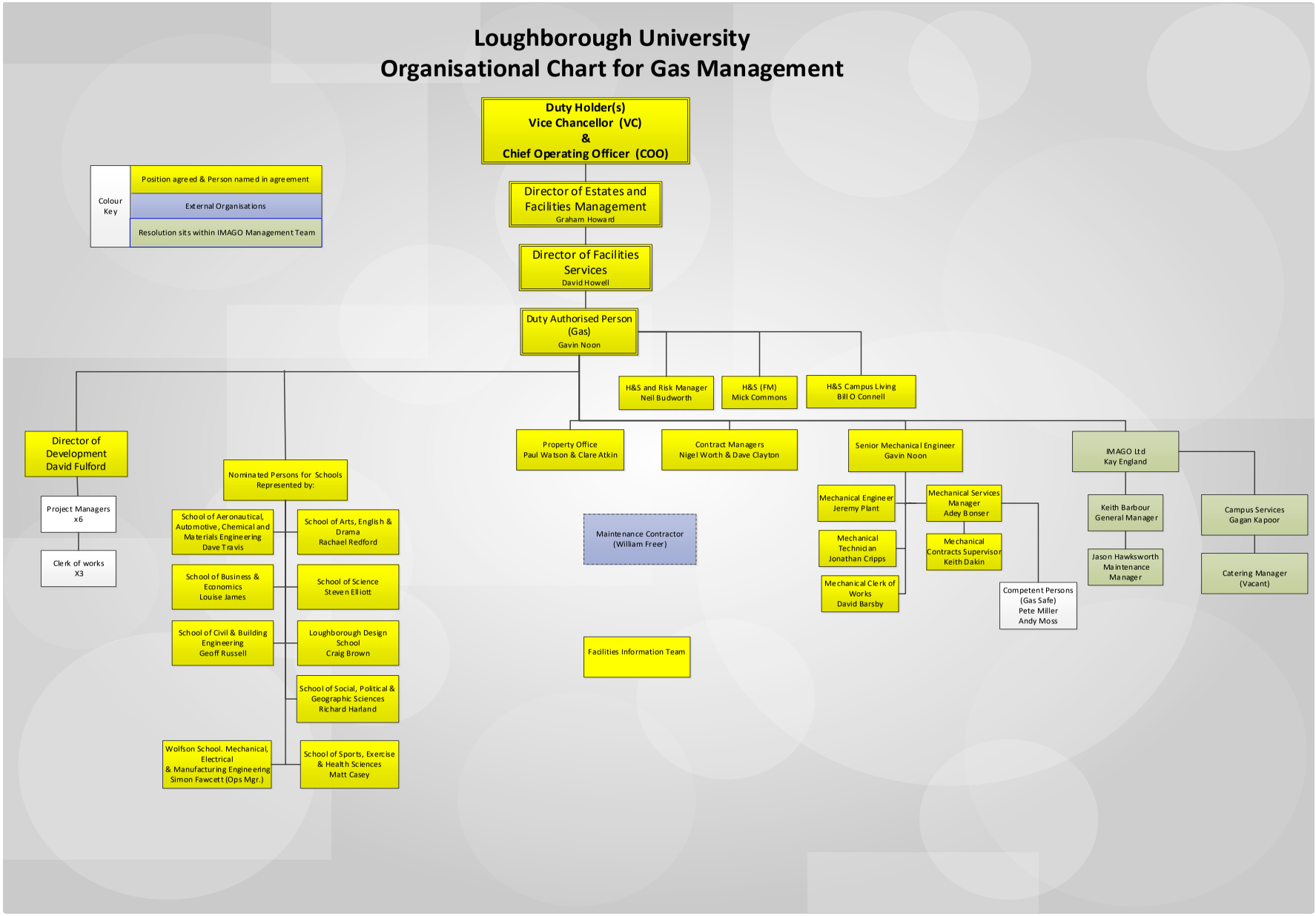
Section 11 of RIDDOR deals specifically with gas related injuries and hazards and is split into two parts. Part 1 relates reporting of incidents where harm to person(s)has occurred and part 2 relates to the reporting of dangerous occurrences. HSE guidance relating to this can be found at the following web pages.

http://www.hse.gov.uk/riddor/reportable-incidents.htm#gas

Appendix 17

Organogram

See next page


Loughborough University
Organisational Chart for Gas Management
Duty Holder(s)
Vice Chancellor (VC)
&
Chief Operating Officer (COO)
Colour Key
Position agreed & Person named in agreement
External Organisations
Resolution sits within IMAGO Management Team
Director of Estates and Facilities Management
Graham Howard
Director of Facilities Services
David Howell
Duty Authorised Person (Gas)
Gavin Noon
H&S and Risk Manager
Neil Budworth
H&S (FM)
Mick Commons
H&S Campus Living
Bill O Connell
Director of Development
David Fulford
Project Managers x6
Clerk of works X3
Nominated Persons for Schools Represented by:
School of Aeronautical, Automotive, Chemical and Materials Engineering
Dave Travis
School of Arts, English & Drama
Rachael Redford
School of Business & Economics
Louise James
School of Science
Steven Elliott
School of Civil & Building Engineering
Geoff Russell
Loughborough Design School
Craig Brown
School of Social, Political & Geographic Sciences
Richard Harland
Wolfson School. Mechanical, Electrical & Manufacturing Engineering
Simon Fawcett (Ops Mgr.)
School of Sports, Exercise & Health Sciences
Matt Casey
Property Office
Paul Watson & Clare Atkin
Contract Managers
Nigel Worth & Dave Clayton
Maintenance Contractor
(William Freer)
Facilities Information Team
Senior Mechanical Engineer
Gavin Noon
Mechanical Engineer
Jeremy Plant
Mechanical Technician
Jonathan Cripps
Mechanical Clerk of Works
David Barsby
Mechanical Services Manager
Adey Bonser
Mechanical Contracts Supervisor
Keith Dakin
Competent Persons (Gas Safe)
Pete Miller
Andy Moss
IMAGO Ltd
Kay England
Keith Barbour
General Manager
Jason Hawksworth
Maintenance Manager
Campus Services
Gagan Kapoor
Catering Manager
(Vacant)

