General Health and Safety SOP

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1.0 Change History

Changes to this SOP are documented in **Appendix 1** of this document. When reading electronic copies of this document, you can click here to view the change history.

2.0 Background

2.1 The Principal and Chief Executive and Governing Body of South Eastern Regional College (SERC) accept their responsibility under regulation and legislation including the Health and Safety at Work Act 1974; the Management of Health & Safety at Work Regulations 1999; the Disability Discrimination Act 1995; the Regulatory Reform (Fire Safety) Order 2005; the Fire and Rescue Services (Northern Ireland) Order 2006; the Fire Safety Regulations (Northern Ireland) 2010 and the Health and Safety (First Aid) Regulations (Northern Ireland) 1982.

2.2 Although staff have day-to-day prime responsibility for safe working practices within the areas under their control, this does not preclude the responsibilities of all staff or students of their legal duties to safe working practices and a safe environment under the Health and Safety at Work (NI) Order 1978.

2.3 Staff and students have a duty to take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions at work. To this end, staff and students should correctly use all work items and procedures provided in accordance with their training and the instructions they receive. Individuals should also understand the implications of ignoring their responsibilities as laid out in the SERC Health and Safety Policy, which may lead to disciplinary or legal action being taken against them.

2.4 This SOP acknowledges the College's duties under the Special Educational Needs and Disability Order (SENDO) 2005 and the Disability Discrimination Act 1995 (DDA) and the Disability Discrimination (NI) Order 2006 (DDO). However, where there is a conflict between the need to make reasonable adjustments and the duty of care, then Health and Safety will be the priority.

3.0 Scope

3.1 The following procedural sections apply to SERC staff, students, visitors and contractors.

Section 4 Fire Evacuation

Section 5 First Aid

Section 6 Control of Substances Hazardous to Health (COSHH)

Section 7 Animals on Campus

Section 8 New and Expectant Mothers

3.2 In addition to the above, the following procedures are applicable to staff:

Section 9 Accident and Incident Reporting

Section 10 Notifiable Infectious Diseases

Section 11 Lone Workers

Section 12 Risk Assessment

Section 13 Health and Safety Audits

4.0 Fire Evacuation

4.1 Introduction

- This section sets out procedures for the safe and quick evacuation of all students, staff, contractors and visitors from the campus in the event of a fire evacuation, fire drill or

any other emergency. It also sets out the procedures for the development of Personal Emergency Evacuation Plans (PEEPs) to enable staff and students with disabilities to respond to an alarm and either leave the building or move to a designated place of safety within each building in an emergency without the direct intervention of the Fire and Rescue Service.

- All staff must be given a fire safety briefing as part of the induction process. Staff must also complete mandatory Fire Evacuation online training.
- All students must be given a fire safety briefing as part of the student induction process. All teaching staff must ensure that they have adequately covered fire evacuation procedures in their Health and Safety induction programme with students at the start of each term. For students who are confined to wheelchairs or have restricted movement, the lecturer must also provide a detailed personal emergency evacuation plan to each individual.
- Outside theatre companies, individuals or organisations who hire or carry out performances involving the general public in any of SERC's premises/auditorium must be issued with Fire Evacuation instructions on booking and prior to any performance taking place.
- All staff and students should be aware of the nearest fire escape route and any specialist Fire Evacuation Lifts (currently Downpatrick and Lisburn campuses only).
- Notices will be clearly displayed to inform all visitors of the evacuation procedures.
- This section is subdivided into:

  Roles

  Evacuation Procedure

  Personal Emergency Evacuation Procedures (PEEPS)

4.2 Roles Relating to Fire Evacuation

All staff:

- Staff (full time and part time) whose escape route takes them through Reception **must** take on the role of Fire Marshall (bib wearer) immediately.
- The first staff member arriving at reception will take on the role of Evacuation Co-ordinator, wearing the Orange bib contained in the Red Fire Box (**Appendix 2** for location in main campuses)

The Evacuation Co-ordinator (Orange bib wearer) should:

- Issue yellow bibs to staff members, designating them as Fire Marshalls.
- Issue Fire Marshalls with 'Walkie Talkie' communication devices from the Red Fire Box as deemed appropriate.
- Assign Fire Marshalls to duties – directing evacuees, manning Assembly Points, and ensuring no vehicles enter or leave car parks.
- Remain at the main door and direct all staff, students and visitors to the Assembly Points.
- Note the location of disabled students/staff/visitors, informing the emergency services as soon as possible.
- Make arrangements to have those individuals who are located at refuge points removed to the nearest fire assembly/safe point using evacuation chairs or fire evacuation lifts

(available in Lisburn and Downpatrick campuses only) please note, only those suitably trained in their use shall perform this operation.

- Time the procedure and record this and any other comments in the Fire Evacuation Report Form stored within the Red Fire Box located at reception. Please note: Only one report form is required, and this is to be completed by the Orange Bib Wearer on duty.

〉 Senior Management should approach reception and offer assistance if required.

〉 There should be adequate Fire Marshalls (staff members wearing yellow bibs) to move evacuees safely away from the building to the Assembly Points, ensure that each Assembly Point is manned to check with lecturers that all students in their charge are safely accounted for; and to help prevent cars entering or leaving the car parks.

〉 In the event of a fault or false alarm, a member of College Management Team or Campus Management Team or other designated College staff (following liaison with the caretakers and NIFRS, if in attendance) will declare the building safe to re-enter.

〉 On completion of the Fire Evacuation, those staff Fire Marshalls (yellow bib wearers) directly involved in co-ordinating the evacuation of the building MUST report immediately any concerns or health and safety issues they may have observed during the evacuation to the Orange Bib wearer. The Orange Bib wearer will then complete the appropriate “Fire Report”, found in the Red Fire Box or alternatively on the Health and Safety Team site in the Forms and Templates folder. On completion, the “Fire Report” must be forwarded to the SHEQ Compliance Officer

Class Lecturer Role

〉 When in class or in charge of students, staff must evacuate rooms as quickly as possible, closing the door behind them (NOT locking them), escorting their students to the nearest Assembly Point and remaining there until further notice.

〉 Class Lecturers must ensure that any Personal Emergency Evacuation Plans (see section 4.4 re PEEPs) held by disabled students are implemented. Any disabled student not having a PEEP must be assisted down stairwells (where possible) and escorted to the nearest Assembly Point. If this is not possible, an EVAC chair or fire evacuation lift should be used if trained to do so. SERC Staff members have been trained in the use of evacuation chairs and will be available to assist during an evacuation of the building. In the event of an evacuation chair not being available, they should be escorted to a fire-protected zone between two fire doors which is clearly marked as a Refuge Point and has a communication system linked to reception.

〉 Staff/carers must report such cases and the locations to the Evacuation Co-ordinator (red bib wearer) in reception. Class Lecturers must be able to account for all class members.

Reception Staff Role

〉 Reception staff should direct other staff to the Red Fire Box in reception, which contains Fire Marshall bibs and required and Walkie Talkie devices. If safe to do so, they should remain at the telephone switchboard until the alarm company calls, when they should inform them of a false alarm or a genuine emergency (as informed by caretakers) before evacuating the building.

Caretaker Role

〉 Caretakers should scrutinise the main fire panel and establish the location and reason for the activation of the alarm (break glass or smoke detector activation). They should investigate if the alarm is a genuine emergency or a false alarm (In line with the "new" Northern Ireland Fire and Rescue Service Fire Monitoring Code) before advising the Evacuation Co-ordinator (Orange bib wearer) and Reception Staff. If required, a telephone call should be made to the appropriate emergency services. (please note, it is important that contact is made with the monitoring centre to confirm if there is an "actual fire.") Before evacuating the building themselves, the caretakers may act as Fire Marshalls and sweep the building, (only if it is safe to do so), to ensure that it is clear. They must never endanger themselves or put their own lives at risk whilst sweeping the building.

〉 Once the building has been evacuated, available caretakers can assist yellow bib wearers to ensure that no vehicles either leave or enter the car parks and that roadways are kept clear.

〉 In the event of a planned fire drill, the caretakers may, on occasion, sweep each floor to ensure all occupants have left the building and all rooms have been left unlocked. Any evidence of occupants 'straggling' or not vacating rooms should be reported to the Evacuation Co-ordinator (Orange bib wearer).

〉 Caretaking staff should reactivate the fire alarm panel on completion of the fire drill/evacuation.

Northern Ireland Fire and Rescue Service Role

〉 In the event of a fire, the Northern Ireland Fire and Rescue Service (NIFRS) will be responsible for tackling the fire and declaring the building safe to re-enter.

SHEQ Compliance Officer

〉 The SHEQ Compliance Officer will have the responsibility for evaluating the fire evacuation of the building from the Fire Report submitted by the Orange Bib wearer. The SHEQ Compliance may introduce corrective measures to ensure that the Fire Evacuation procedures are updated and effective.

4.3 Evacuation Procedure

- Anyone discovering a fire must raise the alarm using the nearest Break Glass call point which will activate the building's main fire alarm. This will trigger the fire alarm and may also alert the NI Fire and Rescue Service (NIFRS). Only if the fire is deemed manageable, should it be tackled using the appropriate fire extinguisher. Only trained and competent personnel should use fire extinguishers. Individuals should never put themselves or others in a position of danger as a result of attempting to extinguish a fire. If there is any doubt, the fire should be left for the NI Fire and Rescue Service (NIFRS) to deal with.

- When the alarm sounds (continuous tone of the siren or bell) ALWAYS treat it as a genuine emergency and follow these procedures to evacuate the building immediately: on hearing the alarm, everyone should evacuate the building by the nearest fire escape exit and proceed to the nearest Assembly Point. Please note: The Fire Alarm "tone" may differ from campus to campus. **Appendix 3** Locations of Assembly Points will be displayed throughout the buildings.
- DO NOT LOCK DOORS to classrooms, stores or offices on evacuation.
- LIFTS MUST NOT BE USED apart from those specifically designed and installed as 'Fire Evacuation Lifts' to assist people with disabilities. (A number of specialised 'Fire Evacuation Lifts' are currently installed at Lisburn and Downpatrick Campuses). Please note, staff should familiarise themselves of the location of Fire Evacuation Lifts and include this as part of any induction programme.
- Class lecturers must evacuate the room as quickly as possible, **closing** the door behind them, escorting their students to the nearest Assembly Point and remaining there until further notice.
- Class Lecturers must ensure that any Personal Emergency Evacuation Plans (see Section 5 re PEEPs) held by disabled students are implemented. Any disabled student not having a PEEP must be assisted down stairwells (where possible) and escorted to the nearest Assembly Point. If this is not possible, an EVAC evacuation chair should be used. SERC Staff members have been trained in the use of evacuation chairs and will be available to assist during an evacuation of the building. In the event of an EVAC chair not being available, they should be escorted to a fire-protected zone between two fire doors which is clearly marked as a Refuge Point and has a communication system linked to reception. Arrangements should then be made to have individuals removed by the Red bib wearer.
- Staff/carers must report such cases to the Evacuation Co-ordinator (red bib wearer) in reception. Class Lecturers must be able to account for all class members.
- All instructions given by Fire Marshalls (wearing orange or yellow bibs) must be followed.
- Any student out of the classroom when the alarm sounds should proceed directly to the nearest exit and join their class outside the building and register their attendance to the Class Lecturer at the Assembly Point.
- All other staff, students, contractors and visitors must proceed to the nearest Assembly Point and remain there until further notice. No-one must leave the Assembly points during an evacuation, either by foot or by vehicle, as this will make accountability very difficult and create problems for emergency services vehicles arriving at the campus.
- NEVER RE-ENTER BUILDINGS for any reason until advised to do so.

4.4 Personal Emergency Evacuation Plans (PEEPS)

Purpose

- The purpose of a PEEP is to ensure that documented procedures are in place to ensure that staff, students, and visitors can safely evacuate a building in the event of an emergency, without the need for assistance from emergency services.

- A Personal Emergency Evacuation Plan (PEEP) is a means by which arrangements are made to ensure that an individual's physical or mental abilities or other circumstances do not prevent their safe emergency evacuation.

Who requires a PEEP?

- A PEEP is required for any staff member, student, or regular visitor with a disability (including those with temporary health problems such as a broken leg), who need assistance to safely exit one of the Campus Buildings in the event of any emergency (e.g. fire or security alert).
- It should **not** be assumed that because a person has a disability that they will need or ask for a PEEP. Many may not be aware that a PEEP is required. Of those who do know about the PEEP, some will be confident that they can get out of the building unaided. It should be highlighted that people with "hidden impairments" such as a heart condition or epilepsy may also require assistance in an emergency situation.
- All staff and students (Buddies) who could be expected to aid the evacuation of a disabled person should receive a copy of the relevant PEEP.
- The Learner Welfare and Campus Manager (Lisburn) will provide support to all Teaching and Learning Staff who have responsibility for creating a PEEP, and/or and Emergency Evacuation Assessment for their Learners.

Contents of a PEEP

- The PEEP will detail the method of assistance, any equipment required, evacuation procedures and routes to be taken to ensure the safe evacuation of a person with a disability out of any of the College's Campuses.
- The PEEP is a personal plan so it must be drawn up with the active participation of the person concerned. It explains the method of evacuation to be used by the disabled person in each area of a building, recording the safety plan e.g. routes, corridors, stairs or refuges etc., identify those persons who will assist (if required) and any training or practice required.

4.4.1 Responsibilities and Procedures for the Completion of PEEPs

Staff or Students with a permanent or temporary disability

- Will be asked to inform the College at the earliest opportunity if they need assistance in an emergency and be involved in discussions about how their needs will be met.
- Will actively participate in all discussions regarding how they Emergency Evacuation requirements are met.
- Will become familiar with and follow all agreed procedures outlined within their PEEP.
- Will become familiar with the layout of the particular College Campus they are based on, including the location of all refuge points, emergency exits, and fire assembly points.

Heads of School/Department/Unit (HOSDU)

- Are responsible for ensuring the completion of required PEEPs for both their students and staff (by the relevant Class Lecturer and Line Manager respectively).
- However, if the HOSDU believes there is any other student or member of staff who may need a PEEP, they must ensure this is properly assessed.

Course Co-ordinators, alongside Class Lecturers (full and part time)

- Have sole responsibility for carrying out Emergency Evacuation Assessments.

- Are required to develop a PEEP for all disabled students as informed by Learning Support. However, if the Class Lecturer believes there is any other student who may need a PEEP, the same action should be taken immediately and Learning Support informed.
- The Learner Welfare and Campus Manager (Lisburn) will assist Course Coordinators in reviewing PEEP's on a regular basis.
- On becoming aware of any student with a temporary or permanent disability which may affect their ability to evacuate SERC premises in an emergency, the Course Co-ordinator (or nominated Class Tutor):
    - Should, with input from the student, complete the Emergency Evacuation Assessment (Student) form which is located in the 'Forms' section of the Health and Safety Team Site **(Appendix 4).** This will establish if the student has any particular needs to enable safe evacuation from SERC premises.
    - If a particular need is identified, the Course Co-ordinator (or their nominated Class Lecturer) must develop a Personal Emergency Evacuation Plan with the student, using the Student PEEP form located in the 'Forms' section of the Health and Safety Team site **(Appendix 5).** There is also an online form on the LSIS System that can be accessed to complete the PEEP.
    - The Course Co-ordinator will provide a copy of the PEEP to:
        - the student
        - any 'Buddy' assigned to the student
        - all the student's class lecturers
        - learning Support
        - all persons designated to assist in executing the evacuation plan
- The PEEP must be reviewed on an annual basis (at least) and/or when any significant changes occur (to the building or student).

Learning Support

- Is responsible for ensuring that the HOS/DHOS/CM and/or Class Lecturer is informed of any student who has declared a disability and/or indicated the need for a PEEP.
- Will maintain appropriate records on the student's Individual Education Plan, and where a member of SERC Leaning Support staff is assigned to look after a particular student on a permanent basis, they will assist the course team to carry out the Emergency Evacuation Assessment (and PEEP if required).

Human Resources

- Will inform the HOS/HOD/HOU and Line Manager of any staff member who has declared a disability and/or given notification of the need for a PEEP.
- Will arrange any occupational health assessments to provide advice about any medical actions required to enable a PEEP to be put in place, advise the Staff Member's Line Manager of any employment issues should there be a conflict of opinion about reasonable adjustments.
- They will maintain appropriate records on the staff member's personal file.

Line Managers

- Are responsible for carrying out Emergency Evacuation Assessments, and, if required, developing a PEEP for individual staff members, as informed by Human Resources.
- However, if the Line Manager believes there is any other member of staff who may need a PEEP, the same action should be taken and Human Resources informed.
- On becoming aware of any staff member with a temporary or permanent disability which may affect their ability to evacuate SERC premises in an emergency, the Line Manager should:
    - complete the Emergency Evacuation Assessment (Staff) form located in the 'Forms' section of the Health and Safety Team Site **(Appendix 4).** This will establish if the member of staff has any particular needs to enable safe evacuation from SERC premises.
    - If a particular need is identified, the Line Manager must develop a Personal Emergency Evacuation Plan with the member of staff using the Staff PEEP form located in the 'Forms' section of the Health and Safety Team site **(Appendix 5).**
    - The Line Manager will provide a copy of the PEEP to:
        - The employee
        - Human Resources
        - All persons designated to assist in executing the evacuation plan
- The PEEP must be reviewed on an annual basis (at least) and/or when any significant changes occur (to the building or employee).

The Estates, Facilities and Health & Safety Department

- Will, on request, provide specialist advice and arrange staff training in relation to evacuation procedures and completing a PEEP.
- Will advise on fire protection, detection and alarm systems for each Campus Building.
- Can advise on building issues and investigate, where reasonably practicable, the modification of a building where requested (although the design of some buildings may preclude this option) and to arrange for authorised works to be carried out as instructed.
- Is responsible for informing the HOS/HOD/HOU if there is any work that will affect the disabled person's ability to exit a building in an emergency.
- Will also ensure that individual PEEP arrangements are incorporated into the Fire Risk Assessments and that refuge areas are identified and clearly marked as part of the building Fire Risk Assessment.

5.0 First Aid

5.1 SERC'S Duty

SERC has a duty to provide first aid arrangements by:

- Ensuring there is adequate and appropriate equipment and facilities to provide first-aid to staff, students and visitors who become injured or ill; and

- ensuring that there are a sufficient number of 'suitable persons' able to administer first-aid to staff, students and visitors who become injured or ill.

SERC also has a statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 and will follow the College's Standard Operating Procedure for reporting accidents.

5.2 First Aid

First-aid given promptly and effectively can save lives; often it can assist in the prevention of minor injuries deteriorating into serious injuries. In many incidents or accidents, it is the only treatment necessary.

First aid means:

- The initial assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor or other qualified person, to preserve life, prevent worsening and promote recovery.
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

5.3 Assessment of Need

The regulations do not lay down precise numbers of first aiders required. To ensure the availability of appropriate first aid provision, the SHEQ Compliance Officer, assisted by the Head Estates, Facilities and Health & Safety, in conjunction with the Head of Human Resources and Learning Academy, will conduct an assessment of need for first aid requirements on every campus. This assessment will be conducted in accordance with the guidance published by the Health and Safety Executive (HSE) and will ensure that appropriate first aid personnel and equipment are available to give immediate attention to an employee, student or visitor suffering from common injuries and illness and those likely to arise from specific hazards on campus.

In assessing first aid need, the following will be taken into account:

- specific hazards or risks, both on and off site (e.g. educational visits)
- numbers of staff and students
- staff or students with special health needs or disabilities
- whether they are on split sites and/or levels
- their location(s)
- accident statistics
- remote or lone staff and those working out of hours
- adequate provision in practical subjects, such as PE and science
- absences of First Aiders or the appointed person

A Rota of first aiders will be listed on the college intranet – Emergency Contacts – First Aiders.

5.4 College First Aiders

Recruitment and Training

- As the need arises, the College will seek and register expressions of interest from staff who are interested in becoming First Aiders. Staff selected from this register will undertake accredited training and gain a First Aid at Work certificate (from an organisation approved by the Health and Safety Executive) before they can be

appointed as a College First Aider. Some College First Aiders will require particular first aid training if their work area or activity has specific hazards.

- The selection of College First Aiders should take into consideration the individual's ability to learn new skills, their communication skills, their availability and their capacity to cope with stressful and physically demanding emergency procedures. They should be reliable and able to go rapidly and immediately to an emergency. First Aid recruits should also be aware that their name will be added to a Campus Rota stating their availability at certain times. Non-compliance with this arrangement may result in removal from First Aider list and withdrawal of remuneration.
- When appointed as a College First Aider, a small payment is made on a monthly basis. First Aid at Work certificates are valid for 3 years and must be refreshed and renewed before expiry for staff to continue as College First Aiders.
- By becoming a qualified SERC First Aider, you have agreed that your name can and will be added to the campus rota and you are consenting to make yourself available on an agreed day and time. (Morning or afternoon session)
- It is the First Aider's responsibility to be "on-campus" when they are listed on the rota. There are no exceptions to this rule.
- In addition to the above mentioned First Aiders the college will also provide emergency First Aid response training to all SERC Duty Managers who can also be called upon to offer practical guidance and support in the absence of the regular SERC first aiders.
- SERC will provide opportunity for all College First Aiders to update qualifications on a regular basis and may offer additional training such as epilepsy, anaphylaxis and Epi-Pen, defibrillators etc.

Duties of College First Aiders

The duties and responsibilities of College First Aiders is set out in **Appendix 6**. In addition to being aware of their duties, all College First Aiders should be familiar with the following:

- Location of their designated first aid kit as well as the location and facilities of any First Aid room on their base campus.
- Procedure for calling an ambulance.
- Guidance on Infection Control HSE and infections at work
- Guidance of personal protection against blood borne infections in the workplace **(Appendix 7)** as well as http://www.hse.gov.uk/pubns/indg342.htm
- Accident/Incident and First Aid Administered reporting procedures.
- Procedure for obtaining replacement first aid materials.
- Their current listing and timing on the college First Aid Rota.

Campus Managers and Duty Managers

The College provide an Emergency First Aid at Work course to Campus and Duty Managers to compliment First Aid cover, especially during evening opening.

Insurance

All fully trained, in certificate, College First Aiders will be covered by SERC's Public Liability/Indemnity Insurance whilst administering first aid. However, First Aiders must ensure that their certificate is current and that they operate within the scope of their training and standard operational procedures for the delivery of First Aid at Work.

First Aid Materials, Equipment and Facilities

As a minimum, there should be a fully stocked first aid kit for each site, as per HSENI guidance.

The content and selection of first aid kits may vary in circumstances where the assessment of first aid need indicates that this is appropriate (e.g. an alternate container for use in offsite activities).

College First Aiders will be issued bespoke first aid kits by the SHEQ Compliance Officer. Records will be kept of all kits issued. It is the responsibility of the First Aider to replenish / replace consumables as required.

In areas such as workshops and laboratories, at least one litre of sterile water in a sealed disposable container should be provided for eye irrigation. These and eye wash bottles must be replaced immediately the seal is broken or when the expiry date is exceeded.

A first aid kit must be carried on each College minibus.

During the First Aid need assessment at each Campus, consideration will be given to the provision of Automated External Defibrillators (AED) and the training of relevant First Aiders in their use. All College First Aiders should be acquainted with access to the list of appropriately trained AED users should an incident arise. Training in the use of AEDs will be carried out in accordance with the latest guidelines from the UK Resuscitation Council. Please note: All college First Aiders should make themselves aware of the location of their nearest defibrillator. A complete list is available on the H&S team Site. A link is available below.

The SHEQ Compliance Officer will be responsible for ensuring all college First Aid boxes are fully stocked with up-to-date consumables.

The SHEQ Compliance Officer will be responsible for all Automated External Defibrillators and to ensure these are fully serviced and are fully stocked with up-to-date consumables.

https://serc2.sharepoint.com/sites/na/has/Pages/First-Aiders.aspx

5.5 In the Event of Injury or Sudden Illness

- **Call for Assistance.**
- If a staff member, student or visitor to the College suffers an injury or sudden illness, assistance should be sought by the nearest staff member or responsible person.
- If it appears to be a life-threatening or serious emergency, call an ambulance immediately by dialling 999. Remain on the telephone and follow any pre-arrival medical advice in advance of the ambulance arriving, while also summoning a College First Aider. The College First Aider should remain with the casualty until an ambulance crew take over responsibility.
- Send someone to alert campus caretakers or facilities management to enable easy access to the campus and assist with locating the incident area.

A list of current College First Aiders is available online on the Health and Safety Team site. First Aid posters situated at various locations on all campuses have a QR code that will link to the campus first aid rota.

If no College First Aider is on the premises when required, any Senior Manager or Director coming into contact with an emergency situation must assume control of an accident or illness situation and summon assistance e.g. an ambulance where necessary. However, they must not administer any First Aid unless they have been specifically trained to do so.

Administrating First Aid

- Only College First Aiders and suitably trained Duty Managers are allowed to give first aid and they must only give the first aid treatment for which they have been trained.
- Following initial assessment, the College First Aider should take appropriate action and administer first aid as trained.
- If the casualty needs hospital attention, the College First Aider should contact Ambulance Control by dialling 999 and follow any pre-arrival medical advice in advance of the ambulance arriving. The College First Aider should remain with the casualty until an ambulance crew take over responsibility.
- If the injury is minor and doesn't require an ambulance, the College First Aider may administer initial first aid and advise the casualty to attend the nearest hospital A&E department or to visit their GP.
- The College First Aider may treat minor injuries which do not need treatment by a medical practitioner or nurse, or which would otherwise receive no treatment.

Transport to Hospital, GP or Home

- Casualties should not be transported to hospital, their GP or home by staff, students or visitors in their own vehicles. Where an ambulance is not required, a taxi should be arranged through Campus reception staff. The cost will be covered/reimbursed by the College.
- College First Aiders are not expected to accompany a casualty to hospital, their GP or home.

Initial Notification and Reporting

- In the event of a more serious injury or illness, the casualty's emergency contact or parent/guardian should be notified without delay. The College First Aider should liaise with Human Resources in relation to staff members or with Learning Support in relation to students.
- ALL serious injuries and illnesses **MUST** be reported immediately to the SHEQ Compliance Officer in the first instance or Head of Estates, Facilities and Health & Safety in their absence.
- Having dealt with the situation at hand, the attending College First Aider MUST record details of all First Aid given on the official First Aid Administered form on the College's Health and Safety team site.
- It is essential that the lecturer complete the Accident or Incident Form in full, gathering witness statements where appropriate. The form must be completed by the lecturer/tutor/witness to accident. Information contained on completed forms is essential in establishing the immediate and underlying cause(s) of the accident or incident and allowing corrective or preventative action to be taken by the College to reduce risk of recurrence. Information contained on the form may be required by the College insurers.