Health, Safety and Environment Committee

Loughborough University

Paper Title: Health and Safety Risk Registers

Origin: Neil Budworth **Date:** 16th May 2019

1. Decision Required by Committee	None for information
2. Executive Summary	As the risk registers have now been in place for some time overall approach and documentation will be reviewed, with the aim of simplifying the process and making the information more accessible and easy to use.
3. Committees/Groups previously considering item.	N/A Relevant stakeholders will be consulted during the review process.

Copyright © Loughborough University. All rights reserved.

Health, Safety and Environment Committee

Loughborough University

Paper Title: Exit Process for Staff

Origin: Deputy Director of Human Resources and Organisational Development

Date: May 2019

1. Decision Required by Committee	To NOTE the newly developed exit checklist for managers in response to concerns regarding the governance of IT security and the safe disposal of materials and equipment in relation to staff leaving the University.
2. Executive Summary	The checklist is available for all managers to help them to ensure that they deal with all matters in relation to staff who leave the University. It has been circulated to all Deans, Directors and Operations Managers and is available on the HROD website. We are working on developing a process to ensure that this checklist is sent to managers each time an employee leaves the University. Until that point, regular reminders will be sent to colleagues to ensure that the checklist is used effectively. The checklist has also been shared with the Doctoral College so that they can adapt it as appropriate for PhD students on completion of their studies.
3. Committees/Groups previously considering item.	The exit checklist has been distributed to all Schools and Professional Services.

Copyright © Loughborough University. All rights reserved.

Loughborough University

Exit Process Checklist

The primary aim is to ensure that all administrative processes are completed efficiently and professionally, both to enable the employee to leave with a positive experience of the University or the School/department in which they are currently working, and to ensure that the assets of the University, both physical and intellectual are protected.

**Please note that this document does not need to be retained post-employment and should be disposed of.*

Name	
Job Title	
School/Professional Service	
Manager	
Leave Date	

Section 1: Before Leaving		Yes	No	Not applicable	Comments
1.	Inform Human Resources and you line manager of leaving date and send resignation letter.				
2.	Confirm outstanding leave entitlement and agree how this will be dealt with your line manager.				
3.	Confirm the status of any outstanding work and regular tasks, including any handover requirements to your Line Manager.				
4.	If appropriate confirm list of operational contacts who need to be notified both internally and externally. Is there an alternative contact?				
5.	Remind employee of the optional "Exit Interview". Link will be in the leavers letter				
6.	List access to various software, workspaces and systems.				
7.	Ensure working area is GDPR compliant and dispose of unwanted items in office meeting GDPR regulations.				
8.	Retrieved payslips and training log from My.HR.				
9.	If you are a PDR reviewer complete all interim/ full year PDR.				
Are you a Laboratory worker/ researcher? (If Yes please go to section 2, if not please go to section 3).					
Section 2: Chemical/ Material Disposal		**Yes**	**No**	**Not applicable**	**Comments**
1.	Have you transferred ownership or disposed of all chemicals/samples belonging to yourself (in accordance with the Hazardous Waste Policy)?				
2.	Have you disposed of unneeded chemical/lab reagents from all fridge's/freezers and lab storage areas?				
3.	Have you handed over any relevant safety documentation and/or laboratory lab books?				

Copyright © Loughborough University. All rights reserved.

4.	Have all biological material been disposed of (approval from line manager needed) or ownership transferred to your line manager?				
5.	Have all samples/consumables from freezers/fridges been disposed of or transferred?				
6.	Has all information regarding the biological material including MTA (Material Transfer Agreement)'s, provenance details, lab books been transferred to your line manager?				
7.	Has ownership of HTA (Human Tissue Authority) relevant materials samples been transferred to line manager, including location details?				
8.	Has Procuro been updated to include ownership change?				
9.	Have you email HTA compliance officer to confirm changes?				
10.	Has ownership of associated ethics and consent forms stored safely and location known by line manager?				
11.	Have the expiry dates of ethics approvals been acknowledged by line manager and/or HTA compliance manager?				
12.	Have you ensured the transfer of the information is compliant with Data Protection policies?				
13.	Have you worked with sealed or open source ionising radiation? If so, has the Radiation Protection Officer been consulted?				
	Section 3: At the point of leaving	**Yes**	**No**	**Not applicable**	**Comments**
1.	Return staff identification card to HR.				
2.	All IT Equipment (Laptops, Tablets, Mobiles etc.) returned to your Line Manager.				
3.	Any portable Devices/Media (Phone/charger, Camera, Memory sticks, etc.) returned to your Line Manager.				
4.	Purchasing card(s) returned to your Finance Officer or Line manager.				
5.	Keys (Buildings/Offices/Desks etc.) returned.				
6.	Any clothing/uniform/ issued by the School/ Department returned Line Manager or appropriate member of staff.				
7.	Any other tools/equipment returned to Line Manager or appropriate member of staff				
8.	Books, paperwork and documents returned or disposed of following GDPR guidelines.				
9.	Specific property per itemised list (where available) returned to your Line Manager or appropriate member of staff.				
10.	Access to online spaces and systems are removed or notified to the appropriate member of staff.				
11.	Removal from: Email lists, distribution list, Internal phone list, Website.				
12.	Your University provided file store (e.g. One Drive, Workspace) and Email account will be removed after 30 days following your departure. Please confirm that you have transferred any files that need to be retained or accessed by colleagues to a shared area.				

Copyright © Loughborough University. All rights reserved.

Section 4: After person has left		Yes	No	Not applicable	Comments
1.	Will any shared accounts need passwords changing as a result of user leaving?				
2.	Will any passworded files or other confidential information need changing as a result of user leaving? If so, please indicate?				
3.	Any additional licences revoked or reallocated?				

Copyright © Loughborough University. All rights reserved.

Health, Safety & Environment Committee

Loughborough University

Paper Title: Sustainability Managers Report

Origin: **Jo Shields, Sustainability Manager** **Date: 23.05.19**

1. Decision Required by Committee	Members are asked to **RECEIVE** paper
2. Executive Summary	Update on: Results from Sustainability Leadership Scorecard Sustainable Devleopment Goals LU response to global climatic and ecological changes Latte Levy Energy Strategy Travel Plan Principles for Responsible Management in Education Procurement
3. Committees/Groups previously considering item.	Sustainability and Social Responsibility Sub Committee

Copyright © Loughborough University. All rights reserved.

Health, Safety & Environment Committee

Loughborough University

SAF19-P44b

Subject:

Sustainability Manager Report

Origin:
Sustainability Manager

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

The following items are an update of key areas and projects the team are currently working on.

2 Sustainability Leadership Scorecard (SLS)

2.1 An annual review is undertaken of the SLS by the Sustainability Manager. Historically LU has used the Learning in Future Environments index to identify gaps, areas of improvement and examples of sector leading and good performance in Sustainability. The newly developed Sustainability Leadership Scorecard includes a direct link to the EMR data. It covers sustainability issues beyond the estates function and allows a coordinated whole-institution approach to sustainability providing reports that can be used to communicate the critical drivers within the institution, set targets and monitor progress. There are numerous ways to manipulate the data and results link to the UN Sustainable Development Goals. The continued aim is to provide a useful management and developmental tool for reporting at a strategic level. Our current scores can be seen in the table below.

The Sustainability Leadership Scorecard (SLS) provides the Higher and Further Education sector with a development framework that allows institutions to understand their current position with regards to issues of sustainable development and assist in developing routes for improvement.

The framework is designed to align with the wider challenges facing the sector, highlighting that sustainable development issues are a key part of the overall business strategy of an institution. The framework is intended to inform discussions around the role of sustainability within wider issues of reputation, student engagement and satisfaction, Excellence Framework performance and graduate attributes / outcomes.

Based on your institution's current SLS self-assessment, the overall performance for all frameworks is summarised in the figure to the right.

The SLS comprises 18 standard frameworks developed to address current and emerging sustainability themes important to the sector. Frameworks are grouped within four priority areas: Leadership and Governance; Partnerships and Engagement; Learning, Teaching and Research; and Estates and Operations. Each framework is made up of 8 activities and scoring is given at an activity level.

No overall score is generated as each institution had individual priorities that should not be reduced to one comparable number. Instead, the scorecard invites discussion and analysis by representing the complex nature of sustainable development issues. More detailed reports for each priority area are also available.

AUDE Excellence in estates and facilities eauc ARUP

3 Sustainable Development Goals (SDGs)

3.1 Sustainable Development Goals alignment and signing of the Accord

3.2

- The aim of the goals is to free humanity from poverty, secure a healthy planet for future generations, and build peaceful, inclusive societies as a foundation for ensuring lives of dignity for all.
- Provide a simple and globally standardised way to relate the cause of the organisation to the bigger picture.
- Show how business activities are related to the needs of society and the challenges we are facing globally.

- The SDG Accord rovides a sector collective response to support this. It is a commitment learning institutions are making to one another: to do more to deliver the goals, to annually report on each signatory's progress and to do so in way which shares the learning with others both nationally and internationally.

Much of our research and enterprise activity already aligns with these goals. We are in a strong position operationally to evidence alignment. E.G the completion of the Sustainability Leadership Scorecard and signing of the accord contribute to goal 17. A copy of the accord is being taken to the G8 for their consideration by the Chief Operating Officer.

4 Global Climatic and Ecological Changes and LU response

4.1 A discussion has been undertaken amongst key colleagues and the SSRSC to consider how LU might approach the above issue in a measured, pro-active and solutions focused way. This is an opportunity to promote the research we do in this area and develop solutions alongside the Energy Strategy. It is hoped that a task force will be set up to deliver a 12 month project which will report findings back to Senate.

5 Latte Levy

5.1 A proposal for the introduction of a Latte Levy, a charge on the use of disposable cups which aims to reduce the use of these single use cups which are difficult to recycle, contaminate recycling streams and are a key element in general waste and remain a national and global focus. The proposed income which would initially be generated would be used to further drive both cup related improvements but also other sustainability initiatives. This is now with the Head of Catering for operational implementation.