Follow up Action

- If required under the RIDDOR Regulations, the SHEQ Compliance Officer, after consulting the Head of Estates, Facilities and Health & Safety, will use the information contained in online report forms to immediately notify the HSE.
- The SHEQ Compliance Officer will immediately forward reports of serious accidents or incidents to the Head of Estates, Facilities and Health & Safety who will advise the

College Management Team (CMT), making them aware of any legal or other implications and any proposed corrective action. Before corrective action is taken, CMT approval must be obtained.

- The SHEQ Compliance Officer will monitor accidents and incidents, complete investigations, maintain records and carry out statistical analysis and advise the Head of Estates, Facilities and Health & Safety of same.
- Principal Lecturers will monitor accidents and incidents, complete investigations, maintain records and carry out statistical analysis into their own curriculum areas. They will liaise with the SHEQ Compliance Officer who will advise the Head of Estates, Facilities and Health & Safety and provide timely updates of same.
- The Head of Estates, Facilities and Health & Safety in conjunction with the SHEQ Compliance Officer, will monitor overall college accident and incidents statistics and investigations and report these to CMT.
- Online accident or incident report forms will also be used as the basis for any further investigation by the College. The seriousness of an accident or incident will determine the level of investigation required. In many cases, the official report form will contain sufficient information as to constitute an investigation; in other cases, a more thorough investigation may be required to determine if non-compliance to SERC Health and Safety Policy. This decision will be made by Head of Estates, Facilities and Health & Safety in conjunction with SHEQ Compliance Officer.

5.6 Public Relations

- In the event of a serious incident, only authorised personnel can deal with the press on behalf of the College. This includes sending out any form of information, pictures or press releases.
- In line with college procedures, the Head of Estates, Facilities and Health & Safety will notify CMT of any sensitive internal or external communications which may impact on PR and will assist in planning for any proactive or reactive information for the media.
- The Principal and Chief Executive will normally act as the spokesperson for SERC. Only members of CMT or staff authorised and briefed by the Deputy Principal Planning, Performance and Engagement may also act as spokespersons for the College. Any member of staff authorised to talk to the media must discuss the content with the Communications and Marketing Department.
- All media queries should be sent directly to the Deputy Principal Planning, Performance and Engagement.

6.0 Control of Substances Hazardous to Health (COSSH)

6.1 Scope and Regulation

- These procedures apply to all SERC staff and students and relate to all aspects of college activity which are liable to expose staff, students or others to substances hazardous to health.
- Substances which are hazardous to health are regulated by the Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (COSHH); there are specific regulations which deal with asbestos, lead and ionising radiation. It is also vital that individuals are familiar with the labelling of chemicals classified in Northern Ireland Protocol, EU CLIP Regulation EC No.1272/2008. A substance is hazardous if it has the potential to cause harm, it only becomes a risk if it is used in such a way as to actually cause that harm.

- Reference should be made to The Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 and associated Codes of Practice EH40/2005 for more information.

6.2 Requirements

Activities which may expose staff, students or others to substances hazardous to health should not be carried out unless a current risk assessment to comply with COSHH regulations has been made.

No one should handle any equipment or substance unless they have been authorised and trained to do so.

Students should **NOT** be allowed to handle hazardous substances unless they are assessed to have the necessary maturity and competence and are adequately supervised.

Heads of School/Unit should ensure that, where relevant, their staff are adequately trained in COSHH Regulations, associated Approved Code of Practice and related guidance. On identifying a staff Health & Safety training need, Heads of School/Unit should contact the SHEQ Compliance Officer.

Staff members should not transport or move chemicals between campuses in their own vehicles or should not ask Estates members of staff/caretakers to assist them using SERC minibus. A specialist company should be contacted.

Authorised staff and students must be trained in the safe handling and use of hazardous substances and know the location of COSHH Material Safety Data Sheets. This training must be recorded.

Any workshop or room in which hazardous substances are stored or handled must contain a working COSHH Register which:

- Contains an indexed list of separate loose Materials Safety Data Sheets (MSDS) for all hazardous substances (in a ring-binder type file which allows loose sheets to be easily removed and replaced as necessary to ensure the register is up to date at all times).
- Is kept up to date by the allocated member of staff.
- Is prominently located in the room.
- ALL users (including students) of the workshop or room must be fully aware of the location of the COSHH Register and its relevance.

MSDS information (including handling and storage instructions) and control measures for harmful substances must be complied with in addition to the procedures set out below.

6.3 Risk Assessment

COSHH Assessors

Trained staff deemed to be competent will be SERC COSHH Risk Assessors with an understanding of:

- The hazards of the substances in use;
- the processes in which the substance is used and its required control measures;
- the College COSHH Risk Assessment form **(Appendix 8)**.
- their own personal limitations and the point at which further help is required; and

- their responsibility to inform and alert the relevant staff members if a problem or situation occurs i.e. Head of School/Department/Unit in the first instance.
- In curriculum areas, Principal Lecturers will be deemed to be COSHH Risk Assessors or appoint COSHH Risk Assessors as appropriate.

COSHH Risk Assessments

- SERC COSHH Risk Assessors (Assessors) will be given sufficient time and resources to complete the COSHH assessments and ensure that the COSHH Register is up to date, correctly formatted and prominently located in a convenient and accessible location, readily available for reference and inspection.
- Safety Data Sheets (SDS) should be obtained for each product used in the College. This must be used by the Assessor to complete a COSHH risk assessment using the form at Appendix 1 and any required action should be carried out. The assessment should take into account any control measures in place before the risk is rated.
- The Head of Schools/Department/Unit and external consultants (if deemed necessary) will provide back-up support to Assessors as necessary.
- Assessors should ensure that the people using the substances are informed of the outcome of the assessments.
- The Line Manager must ensure that any follow-up action is carried out.
- The Heads of School/Department/Unit should ensure that any required review is carried out as necessary.
- The Head of School/Department/Unit should be given a list of any obsolete, out of date or unwanted substances and what arrangements have been made to dispose of these in accordance with the manufacturers' guidelines and ensuring compliance with the Controlled Waste and Duty of Care Regulations (Northern Ireland) 2013.
- Anyone using hazardous substances should be notified of the findings of the COSHH assessment. The Heads of School/Department/Unit must ensure that this takes place.
- All new substances should be COSHH risk assessed.
- COSHH assessments shall be reviewed annually or on the introduction of new substances, a change in the working environment or if the assessment is no longer valid.
- Where necessary, health surveillance should be introduced, this should be clearly identified on the COSHH assessment and Head of School/Department/Unit should maintain a register of people within their faculty who require health surveillance.
- The SHEQ Compliance Officer, in co-operation with the Head of School/Department/Unit and / or appropriate Principal Lecturer, will inspect / audit COSHH Risk Assessments and subsequent operational arrangements as required. SERC Health and Safety Union representatives can avail of such inspections / audits as requested.

6.4 Procedure

- Always refer to the COSHH register before using any substance or product, and follow the procedures set out in the relevant Safety Data Sheets (~~M~~SDS).
- Store products securely as instructed in the SDS, away from the main work area in a COSHH cabinet. Don’t store more than is needed.

- Don't store more than a total of 50 litres of flammable liquid indoors. Use a flammables store.
- Only use products for purposes for which they are designed.
- Always read and follow the instructions on the product label carefully. Replace caps on containers immediately. Never decant substances into an unlabelled container.
- Look for signs of leaks, wear and damage. If you find any problems, tell your line manager or tutor immediately. Do not just carry on working.
- The appropriate Personal Protective Equipment (PPE) must be worn as per the COSHH risk assessment and associated SDS.
- Avoid undue exposure to vapours and ensure good ventilation when working with toxic or flammable substances. Local exhaust ventilation systems must be used and regularly checked and tested.
- Keep flammable substances away from sources of ignition and take measures against electrostatic charging if appropriate. Do not carry cloths soaked in flammable liquids in pockets.
- Keep the work area clean and tidy.
- Keep hazardous substances away from food and drink. Remove contaminated clothing and PPE before entering areas where food is consumed.
- Hand washing – wash and dry hands before breaks, before and after eating, drinking, smoking or using the lavatory and at the end of work using the skin cleanser provided, ensuring residue is washed off with soap and water. Use an after-work cream to replace skin oils. Check skin regularly for dryness or soreness tell your line manager or tutor if these symptoms appear.
- Never clean hands with concentrated cleaning products, solvents or fuel.
- Fire extinguishing equipment must be available. Be aware of suitable and unsuitable extinguishing media as set out in the SDS.
- Avoid contact with skin (this does not apply to hand cleaning products or barrier cream). Avoid contact with eyes and clothing.
- No "horseplay" of any kind is acceptable - students who misbehave will be dismissed from the area and may be disciplined.
- Clean up spills safely and promptly as specified in the relevant ~~M~~SDS. Absorb liquid with a specialist spill kit as recommended by the SDS. Sweep up and remove to suitable, clearly marked lidded containers for disposal in accordance with local regulations. Do not disperse using water or detergent.
- When any spillage, accident or incident occurs, the SHEQ Compliance Officer ~~-~~MUST be contacted immediately. Initial reports can be made by any member of staff (by telephone or email) but this be followed up with an electronic report using the College Accident/incident Report Form available on the SERC Health and Safety Team Site available via the intranet.
- Where control measures are in place for the purposes of COSHH (e.g. local exhaust ventilation) these should be maintained appropriately, and records kept.

The correct system for disposal must be followed:

> Collect hazardous waste materials in suitable, dedicated, clearly labelled containers. These should be as specified in each SDS and stored away from the workshop in a separate building or cage enclosure.

- Do not pollute the soil, water or environment with the waste product.
- Hazardous waste must be recycled/disposed of through a specialist, licenced handler in accordance with local and national regulation.
- Records of hazardous waste collection, including consignment notes and related paperwork, must be retained for official inspection by for 5 years.

7.0 Animals on Campus

Animals are not normally permitted within any SERC property. This restriction recognises that animals pose potential risks related to disruption in the educational and work environments, health, safety, and hygiene.

7.1 Definitions

Animal: Domestic birds, reptiles, fish, or mammals.

Property: SERC controlled, leased, or owned campus or building.

Handler: Individual who brings an animal or support animal into a College building or onto SERC property. The handler may also be the animal's owner.

7.2 Expectations

- Animals are only allowed within any SERC campus or building in the following circumstances:
- Animals used in approved teaching, within SERC's Animal Care/Animal Management Courses.
- Assistance animals, trained to assist a person with a specific disability which have been trained for such a purpose and meet the relevant insurance and training requirements; these are usually dogs (see **Appendix 9** for further guidance on Assistance Animals).
- PSNI/Police security dogs on duty.
- Special events: in special circumstances, approval may be obtained from SERC Head of Department/School/Unit for animals to be brought on campus for a singular event involving the display or demonstration of specialised skills or natural behaviours. Written permission must be sought and gained from the relevant Head of Department/School prior to such an event.
- Students and visitors may be asked to leave with their animals from SERC grounds if written permission is not available when requested.

7.3 Responsibilities

The responsibility to maintain and enforce this SOP rests with each Head of Department/School/Unit in conjunction with the Campus Management. They will act on behalf of SERC Senior Management and Governing Body.

It is the responsibility of each animal handler to follow this procedure and to respect the rights and concerns of others while on campus property.

7.4 Procedures

For those animals permitted on College controlled, leased, or owned property under the following conditions:

- The animal shall be restrained at all times.

- The animal handler or owner shall be responsible for the immediate disposal of animal waste and ensure that their feeding requirements are met. In the event that the owner becomes unable to continue with this responsibility, it is legitimate to contact the PSNI or local Council Dog Warden for help with an Assistance Dog. Members of SERC staff are not responsible for the care of an Assistance Dog.
- Animals may not be tethered to SERC buildings, structures, motor vehicles, trees, railings, light poles, benches, posts, etc. nor shall they be left in cars/motor vehicles parked within the College car parks even for relatively short periods of time.
- The handler or owner shall assume all financial responsibility for damage to property or injury to individuals caused by the animal.

7.5 To report violations and disturbances:

On SERC campus property, the Campus Duty Manager should be contacted immediately to deal with the situation. Should they not be available, the Campus Manager should be contacted.

Examples of instances when SERC staff might remove an animal from College property include but are not limited to: an unrestrained animal; incessant noise; disruptive, harassing, aggressive, or intimidating behaviour; damaging property; or other health, safety, or hygiene concerns. SERC staff may attempt to contact the animal's handler and/or owner. If the handler and/or owner are unreachable after a short period of time, depending on the climate conditions and the availability of a holding facility, the animal will be picked up by or taken to the USPCA or other appropriate animal shelter or contact made with the local council Dog Warden.

7.6 Non- Compliance

Any animal on SERC property that is not restrained, detracts from the educational or work environment, or poses a health, safety or hygiene risk may be impounded and removed from campus property by USPCA or, if required and deemed necessary, the PSNI.

- **Students:** Disciplinary actions involving student handlers and student owners in non-compliance with this procedure will be enforced through the SERC Student Code of Conduct process.
- **Employees:** Disciplinary actions are the responsibility of the direct line manager/supervisor of the employee in non-compliance of this procedure. SERC Senior Management will deal promptly and effectively with any member of staff who blatantly fails to comply with this procedure in regards “having animals in the workplace.”
- **Guests and Visitors:** Disciplinary actions are the responsibility of SERC Senior Management and the College Board of Governors.

8.0 New and Expectant Mothers

8.1 Scope and Background

- This section provides all female employees and students who are (or in the future could be) new or expectant mothers; have given birth within the previous six months; or are breastfeeding with guidance and procedures to ensure they are kept safe from harm so far as is reasonably practicable when working or studying at SERC.
- A ‘new or expectant mother’ is defined as a woman who is pregnant, who has given birth within the previous six months or who is breastfeeding. The term ‘given birth’ means a woman who has delivered a living child or, after 24 weeks of pregnancy, a stillborn child.