6 Energy Strategy

6.1 Development of an Energy Strategy that aligns with and the supports the developing Estates Strategy and the current capital framework programme is underway. Following consultation with Graham Howard, Kelly Manders, Partnership Development Manager in the Enterprise Office is facilitating a workshop that will engage with key stakeholders to capture a wide and diverse range of potential projects and inputs that will be assessed and prioritised to form the basis of the a University Energy strategy that practically can support the developing Estates Strategy to 2040. The aim is to complete the workshop in June 2019.

7 Travel Plan and Car Park Management Strategy

7.1 A task and finish group has been set up to review the enforcement of car parking and the current permit system ahead of the review in 2020.

7.2 The Electric Vehicle charge points upgrade has been successfully completed and the new software well received by campus users.

8 Principle for Responsible Management in Education (PRME)

8.1 This is a United Nations Global Compact initiative in the School of Business and Economics and we are considering how this can be replicated across campus/aligned with other schools.

8.2 Other areas where collaboration is ongoing include:

- Design School - Tracy Ross & Val Mitchell
- CBE – Denis Loveday, Robby Soetanto, Kevin Lomas, Malcolm Cook, Mohamed Osmani, Bianca Howard, Simon Pomeroy
- Architecture – Rob Schmitt iii and Matyas Gutai
- ACME – Marcos Enoch
- SMART
- Social Sciences – Paul Wood, Jon Millett, Tom Matthews
- Art – Gillian Whiteley

9 Procurement

9.1 As waste volumes and recycling rates have not significantly altered in recent years we are now seeking more embedded ways of managing waste reduction, reuse and recycling. One such way is to tackle these issues with suppliers at the procurement stage and requires a greater involvement with the tender process, as a result we have now started working with all the procurement category managers to raise awareness of all elements of sustainable procurement, not just waste. This has meant we have been heavily involved in recent tenders for Sandwich supply, furniture, professional services and various maintenance contracts as well as tenders for our own hazardous and clinical waste and leading on a tender for general and recycling waste for ourselves and three other East Midlands Universities. We have also implemented our first procurement statement around the use of Sustainable Palm Oil.

Health, Safety and Environment Committee

Loughborough University

Paper Title: Accident data for reporting period between 1 January – 31 March 2019

Origin: Hugh Weaver, Deputy Health & Safety Manager **Date:** 5 June 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 5 June 2019. It's scope covers the reporting period; 1 January 2019 to 31 March 2019 and includes:-

- Incidents by location (April 2018 to March 2019), presented as a pareto graph.
- Incidents by location (Jan to March 2019 – reporting period, presented as a pareto graph.
- Incident type of incident (April 2018 to March 2019, presented as a pareto graph)
- Incident type of incident (Jan to March 2019 – reporting period, presented as a pareto graph)
- Incident rate 12 months to March 2019 (minus near misses and non-occupational sports injuries)
- RIDDOR incidents 12 months to March 2019 (Incidents per 1,000 staff/students/others.

General comments

The SHE Assure online reporting system continues to be refined and developed. SHE Assure have updated the module the University subscribes to, to include a new set of dashboards which will bring increased functionality to data presentation. This ad-on is called "Insights" and the system Administration team have training on it in June 2019.

The team of Administrators in the University Health and Safety Service (UH&SS have weekly meetings to look at the practical use of the system, to analyse response times for the processing of cases from the portal queue and to identify and iron out any problems. Whether that be internally or via SHE Assure technical support.

A decision has been made to create a KPI for the removal and processing of cases from the portal queue by Administrators. Each administrator dealing with cases attributable to their specialisms. Eg Fire alarm activations are dealt with by the Fire Officer and his deputy.

User training continues but the but most of these licenced individuals has been trained SHE trainers in courses paid for and organised by the UH&SS. Going forward, this training can be done by Administrators from the UH&SS supplemented when required by SHE.

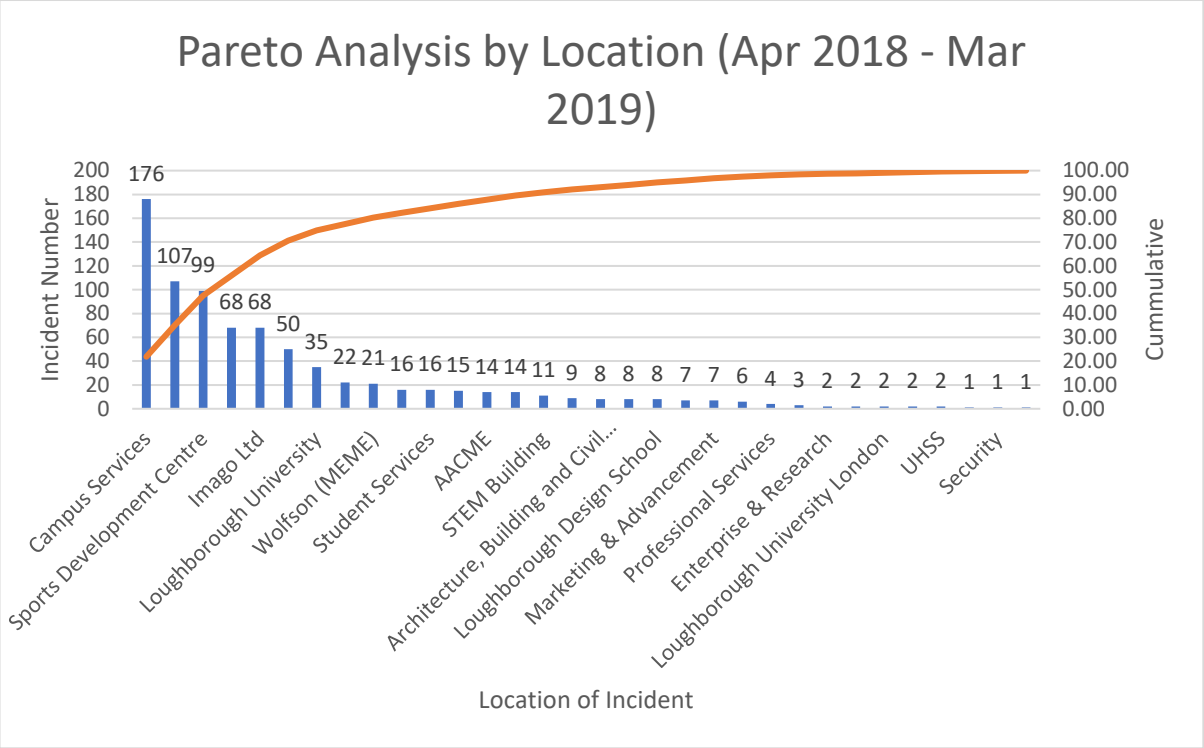
Specific matters to note

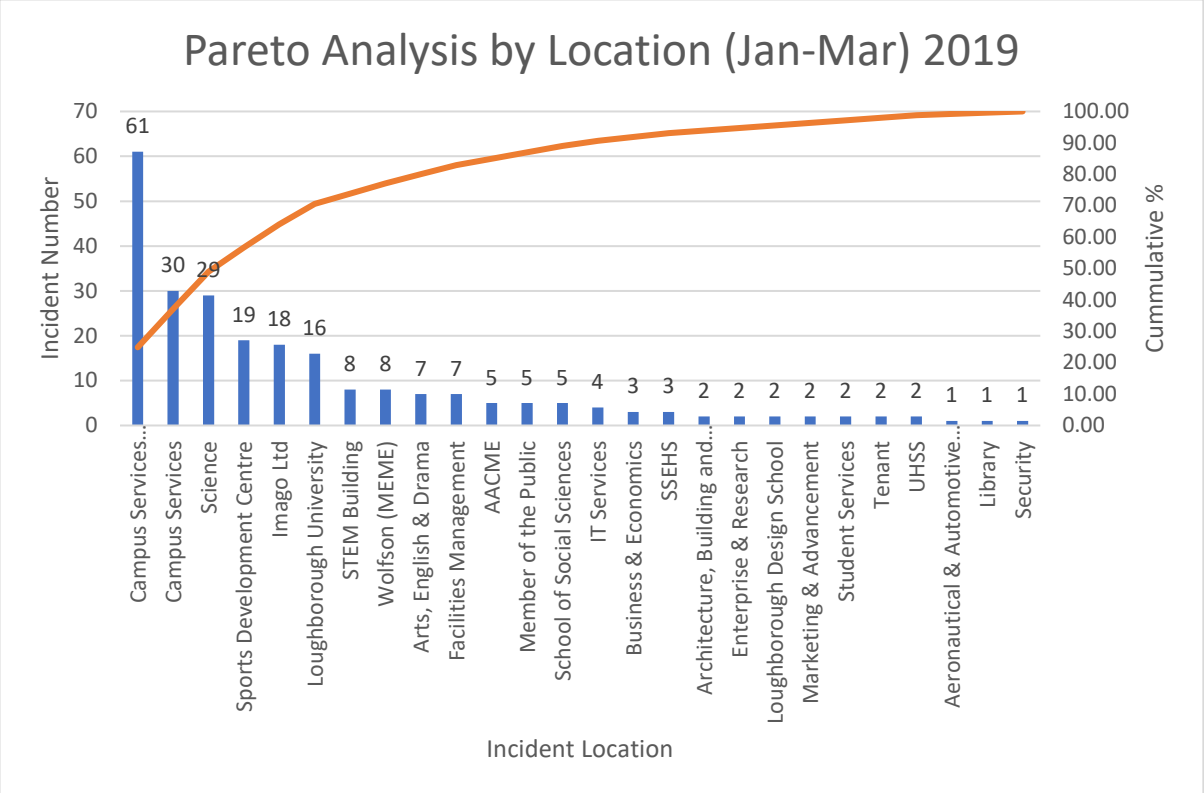
There were 2 RIDDOR reportable injuries during the reporting periods. One "Over 7 day" injury and one classified as member of public taken to hospital. Please note that students are defined under RIDDOR as "Members of the Public". Both cases were thoroughly investigated but neither constituted sufficient risk to require a serious incident review.