- Although the College regularly reviews its general workplace risk assessments, working conditions generally considered acceptable may no longer be so during pregnancy and while breastfeeding and the College will carry out a separate, specific risk assessment when it receives notification from individuals.
- All female staff will be made aware of the importance of reporting pregnancy to the College's Human Resources (HR) department as soon as it is known. This information will be held in confidence. While staff do not have to inform SERC that they are pregnant, have given birth in the last six months or are breastfeeding, for their own and their child's health and safety protection, it is important that written notification is provided to the HR department as early as possible.
- All female students will be made aware that it is their responsibility to inform the College of their pregnancy as soon as possible as there may be particular chemical or physical hazards associated with their course. This information will be held in confidence. Although there is no specific statutory requirement to assess risk in these cases, there is a duty of care not to expose students to undue risk.
- Until SERC receives written notification of a staff or student pregnancy, it is not required to take any action other than those resulting from the risk assessment for all their employees.
- This SOP should be read in conjunction with SERC's New and Expectant Mothers' Policy and the College Employers' Forum Circular: CEF 2012-02.doc for employees in FE Colleges. Line managers completing the relevant Risk Assessment for their staff should also make themselves familiar with SERC's Data Protection Policy

8.2 Procedure: Staff

- Staff who are pregnant should provide written notification to their Line Manager and Human Resources (HR) department at the earliest opportunity to ensure appropriate measures are put in place to protect them and their unborn child/children. (If an employee does not wish to involve their line manager initially, they can arrange a confidential discussion with the HR department.)
- The maternity leave process (including employee's obligations and entitlements) is detailed in the CEF Maternity Leave Scheme document referred to in Section 8.1, but employees must notify the HR department in writing using the Maternity Leave Application Form by the end of the 15th week before the expected week of childbirth (EWC) SERC Maternity Leave Application Form. Employees must provide a certificate from their GP or midwife confirming pregnancy.
- Until SERC receives written notification, it is not required to take any further action, such as altering working conditions or hours of work.
- Upon notification by the employee, the HR department will contact the relevant Line Manager to inform them (if not already made aware by the employee) and ask them to make arrangements to carry out a specific, separate New and Expectant Mother Risk Assessment with the employee at the earliest opportunity to allow appropriate measures to be put in place to protect new and expectant mothers' health and that of their unborn child/children. The employee should provide any medical advice they have received that could impact on the assessment.
- The risk assessment should be carried out using the New and Expectant Mother Risk Assessment Checklist **Appendix 10**; the Risk Assessment Form **Appendix 11**; and the Hazards and Related Controls Guidance Checklist **Appendix 12**, all of which are available in Word format within Health and Safety Teamsite: Forms. Employees are encouraged to look at the risk assessment document in advance and to identify the hazards which may apply to them.

- The completed New and Expectant Mother Risk Assessment will be reviewed by the HR department and (if required) the SHEQ Compliance Officer. Where there are particular risks identified (e.g. regarding exposure to toxic substances, substantial manual handling or work with radiation) a more detailed risk assessment may be carried out by the relevant Head of School/Department/Unit including discussion with the individual and a visit to the workplace as required. Any additional control measures will be reported back to the line manager, who will have responsibility for ensuring that they are implemented, and that the situation is kept under review as the pregnancy progresses.
- The risk assessment should be reviewed at least every two months, and any additional control measures put in place.
- This specific risk assessment must be reviewed if the employee returns to work within 6 months of the birth of her baby, or if she is breastfeeding when she returns to work. Control measures may involve making temporary changes to an individual's job or working conditions.

8.3 Procedure: Students

- It is the responsibility of students to inform their course tutor of their pregnancy as soon as possible, particularly if there may be particular hazards associated with their course. Students may be asked to provide a certificate from their GP or midwife confirming pregnancy.
- The tutor must inform the course co-ordinator and make arrangements to carry out a specific, separate New and Expectant Mother Risk Assessment with the student at the earliest opportunity to allow appropriate measures to be put in place to protect the new or expectant mother's health and that of their unborn child(ren). The student should provide any medical advice they have received that could impact on the risk assessment. Information regarding a student's pregnancy must be held in complete confidence by the tutor and course co-ordinator, unless the situation gives cause for concern, when it should be officially reported to SERC's Pastoral Care team, or until the student themselves makes it publicly known.
- The New and Expectant Mother Risk Assessment Checklist **Appendix 10**; the Risk Assessment Form **Appendix 11**; and the Hazards and Related Controls Guidance Checklist **Appendix 12** should be used. These are available in Word format within Health and Safety Teamsite: Forms. The HR Department can offer guidance if particular concerns arise.
- There will only be two copies of the risk assessment - one copy should be kept with the course co-ordinator so that they can show tutors if required and the other (second) copy sent to the Head of Pastoral Care where it should be retained for at least 3 years.
- The College tutor/lecturer may also, at this stage, need to contact SERC Examinations section to discuss issues relating to sitting exams, potential impact on performance etc. This may only be done with the student's permission.
- The risk assessment should be reviewed at least every two months, and any additional control measures put in place.

8.4 Roles and Responsibilities

Pregnant staff should:

- Provide written notification to the HR department and their line manager that they are pregnant at the earliest opportunity, providing a medical certificate confirming pregnancy if requested. (If an employee does not wish to involve their line manager initially, they can arrange a confidential discussion with the HR department.) However, in compliance with the maternity leave obligations referred to in Section 8.1 the HR

department must be notified in writing using the Maternity Leave Application Form by the end of the 15th week before the expected week of childbirth (EWC) SERC Maternity Leave Application Form.

- Assist with the specific, separate risk assessment process, providing any medical advice they have received that could impact on the assessment.
- Comply with any measures identified through this specific risk assessment to reduce the risks to their health and that of their unborn child(ren).
- Advise their line manager or HR department if the specific risk assessment needs to be reviewed more frequently than every two months during pregnancy due to changes in their health or to their role; and notify the HR department and/or their line manager, in writing, if they return to work within 6 months of the birth of the baby, or if they are still breastfeeding when they return to work.

Human Resources will:

- Hold all personal information in confidence.
- Ensure all female staff of childbearing age are made aware of the importance of reporting pregnancy to the Human Resources (HR) department as soon as known.
- Arrange for a specific, separate risk assessment to be carried out with the staff member, ensuring that the Pregnancy Risk Assessment documentation is issued to the line manager for them to complete and return.
- Record the results on to the appropriate personnel file (which should be retained for at least 3 years), copy to the individual and their line manager.
- Ensure the Pregnancy Risk Assessment is monitored and reviewed at least every two months.
- Immediately refer to, or seek advice or guidance from, the Health & Safety Department regarding any areas of concern.
- Together with their tutors, ensure that all female students of childbearing age are made aware of the importance of reporting pregnancy to their tutor/supervisor as soon as it is known. This will be included in the student induction process.
- Ensure action is taken to reduce, remove or control any identified risk.
- If called upon, assist staff to monitor and review risk assessments (for staff and students) where appropriate.

Line Managers will:

- Keep all personal staff information confidential.
- Carry out a specific risk assessment with the staff member, using the Pregnancy Risk Assessment documentation and guidelines, taking account of any medical advice provided by their GP or midwife (with assistance from the HR Department.
- Return the completed documentation to HR department.
- Implement actions to reduce, remove or control any identified risk.
- Monitor and review the risk assessment at least every two months throughout the pregnancy, or sooner if changes occur in the workplace, working practices, or the individual's medical condition.
- Refer back to the HR department (in relation to staff only) for guidance as necessary.

Pregnant students are expected to:

- Inform their tutor or supervisor of their pregnancy as soon as possible; provide any advice received from their GP or midwife that could impact on the risk assessment; and comply with any measures recommended to control risk.
- Comply with any measures identified through their specific risk assessment to reduce the risks to their health and that of their unborn child(ren).
- Advise their tutor/supervisor if the specific risk assessment needs to be reviewed more frequently than every two months during pregnancy due to changes in their health or course activities.

Tutors or Supervisors will:

- Inform the course co-ordinator immediately and both will hold information regarding a student's pregnancy in complete confidence, unless the situation gives cause for concern, when it should be officially reported to SERC's Pastoral Care team.
- Carry out a specific risk assessment with the student ensuring that the information is recorded, using the Pregnancy Risk Assessment documentation.
- Forward one signed and completed copy of the forms to the Head of Pastoral Care.
- If necessary, and only with the student's permission, contact SERC Examinations section to discuss issues relating to sitting exams and potential impact on performance.
- Ensure recommended control measures are implemented, and the specific risk assessments reviewed at least every two months or sooner if changes occur in the workplace, working practices, or the individual's medical condition.

9.0 Accident and Incident Reporting

9.1 Background

The College is required to ensure that there is an official record of all accidents and incidents. In compliance with legislation and the College's risk assessment process, this Standard Operating Procedure (SOP) sets out the practical implementation of SERC's Health and Safety Policy in relation to reporting accidents and incidents involving staff, students, visitors or contractors.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) require organisations to report certain types of accident to the Health and Safety Executive (HSE); in some circumstances, this needs to be done immediately.

'Accident' means an occurrence which is unplanned, undesired and usually results in some sort of loss (e.g. injury, damage to equipment or property or both).

'Incident' means an occurrence which is unplanned, undesired but does not usually result in loss but had the potential to do so (e.g. a ladder falling down or a breach in security). An incident may also be a near miss. By investigating near misses, there is an opportunity to put corrective action in place which may prevent an accident occurring. If near misses are not investigated the occurrences will normally happen again and at some stage someone will be injured because of it.

9.2 Notify Health and Safety Immediately

All accidents and incidents involving SERC staff and students (on or off campus), contractors or visitors to the College MUST be reported immediately to the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety: using the app on the college website.

The SHEQ Compliance Officer / The Head of Estates, Facilities and Health & Safety, in conjunction with a member of CMT, will determine if the accident or incident is reportable to the HSE under the RIDDOR regulations. If reportable, the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety will decide who should immediately inform the HSE (i.e. the Training Organisation, Employer or the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety) and advise them accordingly.

9.3 Submit Online Report Form

While an initial accident or incident report can be made by any member of staff by telephone or email, it MUST be followed up with an official online report using the appropriate form on the College's Health and Safety site: Accident or Incident Reports

Online forms can be completed and submitted by any member of staff who has sufficient knowledge about the accident or incident. (Only in exceptional circumstances where it is impossible to submit the electronic form for a valid reason, may a printed and signed copy of the form(s) be submitted directly to the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety.

It is essential to complete the form in full, gathering witness statements where appropriate. Information contained on completed forms is essential in establishing the immediate and underlying cause(s) of the accident or incident and allowing corrective or preventative action to be taken by the College to reduce risk of recurrence. Information contained on the form may be required by the College insurers. Investigation may also be required to determine non-compliance to SERC Health and Safety Policy.

9.4 Further Action by Estates, Facilities and Health and Safety Department

- The Head of Estates, Facilities and Health & Safety in conjunction with the SHEQ Compliance Officer, will immediately forward reports of serious accidents or incidents to College Management Team (CMT) via the Deputy Chief Executive, making them aware of any legal or other implications and any proposed corrective action. Before corrective action is taken, CMT approval must be obtained.
- Principal Lecturers will monitor accidents and incidents, complete investigations, maintain records and carryout statistical analysis into their own curriculum areas. They will liaise with the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety and provide timely updates of same.
- The Head of Estates, Facilities and Health & Safety in conjunction with the SHEQ Compliance Officer, will monitor overall college accident and incidents statistics and investigations and report these to CMT.
- Online accident or incident report forms will also be used as the basis for any further investigation by the College. The seriousness of an accident or incident will determine the level of investigation required. In many cases, the official report form will contain sufficient information as to constitute an investigation; in other cases, a more thorough investigation may be required. This decision will be made by the Head of Estates, Facilities and Health & Safety.
- Reported accidents and incidents will be monitored by the College's Health and Safety Committees, CMT and the Governing Body.

9.5 Public Relations

In line with the College procedures, in the event of a serious accident or incident, only authorised personnel can deal with the press and media on behalf of the College. This includes sending out any form of information, pictures, press releases or conducting interviews.

The Head of Estates, Facilities and Health & Safety will notify the Deputy Principal Planning Performance and Engagement (or in their absence, a member of CMT) of any sensitive internal or external communications which may impact on PR and will assist in planning for any proactive or reactive information for the media.

The Principal and Chief Executive will act as the spokesperson for the College. Members of the CMT will also represent the College.

There will be instances where the Communications and Marketing Department will call upon spokespeople for particular issues or College departments/areas of expertise. Full training will be provided.

Any member of staff authorised to talk to the media must discuss the content with the Communications and Marketing Department.

All media queries should be sent directly to the Communications and Marketing Department.

10.0 Notifiable Infectious Diseases

To control and prevent the spread of 'notifiable' infectious diseases, this section provides all staff with guidance and procedures which must be followed if a student or member of staff informs them of a suspected or confirmed case of a notifiable disease within the College.

New staff members must be fully inducted in the procedures for notifiable infectious diseases within an agreed time period, preferably before commencement of classes/duties.

All staff will be required to complete the mandatory Notifiable Disease online training programme annually in accordance with the staff development programme. The SHEQ Compliance Officer, in conjunction with HR, will keep staff informed (by email and further training if deemed necessary) of any changes that are made to its standard operating procedures and any new infection control measures.

10.1 Infectious Diseases

Infectious Diseases (also known as communicable diseases) are caused by micro-organisms such as bacteria, viruses, fungi and parasites, able to invade and reproduce in the human body, causing harmful effects. Infectious diseases are spread directly or indirectly from one person to another, transmitted by various routes and with varying degrees of infectivity.