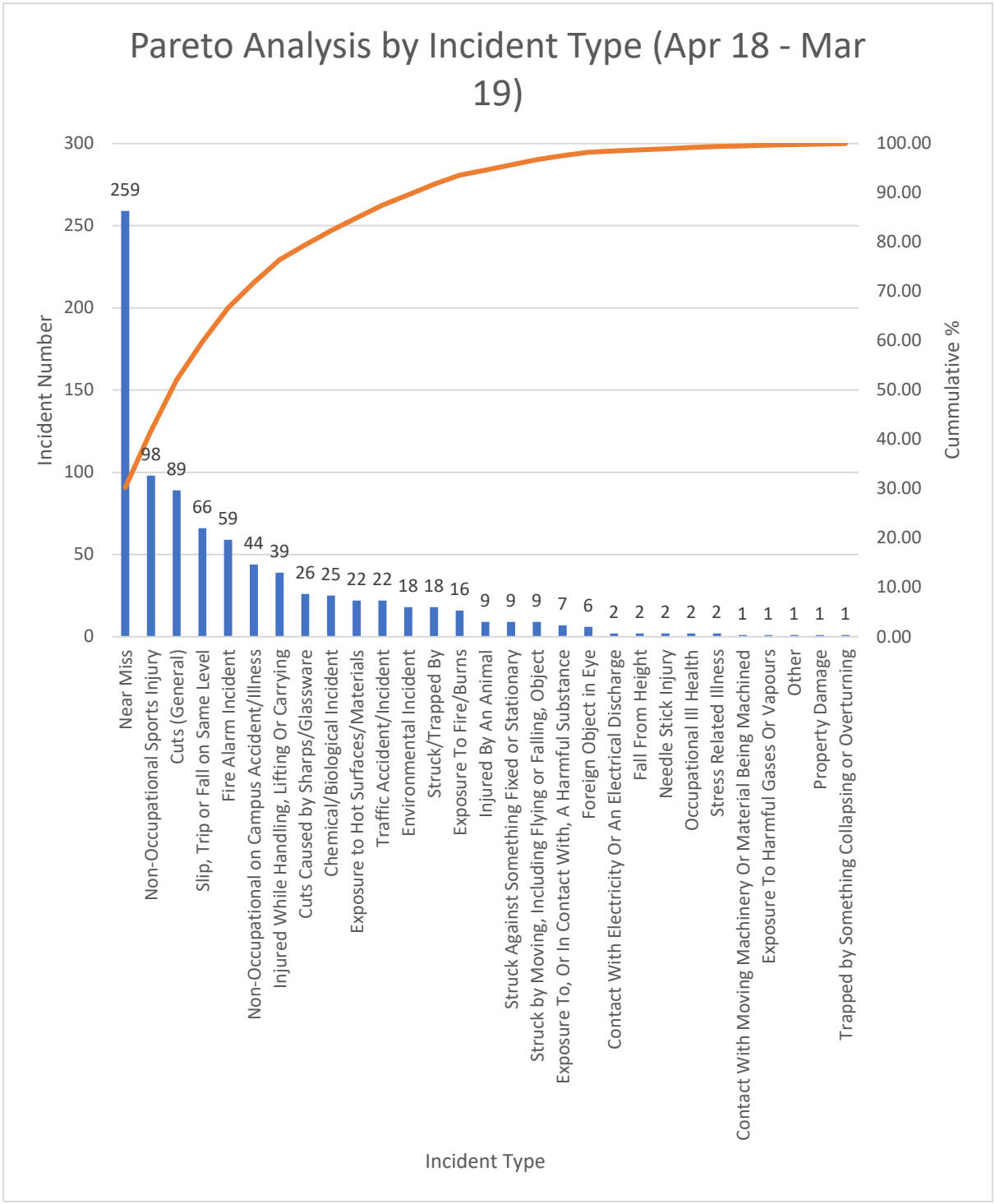
The total number of RIDDORS for the same reporting period in 2018 was zero, an increase therefore of two however, there appears to be no correlation between the statistics. The numbers being so small as to make statistical comparison misleading.

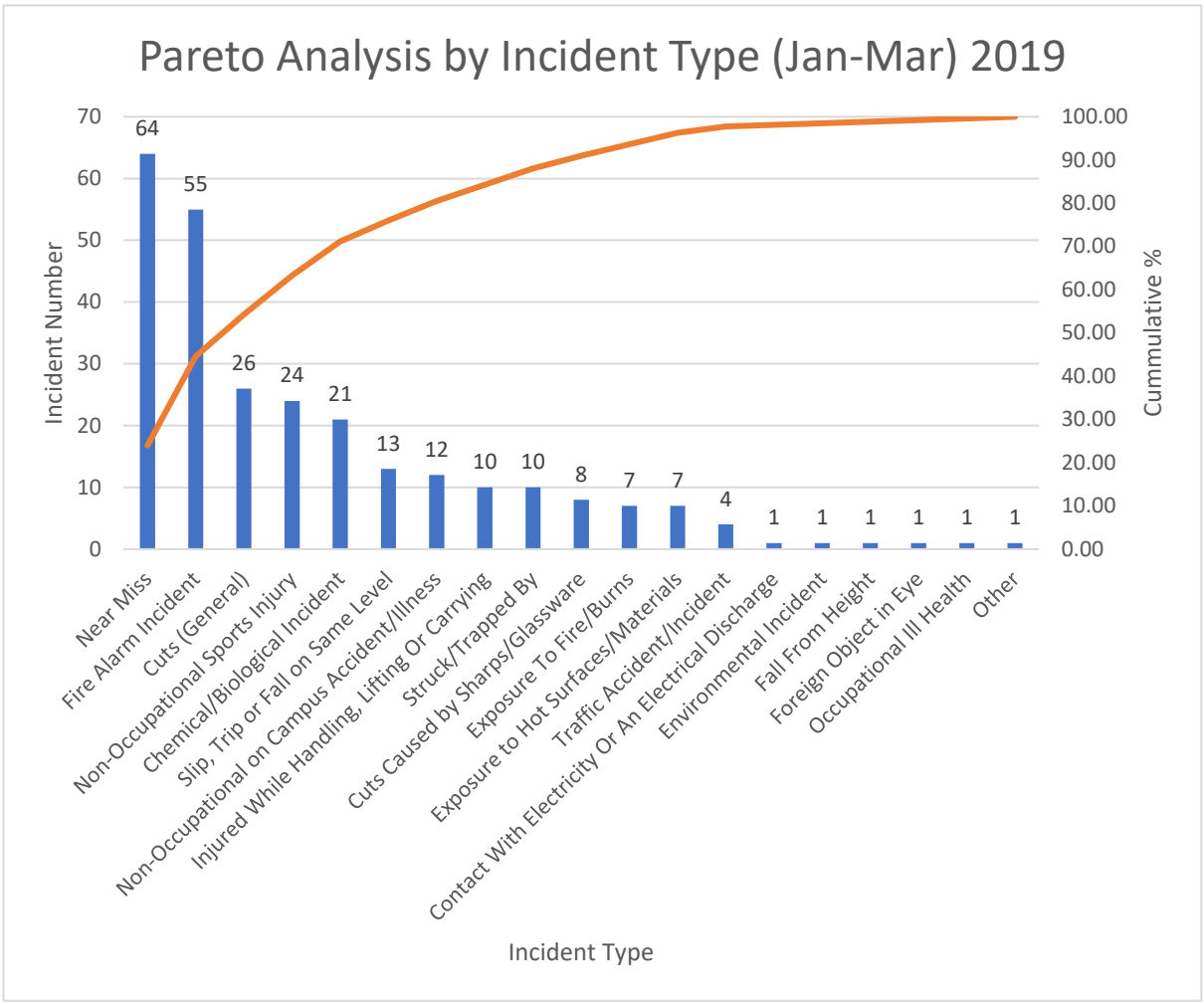
Neither of the RIDDOR reports has yet resulted in a claim for negligence against the University. Both incidents were treated as serious and were thoroughly investigated. A number of recommendations have been made and are being implemented.