The infectivity of certain infectious diseases determines the type of infection control strategy applied to prevent further infections. Many of these diseases are more common in children and an infection usually produces immunity, therefore there is a reduced likelihood of adults becoming infected.

Immunisation programmes are available for many diseases, which have acted as a preventative measure. However, there are some diseases for which there are no vaccinations (Covid-19) and others where there are gaps in the vaccination programmes that have rendered some groups of people vulnerable.

More detailed information is available on the Public Health Agency website

Most infectious diseases are contagious for some days before symptoms develop. Therefore, it is difficult to prevent the spread of the disease during this period, as the infected person may not be aware they are incubating the disease.

10.2 Notifiable Diseases

Notifiable diseases are those infectious diseases required by law to be reported to government authorities – refer to HSENI RIDDOR reporting booklet on Reportable Diseases.

When a general practitioner (GP) or other medical doctor in attendance suspects that a patient is suffering from a notifiable disease ~~such as Covid-19~~, he or she is legally required to promptly inform the Director of Public Health. The prime purpose of the notifications system is to detect possible outbreaks, to initiate contact tracing, eg tuberculosis and meningococcal disease, and to trigger rapid investigation, e.g. food poisoning, while also allowing disease outbreaks to be monitored by the public health agency. It also enables legal measures to be taken when necessary to control infection, e.g. the exclusion of a food handler suffering from salmonella infection.

Accuracy of diagnosis is secondary and clinical suspicion of a notifiable infection is all that is required. If a diagnosis later proves incorrect, the notification can be amended.

10.3 Being Informed of Notifiable Disease

SERC may be informed of a notifiable disease directly or indirectly:

Indirectly

- By the Director of Public Health – when they are informed (by a GP or other public health doctor) of any suspected or confirmed case of a notifiable disease in a college student or staff member, they contact the College. The Head of Estates, Facilities and Health & Safety in conjunction with the SHEQ Compliance Officer and CMT will then ensure that the appropriate action is taken.

Directly

- By a student or staff member (or their relative/guardian/friend) - members of SERC staff may be informed directly of a suspected or confirmed case of a notifiable disease. In such cases, the following procedures must be followed.

10.4 Roles and Responsibilities

All Staff

- All staff must be vigilant and take action immediately if they suspect the possible outbreak of a notifiable disease amongst students or staff members. This should be reported to their line manager in the first instance and then the HR and Health & Safety Units informed.
- The Head of School/Department/Unit must be immediately informed of the situation and approval given before any student or class is dismissed.

The SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety

- The SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety is responsible for collating information from the staff member or Head of School (HOS)

relating to the suspected or confirmed notifiable disease before contacting the relevant government department.

The Head of School/Department/Unit (HOS/D/U)

- The HOS/D/U is responsible for all decisions in regard to agreeing and approving the temporary dismissal of the student or class. The HOS/D/U will immediately inform and regularly update the Campus Manager and the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety.

College Management

- The Principal and Chief Executive (or designated member of CMT) is responsible for contacting and reporting the current medical situation and control measures in place to the Department of the Economy.
- CMT has overall responsibility for decision making should a stage be reached where it may become necessary to close down a Section, Department, Unit or campus for a set period of time to restrict further infection.
- The Deputy Principal Planning Performance and Engagement, in conjunction with the Communications and Marketing Department must keep students, staff, parents and the general public suitably informed of the situation through appropriate means e.g. individual letters, emails, website, press release or other media.

10.5 Procedure

On written confirmation from a doctor of a notifiable disease, the following should be informed:

- SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety
- Head of School / Unit.
- HR Unit
- CMT including Principal and Chief Executive.

A plan of action will be developed in relation to the reported disease.

A RIDDOR will be raised as required by the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety.

10.6 Preservation of Documents

The gathering of factual information is very important and will be needed when contact is later made with the relevant official reporting authority. Clarity of information is crucial.

Following a case(s) of a notifiable disease, the College may be required to provide evidence to an appropriate enforcement agency (HSENI or Public Health Agency), a judicial inquiry, a coroner's inquest, the Police or a civil court hearing compensation claim. In the course of any or each of these, the College may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident.

Under no circumstances must any document, which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid. For these purposes "documents" mean not only letters and memos, but notes of meetings, pieces of paper, photographs, and information held electronically e.g. e-mails on computers or other electronic devices.

10.7 Returning to Study/Work

Students and staff returning to college after recovering from a notifiable disease (officially confirmed by a medical doctor or hospital) must be interviewed by the appropriate course tutor/lecturer or HR manager. The aim of this interview will be to establish any further issues that may need to be considered in respect of working conditions/improvements and general support.

The course tutor/lecturer or HR Manager will compile a report and submit it to their relevant Head of School/Department/Unit as part of the overall review of control measures.

11.0 Lone Workers

Some SERC staff are required to work alone for periods of time without close or direct supervision. The following procedures have been put in place to ensure the safety of lone workers, so far as is reasonably practicable, through:

- Increasing awareness of safety issues
- Assessing risks
- Implementing safe systems and work methods
- Providing relevant support
- Full reporting and recording of all incidents, near misses, and injuries
- Constantly monitoring to identify weakness and improve methods of controlling the risk.

11.1 Roles and Responsibilities

It is an individual's line managers responsibility to ensure that a lone worker risk assessment is completed and that a safe system of work is in place for that person. Advice and guidance can be provided by the SHEQ Compliance Officer upon request.

11.2 Manager Checklist

Managers should ensure that staff who may be working alone are aware of relevant policies and procedures, ensuring they:

- Appreciate their responsibilities for their own safety
- Are aware of Risk Assessments and Safe Methods of Working
- Are issued with appropriate safety equipment
- Know how to obtain support and advice from management in and outside normal working hours
- Know the requirements for reporting and recording incidents

11.3 Risk Assessment

Heads of School and/or Unit Managers should review the Lone Worker Risk Assessment guidance, **Appendix 13.**

In addition to the above, the following assessment of risk must be made:

For campus based Lone Workers:

- Safe access and egress
- Security arrangements on Site (CCTV, lighting etc.)
- Security arrangements in buildings (Alarm systems, Panic alarms, communication systems, CCTV etc.)
- Level of supervision

For mobile lone workers:

- Staff to client risk
- Travelling between appointments
- Communication (e.g. mobile phones) and traceability (e.g. visit log at base)

11.4 Safe Working Systems

There are a number of practical steps that can be followed to help Lone Workers minimise the risk of incident. It is essential that where technology fails, appropriate back-up procedures are in place to ensure the safety of the Lone Worker at all times.

Under no circumstances should Staff compromise their safety. Lone Workers have a duty to discuss any safety concerns with their Line Manager. However, if they feel unsafe at any point, while in a lone working situation, they should remove themselves from the situation immediately.

Campus-based Lone Workers

Individual requirements should be discussed with their line manager and a workable arrangement agreed and implemented. As a minimum, during the campus-based Lone Worker's daytime shift, they should be contacted at least once during the day by their line manager (or other appointed person) to check that all is well and ensure their safety.

If at any time the campus-based Lone Worker feels that their safety is being compromised they should contact their line manager (if available) or, if they are under immediate threat, contact the Police direct on 999 for immediate assistance.

Mobile Lone Workers – Buddy System

Lone Workers must keep in contact with colleagues and ensure that they make another colleague (or 'Buddy') aware of their movements.

The Mobile Lone Worker should:

- Leave and update a visit log with a manager or colleague(s).
- Leave written details of their movements with their 'Buddy' including full address, person/s they will be working with or visiting, telephone numbers (if known) and indications of how long they expect to be at those locations (both arrival and departure time). To comply with data protection legislation, this information must be kept confidential and must not be left in a place where those who do not need to have this information, or members of the public can access it.

- Leave details of their vehicle with a colleague, for example, registration number, make, model, and colour.
- Leave contact details with their 'Buddy' including personal and emergency contact details.
- Notify their 'Buddy' of planned breaks or rest periods.
- Agree arrangements for regular contact with their 'Buddy', particularly if they are delayed or have to cancel an appointment.

The Buddy should:

- Be fully aware of the movements of the Lone Worker. To comply with data protection legislation, this information must be kept confidential and must not be left in a place where those who do not need to have this information, or members of the public can access it.
- Have all the necessary contact details from the Lone Worker, including personal and emergency contact details, such as next of kin.
- Have details of the Lone Worker's known breaks or rest periods.
- Attempt to contact the Lone Worker, if they do not contact the 'buddy' as agreed.
- Follow the agreed escalation procedure for alerting their senior manager or the Police if the Lone Worker cannot be contacted, or they fail to contact their 'buddy' within agreed and reasonable timescales.

To make the Buddy system effective:

- The 'buddy' must be made aware that they have been nominated and what the procedures and requirement for their role are.
- Contingency arrangements should be in place for someone else to take over the role of the 'buddy' in case the nominated person is called away.
- There must be procedures in place to allow someone else to take over the role of the 'buddy' if the lone working situation extends past the end of the nominated person's normal working day or shift.

The following applies to both campus-based and mobile lone workers:

11.5 Personal Protective Equipment

If a Lone Worker has been given personal protective equipment, such as mobile phone or similar device, they must ensure that it is in full working order (with sufficient charge) and they have it with them and that they use it before entering into a situation, where they have prior knowledge of risk or, at that point in time, consider themselves to be at risk.

11.6 Raising Concern

If any member of staff feels that their safety is being compromised, they should contact their line manager or, if they are under immediate threat, contact the Police direct on 999 for immediate assistance.

Depending on the circumstances and whether contact through normal means (mobile phone) can or cannot be made; the manager or colleague should involve the Police if necessary.

It is important that matters are dealt with quickly, after consideration of all the available facts, where it is thought that the Lone Worker may be at risk. If Police involvement is needed, they should be given full access to information held and personnel who may hold it, if that

information contains data that might help trace the Lone Worker and provide a fuller assessment of any risks they may be facing.

11.7 Extreme Importance of Adhering to Arrangements

It is extremely important that contact and appointment arrangements, once in place, are adhered to and do not fail simply because staff forget to make the necessary call when they finish their shift. The result is chaos and unnecessary escalation and expense, which undermines the integrity of the process.

Being alert to these warning signs will allow the Lone Worker to consider all the facts at their disposal, allowing them to make a personal risk assessment and, therefore, a judgement as to their best possible course of action, for example, to continue with their work, or to withdraw. At no point should the Lone Worker place themselves, their colleagues at risk or in actual danger.

11.8 Training

As part of the staff induction process, all new staff will be briefed on the College's Health and Safety policies and procedures in addition to employee responsibilities including security arrangements, risk management and safe systems of work.

Specific safety and security training will provide Lone Workers with the skills to identify and manage risks arising from lone working, including communication skills to manage challenging or potentially violent behaviour.

11.9 Incident Reporting and Review

All incidents presenting a risk or a potential risk to Lone Workers must be reported in accordance with the procedures set out in **Section 9** Accident and Incident Reporting.

11.10 Support and Counselling

Lone Workers may be affected emotionally following a physical or non-physical assault and may need active support counselling, especially after an incident and on resuming or returning to work. This is particularly important given the potential impact of stress on the employee's current or future health.

It is essential that Line Manager conduct a full debriefing of Lone Workers who received or experienced an incident while working alone. This should include information on accessing professional counselling via the Staff Counselling service.

12.0 Risk Assessment

12.1 Background

This section provides staff with guidance and procedures for carrying out risk assessments, required under the Management of Health and Safety at Work Regulations (Northern Ireland) 2000. The assessments need to address risks to employees and other people, for example, students, visitors and contractors.

The purpose of a risk assessment is to make sure that no one gets hurt or becomes ill as a result of activities which take place at any SERC Campus. A risk assessment is identifying what could cause harm to people, assessing what is in place to prevent that harm from occurring and improving those measures where necessary.

Risk assessments must be undertaken prior to any new or changed operation.

12.2 Documents and Records

Copies of all current Risk Assessments must be made available at the workplace. Persons performing a task are expected to have read the relevant assessment prior to commencing that task. This requirement also covers students engaged in construction/engineering project work both inside and outside the SERC Campus.

Students working and studying within the workshop/classroom should also be made aware of the Risk Assessments for that particular area and the importance and purpose of such documentation fully discussed with them during their Health and Safety induction programme.

As soon as signed off by the Head or Assistant Head of School/Department/Unit, all completed Risk Assessments must be uploaded to the Health and Safety Team Site. Please note: even though an Assistant HOS may sign the Risk Assessment on behalf of the Head of School/Department/Unit, the responsibility for H&S remains with the appointed HOS.

Records of the Assessments must be retained for referral and inspection during regular audits of the workplace carried out by the SHEQ Compliance Officer and, when requested, duly elected College Union Health and Safety representatives.

12.3 Responsibilities

All Staff

- All staff have a duty to take reasonable steps to ensure that they do not place themselves or others at risk of harm.
- All staff must make themselves aware of the risk assessments for their area.
- Any serious Health and Safety risk or concern must be immediately reported to the appropriate HOS/D/U and SHEQ Compliance Officer.
- Staff must fully comply with any procedures that the College may introduce as a measure to protect the safety and well-being of all College staff members, students, contractors and visitors.
- Staff who have been allocated a room, workshop, or other area where they are not fully aware of assessed risk should immediately update themselves of all risks and hazards within that area. This information is available on the Health and Safety Team Site or directly from the “responsible” person who compiled the Risk Assessments.
- Should the area be used for “any other purpose” other than that specified by the current Risk Assessments, “additional” assessment may be required. If such planned activities or events in any way comprise the health, safety and well-being of individuals then it is the responsibility of that person organising the new activity/event to compile and provide additional risk assessments. They must also seek approval from their Line Manager/HOS prior to carrying out any such activities.
- All staff should attend Risk Assessment training annually.

Head of School/Department/Unit

HOS/HOU will, in association with Principal Lecturers, will be responsible for compiling, updating and uploading of Risk Assessment and relevant COSHH documentation to the Health and Safety Team Site. Risk assessments can be carried out by any member of staff with a good knowledge of the area which they are assessing, who has received adequate Risk Assessment training through staff development and understands the process of completing the Risk Assessment form.

It is the responsibility of the HOS/HOU to ensure that their Principal Lecturers and other nominated staff are suitably trained and equipped to carry out Risk Assessments.

HOS/HOU must ensure that all tasks and work areas under their control are adequately risk assessed, are current and completed by the responsible person(s), as appropriate:

HOS/HOU must ensure that Risk Assessments are kept under review by the responsible person(s) and are updated periodically or if changes to procedures/equipment dictate. Current College requirements are that all assessments are reviewed at least annually.

HOS/HOU (or their nominated Assistant HOS) will ensure that their appointed responsible person(s) have the necessary risk assessments in place; they are relevant, signed, dated and uploaded to the Health and Safety Team Site.

Line Managers, Principal Lecturers and HOS/HOU

When Risk Assessments have been completed it is the responsibility of the immediate line manager and Principal Lecturers / HOS/HOU to monitor their implementation and check that the required control measures are in place.

SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety

The SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety in conjunction with Principal Lecturers will ensure that adequate training is available to those staff members who may require additional Risk Assessment training and for new members of staff in their induction programme.

The SHEQ Compliance Officer in co-operation with College H&S elected Union Representatives will carry out annual audits (and unannounced audits if deemed necessary) of Risk Assessments, COSHH registers, workshops, classrooms and offices and keep management informed of any concerns or irregularities.

Please note, risk assessments may also be requested in the event of an accident or incident within the workplace.

Appointed Risk Assessors (Responsible Person(s)

By completing and signing the Risk Assessment, individual staff members do not make themselves personally liable; the whole process is initiated, enforced and monitored by SMT.

Risk Assessors must use the approved form available on the Health & Safety Team Site on the College intranet Approved Risk Assessment Pro Forma. Existing assessments should be revised to the new format (see Appendix A) when they are next reviewed and re-issued.

Ensure that all documentation related to H&S is dated and signed by the appropriate Line Manager/HOS//D/U or their nominated assistant.

Completed and signed off Risk Assessments should be immediately uploaded to the Health and Safety Team Site by the appointed responsible person/persons.

Human Resources

The Head of Human Resources in conjunction with the SHEQ Compliance Officer / Head of Estates, Facilities and Health and Safety will ensure that adequate training is provided to those staff members who may require additional Risk Assessment training and for new members of staff in their induction programme.

Staff will be trained/up-skilled on Risk Assessment procedures whenever new Health and Safety practices are implemented or changes in circumstances or equipment dictate. All staff however, should attend Risk Assessment training annually.

12.4 Disciplinary Action

Those members of staff who fail to comply with, or chose to ignore, the Risk Assessment procedures and in doing so knowingly put their own lives and that of other staff/students at risk will be called to explain their actions at a disciplinary meeting.

12.5 Risk Assessment Procedure

Use the relevant SERC Risk Assessment form (downloaded from the Health and Safety Team Site of the College Intranet.)

Follow the 5-step process as follows:

1. Divide your work into manageable categories
2. Look for the hazards
3. Evaluate the risks
4. Record your findings and prepare an action plan where necessary
5. Review and revise the assessment

Step 1 – Divide work into manageable categories

- Either divide up the work into separate work areas or defined tasks (dependent on the work environment).

Step 2 – Look for hazards

- A hazard is anything which can cause harm or has the potential to cause harm e.g. chemicals, electricity, working at height, poor lighting, equipment etc. For example, the blade of a circular saw machine has the potential to cause severe cuts to a person so the blade is therefore a hazard.
- Concentrate only on the significant hazards that could result in genuine injury, ignoring trivial risks. Take note however, what may appear trivial to some can result in accidents and injury to those less experienced.
- A hazard checklist at **Appendix 14** may assist with this process.

Step 3 – Evaluate the risk

- The risk is the chance or likelihood that someone will be harmed to some extent by the hazard. If the risks are well controlled and suitable precautions put in place then the chance of injury will be low, if suitable precautions are not in place then the chance of injury will be higher.
- Examples of risk control measures might be guarding, personal protective equipment (PPE), ventilation, training or a safe system of work. The recorded control measures should be precautions that are actually in place rather than measures which may be introduced.
- Hazards and mitigating actions should be identified in a logical and common-sense way, prioritised and given a realistic timeframe for implementation.

Step 4 – Record the findings

Record the significant findings of the Risk Assessment. The College's risk assessment form should be used to record findings:

- Activities or work areas examined
- Hazards identified
- Persons exposed to the hazards
- Existing control measures and their effectiveness
- Evaluation of risks and their prioritisation
- Additional precautions needed
- Who is to take action and when
- Review date

Step 5 – Review and revise the assessment

Risk assessment should be seen as a continuous process to ensure that it is up to date and relevant. A review needs to be carried out when:

- Other activities or hazards are introduced
- Changes in the processes take place
- New methods of work are introduced
- There are new employees
- An accident occurs

12.6 Communication of the Results of the Risk Assessment

- For risk assessments to be relevant rather than simply paperwork exercises, the findings need to be communicated to everyone concerned.
- Once the risk assessments for an area have been completed, there should be a consultation period (approximately two weeks) where other members of staff in the area cab comment or contribute to them. (Tabled at team meeting/briefing perhaps).
- Following this period, amendments should be made before being sent to the appropriate Head of School/Department/Unit (or their nominated assistant) to be signed. Once signed, the risk assessments should be placed in a prominent position where everyone (including students) can refer to them as necessary.
- The appointed responsible person(s) must ensure that completed Risk Assessments and COSHH Registers are uploaded unto the Health and Safety Team Site immediately documentation is signed and dated.

12.7 Risk Assessments for Vulnerable Adults

Additional risk assessments should be carried out for vulnerable individuals, including:

- Pregnant women*
- People with disabilities
- Students who are currently in the school system

*Under the Sex Discrimination (Northern Ireland) Order 1976**),** if an employer fails to protect the health and safety of their pregnant workers it is automatically considered sex discrimination. (See SERC New and Expectant Mothers' Policy).

12.8 Safe Systems of Work

Following the assessment for work/task-based assessments including COSSH, equipment and machinery and PPE, a Safe System of Work must be written by the nominated person or named Health and Safety individual within construction projects, detailing the control measures to be adopted. These SSOW must be provided to all staff, students, contractors and visitors as necessary.

When considering the SSOW, the following considerations should be made:

- Safe person – training, competency etc.
- Safe process – operation of equipment, handling materials etc.
- Safe place – is environment suitable for task, equipment maintenance etc.

13.0 Health and Safety Audits

The purpose of formal Health and Safety audits is to systematically review and critically examine current Health & Safety procedures across the College (and all student placements), recording findings and providing guidance on how procedures may be improved.

Those staff members (and students) who fail to comply with the H&S policy and procedures, may be subject to college disciplinary action.

These procedures apply to all SERC staff with Health and Safety Audit responsibilities, outlined below.

13.1 Responsibilities

SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety:

- In conjunction with Head of School/Department/Unit ensure that all Risk Assessments have been carried out by the appointed 'Responsible Person' within each School/Department/Unit.
- Develop an annual audit plan in consultation with Heads of School/Department/Unit and Union Health and Safety Representatives.
- Regularly review and update all audit documentation in conjunction with the Head of School/Department/Unit.
- Communicate the audit programme ~~in conjunction~~ with the Union Health and Safety Representatives.
- Carry out audits in conjunction with Union Health and Safety Representatives as agreed.
- In conjunction with Head of School/Department/Unit ensure that completed audit reports are uploaded to the appropriate Team Site on the College intranet.
- Review/update the SERC Audit Proforma yearly to reflect any changes in legislation.

Head of School/Department/Unit:

- Ensure that all Risk Assessments, COSHH registers and documents relating to H&S are accurate, complete, signed, dated and uploaded to the H&S team Site.

- Regularly review and update all audit documentation in conjunction with staff within their School/Department/Unit and liaise with the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety if as necessary.
- Ensure that identified and appropriate corrective action is implemented.
- Actively promote a health and safety culture with staff at team meetings and stress the importance and consequences of Health and Safety Audits throughout the campuses.
- Meet with the SHEQ Compliance Officer to discuss any relevant issues highlighted in the audit report and to act upon any findings or take agreed corrective measures with immediate effect.

Union Health and Safety Representative:

- Co-ordinate the audit programme in conjunction with the SHEQ Compliance Officer
- Carry out audits in conjunction with the SHEQ Compliance Officer.
- Offer advice and guidance to staff on all areas relating to Health and Safety and actively promote a health and safety culture to all.

Responsible Person:

- Ensure that all Risk Assessments and COSHH Registers are carried out, are current, signed, dated and uploaded to the Health and Safety Team Site on the College intranet.
- Ensure that all classrooms, workshops and training areas are safe places to work and study for all staff, students and visitors to the college.

13.2 Audit Programme

The audit programme will be conducted at regular intervals between October and August of each academic year, with each School/Department/Unit being audited annually (or as deemed necessary) by the SHEQ Compliance Officer ~~Head of Estates, Facilities and Health & Safety~~ in conjunction with H&S Union representatives.

At the beginning of each academic year, an Audit Plan will be produced by the SHEQ Compliance Officer

After review, Heads of School/Department/Unit will be sent a link to the agreed audit plan.

Following completion of H&S audits, Heads of School/Department/Unit may be asked to attend a meeting arranged by the Deputy Chief Executive to discuss the findings. The SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety will be in attendance at this meeting.

13.3 Health and Safety Committees

SERC's Health and Safety Committees (Bangor; Newtownards; Downpatrick; and Lisburn) are established to operate in accordance with good practice to enable consultation between management, trade union representatives, staff and students on all aspects of health and safety. Following each quarterly meeting, the Chair of each Committee will report any matters of concern to the next CMT meeting.

It is the duty of the H&S Committees to consider reports of any formal audits of College work places and activities as required.

It is the responsibility of the Deputy Chief Executive (in consultation with the SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safety) to prepare and present an annual report and Assurance Statement to CMT and onward to the Governing Body at the

end of each academic year. This report will summarise the work of the four Health and Safety Committees.

13.4 Post Audit Action

Health and Safety Audits, will be reviewed by the Deputy Chief Executive as necessary. The Deputy Chief Executive will advise CMT as required.

13.5 Inspections and Audits

Stage 1: Pre-Inspection / Audit Contact by the SHEQ Compliance Officer ~~Head of Estates, Facilities and Health & Safety~~ and Trade Union H&S Representative (the 'Inspectors / Auditors') with HOS/Department /Unit confirming times and dates when inspections / audits will be carried out. Please note: The exact location of rooms, and workshops will not be disclosed due to the nature of the inspection / audit.

Stage 2: Inspection and verification of relevant documentation as requested (i.e. Risk Assessments, COSHH documentation, maintenance records etc.) and checking random physical conditions of the area in question. Such inspections / audits will give a general view of the health and safety culture which exists within the department/school/unit.

Stage 3: Inspection / Audit Reports are to be uploaded to the Health and Safety Team site within 2 weeks of the inspection / audit. If the report details 'Non-Conformance' and/or subsequent 'Corrective Actions', these will be discussed regularly with the Deputy Chief Executive.

Please note: if deemed necessary, a further meeting with HOS/U/D may be required to clarify inspection / audit results and the findings may also be raised and discussed at Campus Health and Safety Committee meetings.

13.6 Inspection /Audit Records

The Inspection / Audit Report contains a summary of the audit findings (including photographic evidence if required) and gives the overall audit score using a traffic light warning system (Green = safe. Amber = some changes required and Red=immediate intervention required). If necessary, it may also include:

- **Non-Conformance Notice** which detail any identified issues **(Appendix 15)** A 'Non-Conformance' notice highlights areas where, in the opinion of the Inspectors / Auditors, College policy and/or health and safety legislation/guidance is not being adequately adhered to.
- **Corrective Action Form (Appendix 16)** which details any required corrective action for the responsible person and target date for implementation. This form will be issued (if deemed necessary) to the appropriate Head of School/Department/Unit following the scheduled meeting of the Deputy Chief Executive and SHEQ Compliance Officer / Head of Estates, Facilities and Health & Safey.

13.7 Inspection / Audit Review Meeting

In the event of corrective action being required, this will be discussed with the Deputy Chief Executive and the. The appropriate HOS/D/U may be invited to this meeting, to review any corrective action and completion dates.

Please note**:** it may be necessary to have a meeting with the HOS/U scheduled much sooner depending on the urgency and potential risk to staff/students.

13.8 CMT / Governance

The Head of Estates, Facilities and Health & Safety in conjunction with the SHEQ Compliance Officer shall regularly update CMT (via the Deputy Chief Executive).

Regular reports will be forwarded to the Governing Body via the Finance and General Purposes (F&GP) committee. This will be presented by the Deputy Chief Executive.