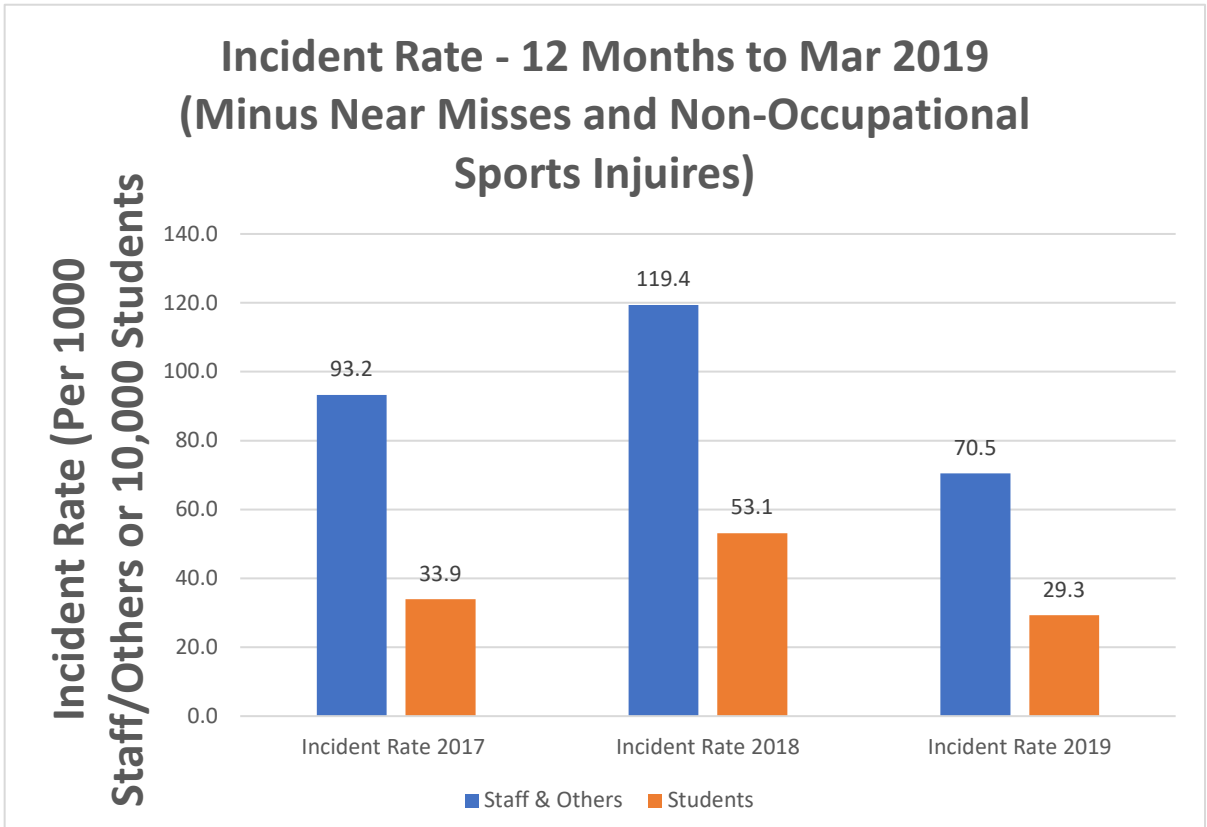
There were no formal Serious Incident Review's (SRI) during the reporting period.