14.0 Communication Plan

These procedures will be communicated to all staff and students via the College intranet and also during the induction process

14.1 Review

These procedures will be reviewed (and updated if necessary) annually or sooner to reflect changes in legislation or circumstance

Appendix 1: Document Change History

Version	Date	Change Detail
1.0	July 2024	Transferred to new Accessibility Template
1.1	October 2024	• Job titles amended in line with new organisational structure. • Page 8 – Caretaker Role paragraph updated: Caretakers should scrutinise the main fire panel and establish the location and reason for the activation of the alarm (break glass or smoke detector activation). They should investigate if the alarm is a genuine emergency or a false alarm (In line with the "new" NIFRS Fire Monitoring Code) before advising the Evacuation Co-ordinator (Orange bib wearer) and Reception Staff. If required, a telephone call should be made to the appropriate emergency services. (Nb: it is important that contact is made with the monitoring centre to confirm if there is an "actual fire.") • 4.4 Personal Emergency Evacuation Plans section updated Deleted "Notices will be posted to inform staff, students and visitors who and where the College First Aiders are and the location of the nearest First Aid kit. Suitable notices will be displayed near to the entrance of premises and repeated at strategic locations within buildings" and replaced with "A Rota of first aiders will be listed on the college intranet – Emergency Contacts – First Aiders" Page 15 – added "The Senior Technician will be responsible for ensuring all college First Aid boxes are fully stocked with up to date consumables. Added "The Senior Technician will be responsible for for all Automated External Defibrillators and to ensure these are fully serviced and are fully stocked with up to date consumables" Removed "If a College First Aider within the department is unavailable, summon any College First Aider based on the campus. ?? Page 16? Added - Principal Lecturers will monitor accidents and incidents, complete investigations, maintain records and carry out statistical analysis into their own curriculum areas. They will liaise with the Head of Estates, Facilities and Health & Safety and provide timely updates of same. • The Head of Estates, Facilities and Health & Safety will monitor overall college accident and incidents statistics and investigations and report these to CMT. o last bullet point removed "Reported accidents and incidents will be monitored by the College's Head of Estates, Facilities and Health & Safety Department, CMT and the Governing Body. • 6.3 – 5th bullet point – added "i.e. Head of School/Department/Unit in the first instance. • In curriculum areas, Principal Lecturers will be deemed to be COSHH Risk Assessors or appoint COSHH Risk Assessors as appropriate.

		• Page 20 - COSHH assessments shall be reviewed annually or on the introduction of new substances, a change in the working environment or if the assessment is no longer valid. Removed "The Head of Estates, Facilities and Health & Safety in co-operation with SERC Health and Safety appointed Union representatives will monitor the review process to ensure that it is carried out when required" • Added " The Head of Estates, Facilities and Health & Safety in co-operation with the Head of School/Department/Unit and / or appropriate Principal Lecturer, will inspect / audit COSHH Risk Assessments and subsequent operational arrangements as required. SERC Health and Safety Union representatives can avail of such inspections / audits as requested. • 7.3 The responsibility to maintain and enforce this SOP rests with each Head of Department/School/Unit in conjunction with the • "removed" "Head of Estates, Facilities and Health & Safety. Campus Management". • It is the responsibility of each animal handler to follow this procedure and to respect the rights and concerns of others while on campus property. "Removed" "Any assistance and clarifications with this procedure can be obtained from College Management Team (CMT) and/or the Head of Estates, Facilities and Health & Safety within SERC." • 7.5 - On SERC campus property, the Campus Duty Manager "removed" " Head" should be contacted immediately to deal with the situation. Should they not be available, removed "a member of the College Management Team" and updated to " the Campus Manager should be contacted" "Removed" "Failing that, the Head of Health and Safety should be contacted". • 8.1 – removed 2nd bullet points below: "It also applies to: o Line managers; tutors/course co-ordinators/supervisors of the above; o Human Resources Officers o Head of Estates, Facilities and Health & Safety o Health and Safety Officers o Pastoral Care Officers • 8.3 – 3rd bullet point added "The HR Department can offer guidance if particular concerns arise. • 8.4 Removed the following bullet points: o The Head of Estates, Facilities and Health & Safety will: o Hold all personal information (relating to any health and safety query) in confidence. o Provide guidance and assistance to the HR department and all staff in relation to the health and safety of female staff and students of childbearing age, those who are pregnant, have recently given birth or are breastfeeding. o Assist with the completion of specific, separate risk assessments for new and expectant mothers when

		help is sought and requested by line managers and/or the HR department. o Review and ensure that all risk assessments have been adequately recorded and filed by HR department. o Review risk assessments carried out by academic staff in respect of students, only when requested to do so. 9.2 – 1st bullet point – removed mobile number for Head of Estates, Facilities, Health and Safety 9.4 – first bullet point – updated "Head of Corporate & Economic Development with "Deputy Chief Executive". Added – "Principal Lecturers will monitor accidents and incidents, complete investigations, maintain records and carryout statistical analysis into their own curriculum areas. They will liaise with the Head of Estates, Facilities and Health & Safety and provide timely updates of same. 9.4 added – "The Head of Estates, Facilities and Health & Safety will monitor overall college accident and incidents statistics and investigations and report these to CMT" 9.4 removed "The Head of Estates, Facilities and Health & Safety will monitor accidents and incidents, complete investigations, maintain records and carry out statistical analysis as deemed necessary" 9.5 - The Head of Estates, Facilities and Health & Safety will notify the "removed" "~~PR and Communications Officer " with "~~Deputy Principal Student Services" 10.4 – updated "The Campus Director/Manager" with "College Management". Updated "Department for Employment and Learning" with " Department of the Economy" and deleted "~~and for keeping the Principal and Chief Executive fully informed.~~ 12.3 – under "Head of School/Department/Unit – first bullet point – added "HOS/HOU will, in association with Principal Lecturers" and deleted "in consultation with their staff, nominate an appropriate and capable person from their staff on each campus who will" 13.1 – under " Head of Estates, Facilities and Health and Safety – last bullet point removed "Meet monthly with the Head of HR to review the H&S audit of their area and to discuss any corrective or remedial action deemed necessary" 13.2 – updated "Chief HR Officer to "Deputy Chief Executive" 13.3 – first bullet point added "Bangor, Newtownards" 13.4 - Following Health and Safety Audits, all programmes of work should be approved by the "replaced" "Head of HR" with "Deputy Chief Executive" in the first instance. Removed "with CMT also being informed". Deleted " deem that wider discussion is required to determine if approval is to be granted, consultation with the CMT will take place" 13.5 – Stage 2 – "Removed" "Auditors" and "the information provided by reviewing"

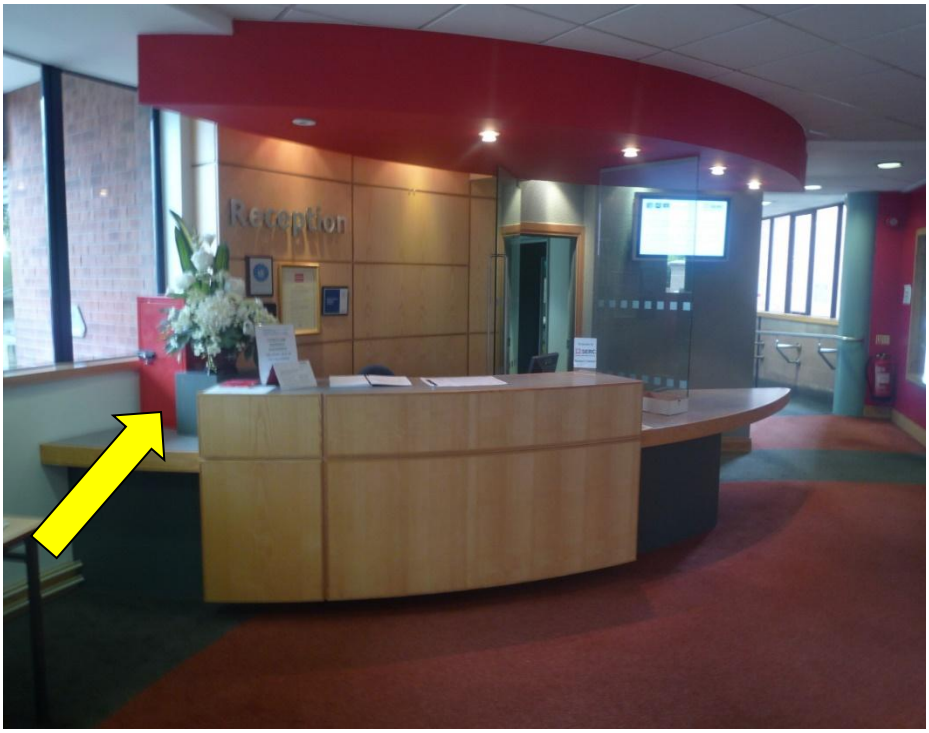
1.2	June 2025	Third bullet point in Paragraph 7.2 updated to: • Assistance animals, trained to assist a person with a specific disability which have been trained for such a purpose and meet the relevant insurance and training requirements; these are usually dogs (see Appendix 9 for further guidance on Assistance Animals) New Appendix 9 inserted “Further Guidance on Assistance Animals”
1.3	September 2025	Amendments to Appendix 9 to further clarity aspects of the approval process, in addition to some minor wording changes.
1.4	December 2025	Reference documents updated. Section 4.2 Fire evacuation lifts added; SHEQ compliance officer role added; Refuge point responsibility clarification. Section 4.3/4.4 Location of Learner Welfare and Campus Manager changed from Ards to Lisburn. Section 4.4 LSIS system added. Section 5.1 SERC’s duty clarified. Section 5.3 SHEQ Compliance Officer role added. Section 5.4 First Aid Materials, Equipment and Facilities list removed; bespoke first aid kits for First Aiders added; SHEQ Compliance role added. Section 5.5 List of conditions removed; Details of First Aid posters added; SHEQ Compliance Officer role added; Follow up Action reworded. Section 5.6 Deputy Principal Planning, Performance and Engagement role added. Section 6.1 CHIP legislation removed. Section 6.2 SHEQ Compliance role added. Section 6.3 SHEQ Compliance role added; MSDS changed to SDS – Safety Data Sheet. Section 6.4 SHEQ Compliance role added; MSDS changed to SDS – Safety Data Sheet; PPE wording clarified; use of vacuum cleaner omitted; spill clean-up details amended. Section 8.2 SHEQ Compliance Officer role added. Sections 9.2/9.3/9.4 SHEQ Compliance Officer role added.

		Section 9.5 Marketing and Communications SOP removed; Deputy Principal Planning, Performance and Engagement role added. Section 10 SHEQ Compliance Officer role added. Section 10.1 COVID paragraph removed. Section 10.2 Reference to Appendix 13 removed HSENI detail added. Section 10.3 SHEQ Compliance Officer role added. Section 10.4 COVID reference removed; reference to individuals symptoms removed; SHEQ Compliance Officer role added; Deputy Principal Planning, Performance and Engagement added; reference to PR and Communications Officer removed. Section 10.5 removed – COVID specific. Section 10.7 removed – COVID specific. Section 11.0 word “significant” removed. Section 11.1 reworded, and table removed. Section 11.3 revised with paragraph titled “For all lone workers” removed. Section 11.9 amended to include reference to Accident and Incident Reporting Section 9 and omission of primary responsibilities for incident reporting (duplication). Section 12.2 SHEQ Compliance role added. Section 12.3 SHEQ Compliance Officer role added; Risk Assessment training attendance changed to annual; list of tasks removed. Section 12.5 Appendix numbering updated. Section 12.7 Sex Discrimination legislation updated. Section 12.8 Safe System of Work description amended, and list removed. Section 13.0 First paragraph omitted. Section 13.1 SHEQ Compliance Officer role added; reference to annual Academic Year Planner removed, replaced by annual audit plan. Section 13.2 SHEQ Compliance role added; Audit Academic Year Plan AAYP removed and replaced with “audit”.

		Section 13.3 SHEQ Compliance role added. Section 13.4 Reference to “all programmes of work” omitted. Section 13.5 Paragraph titled “Stage 3” revised from monthly to regularly. Section 13.6 Appendices numbering updated; SHEQ Compliance role added, meeting attendees in last paragraph updated. Section 13.7 First paragraph amended from monthly to regular meetings. Section 13.8 Revised to include role of SHEQ Compliance Officer and reference to F&GP reporting structure. Section 14.1 Review period changed to annually. Appendix 9 Reference to Assistance Dogs NI added. Appendix 13 deleted. Appendix 14 deleted. Appendix 15 Now renumbered appendix 13. Appendix 16 Now renumbered appendix 14. Appendix 17 Now renumbered appendix 15. Appendix 18 Now renumbered appendix 16.
1.5	September 2026	Appendix 9 updated to reflect current legislation regarding Assistance Dogs in Public Organisations.

Appendix 2: Red Fire Box Locations in Main Campus Receptions

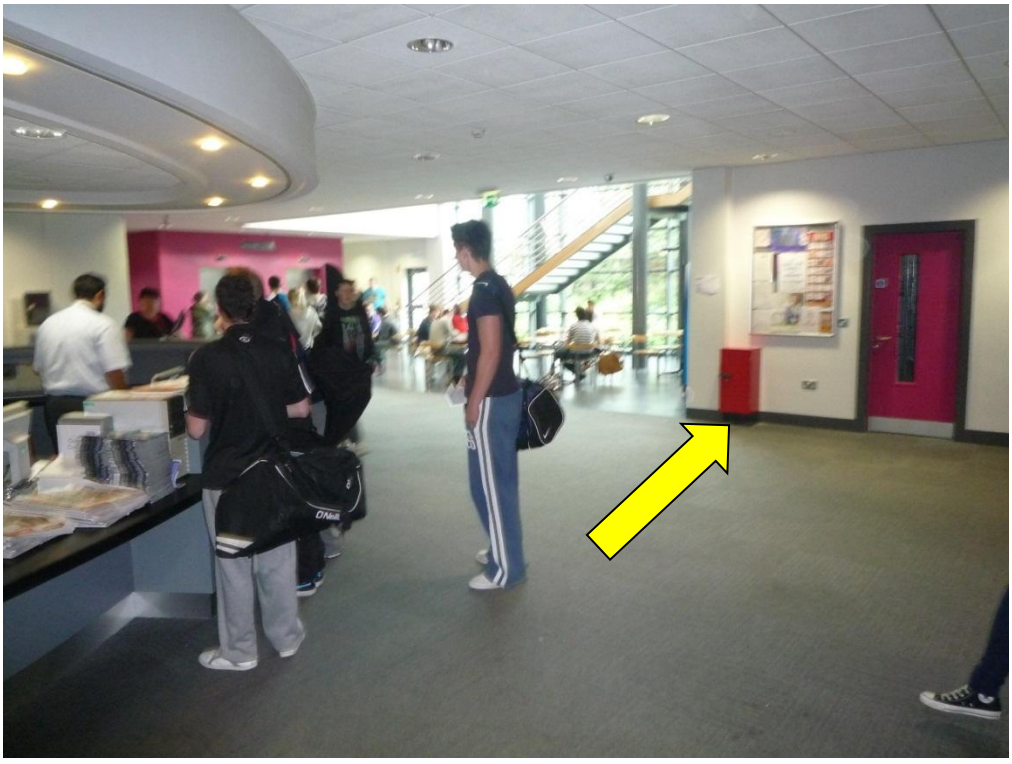
Bangor Main Campus, Reception Area



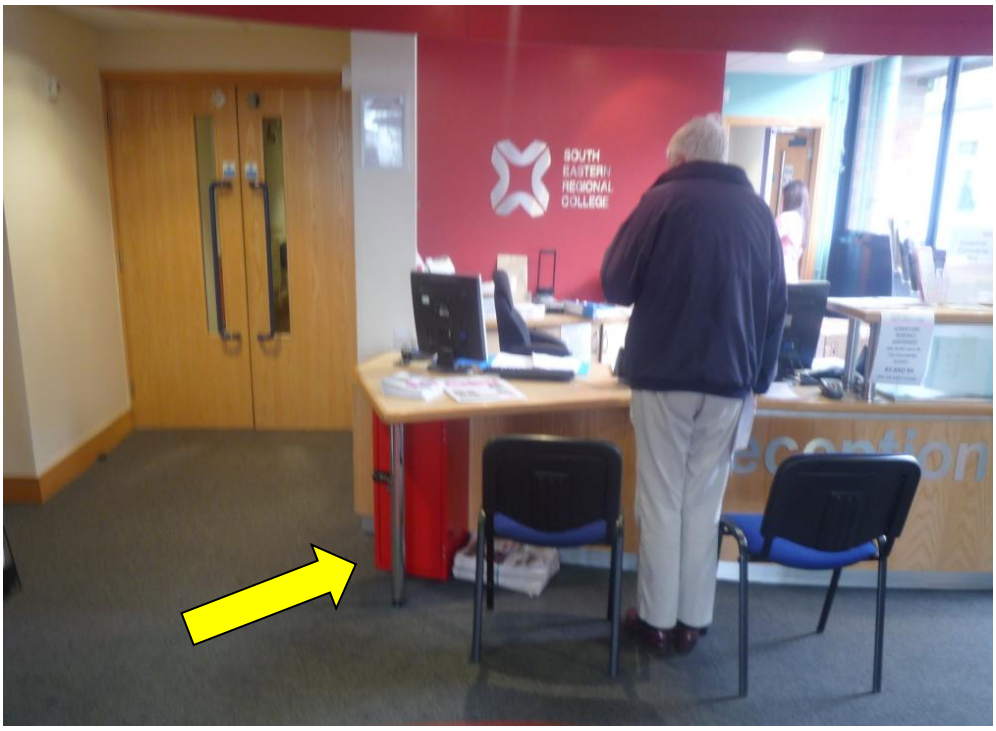
Bangor, SPACE Building Reception Area

Downpatrick Reception Area

Lisburn Main Reception Area

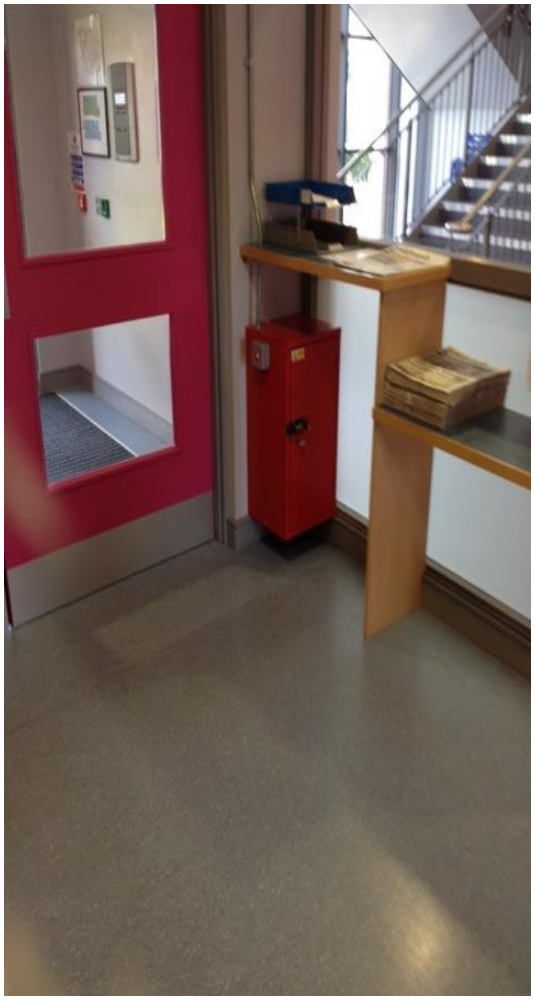


Newtownards Reception Area



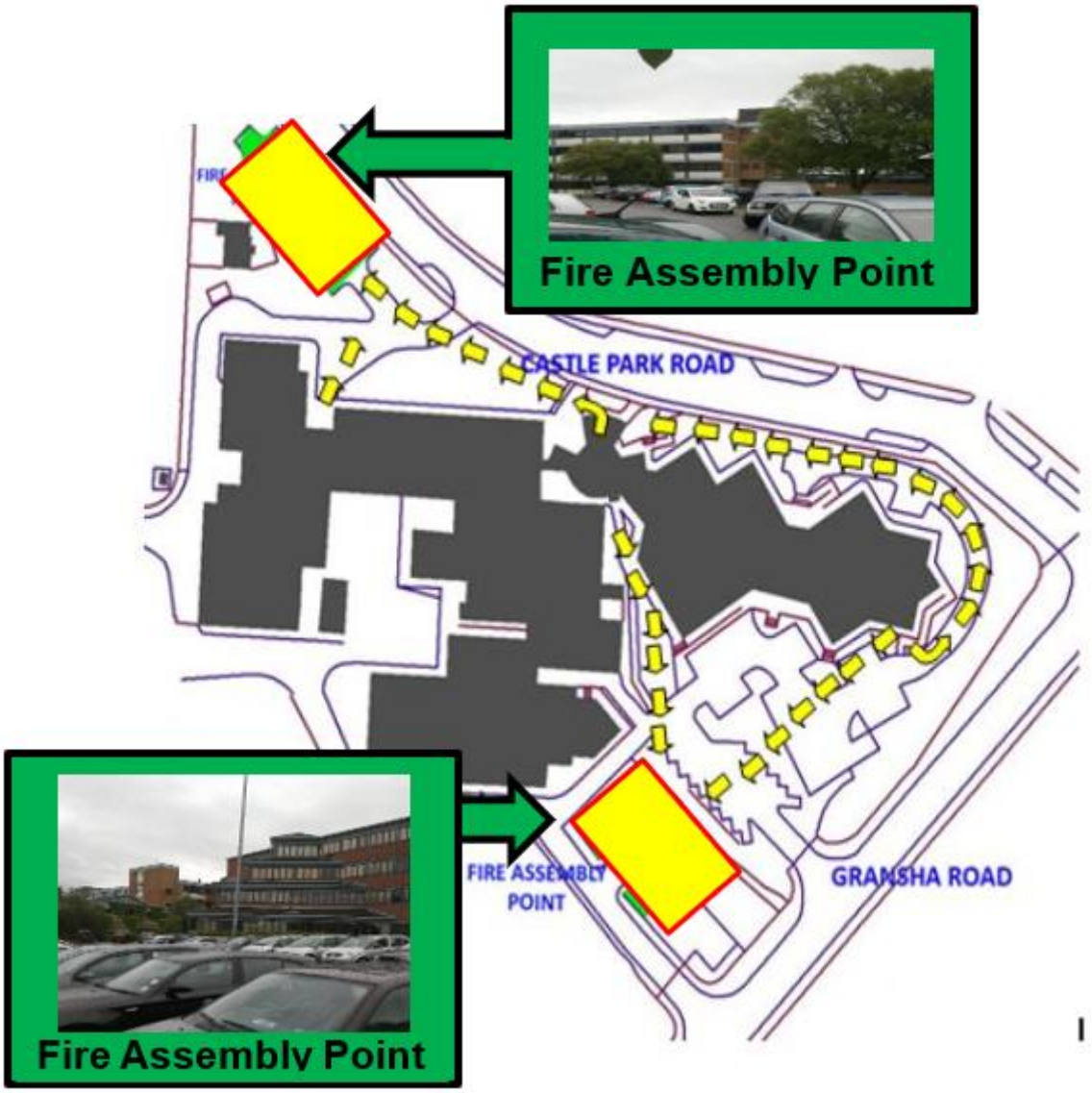
Ballynahinch

Newcastle

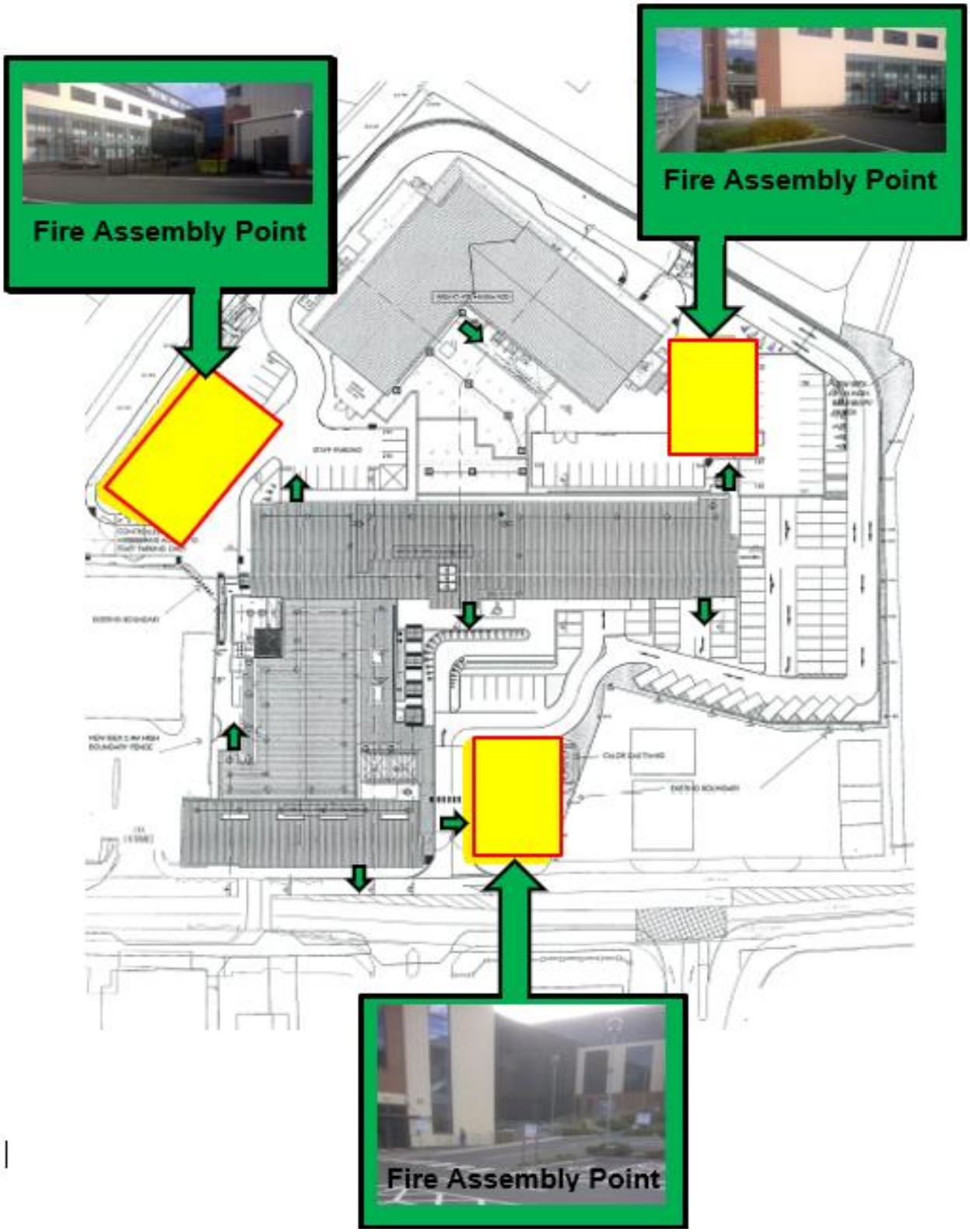


Appendix 3: Assembly Points at Main Campuses