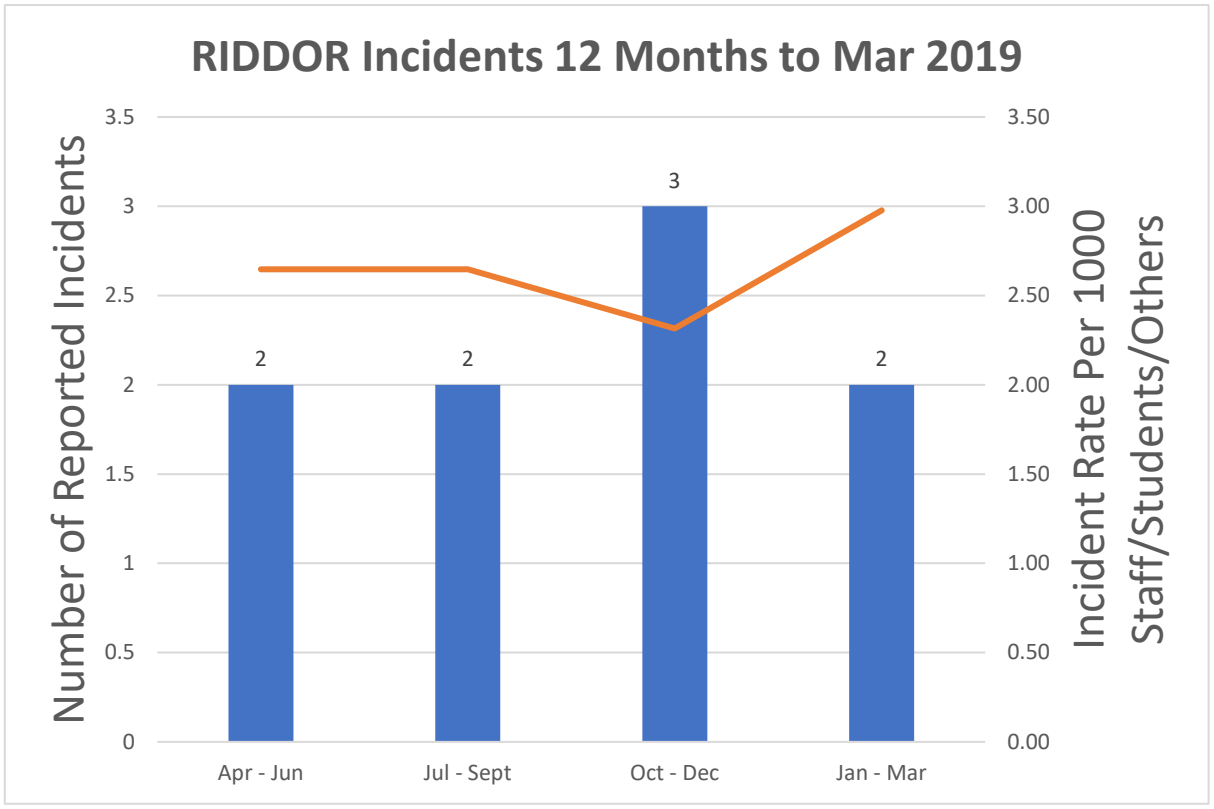





Pareto Analysis by Incident Type (Apr 18 - Mar 19)
Incident Number
Cummulative %
Incident Type
300
250
200
150
100
50
0
100.00
90.00
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
259
98
89
66
59
44
39
26
25
22
22
18
18
16
9
9
9
7
6
2
2
2
2
2
1
1
1
1
1
Near Miss
Non-Occupational Sports Injury
Cuts (General)
Slip, Trip or Fall on Same Level
Fire Alarm Incident
Non-Occupational on Campus Accident/Illness
Injured While Handling, Lifting Or Carrying
Cuts Caused by Sharps/Glassware
Chemical/Biological Incident
Exposure to Hot Surfaces/Materials
Traffic Accident/Incident
Environmental Incident
Struck/Trapped By
Exposure To Fire/Burns
Injured By An Animal
Struck Against Something Fixed or Stationary
Struck by Moving, Including Flying or Falling, Object
Exposure To, Or In Contact With, A Harmful Substance
Foreign Object in Eye
Contact With Electricity Or An Electrical Discharge
Fall From Height
Needle Stick Injury
Occupational Ill Health
Stress Related Illness
Contact With Moving Machinery Or Material Being Machined
Exposure To Harmful Gases Or Vapours
Other
Property Damage
Trapped by Something Collapsing or Overturning


Pareto Analysis by Incident Type (Jan-Mar) 2019
Incident Number
Cummulative %
Incident Type
64
55
26
24
21
13
12
10
10
8
7
7
4
1
1
1
1
1
1
Near Miss
Fire Alarm Incident
Cuts (General)
Non-Occupational Sports Injury
Chemical/Biological Incident
Slip, Trip or Fall on Same Level
Non-Occupational on Campus Accident/Illness
Injured While Handling, Lifting Or Carrying
Struck/Trapped By
Cuts Caused by Sharps/Glassware
Exposure To Fire/Burns
Exposure to Hot Surfaces/Materials
Traffic Accident/Incident
Contact With Electricity Or An Electrical Discharge
Environmental Incident
Fall From Height
Foreign Object in Eye
Occupational Ill Health
Other


Incident Rate - 12 Months to Mar 2019
(Minus Near Misses and Non-Occupational
Sports Injuires)
Incident Rate (Per 1000
Staff/Others or 10,000 Students
93.2
33.9
119.4
53.1
70.5
29.3
Incident Rate 2017
Incident Rate 2018
Incident Rate 2019
Staff & Others
Students


RIDDOR Incidents 12 Months to Mar 2019
Number of Reported Incidents
Incident Rate Per 1000 Staff/Students/Others
3.5
3
2.5
2
1.5
1
0.5
0
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
2
2
3
2
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar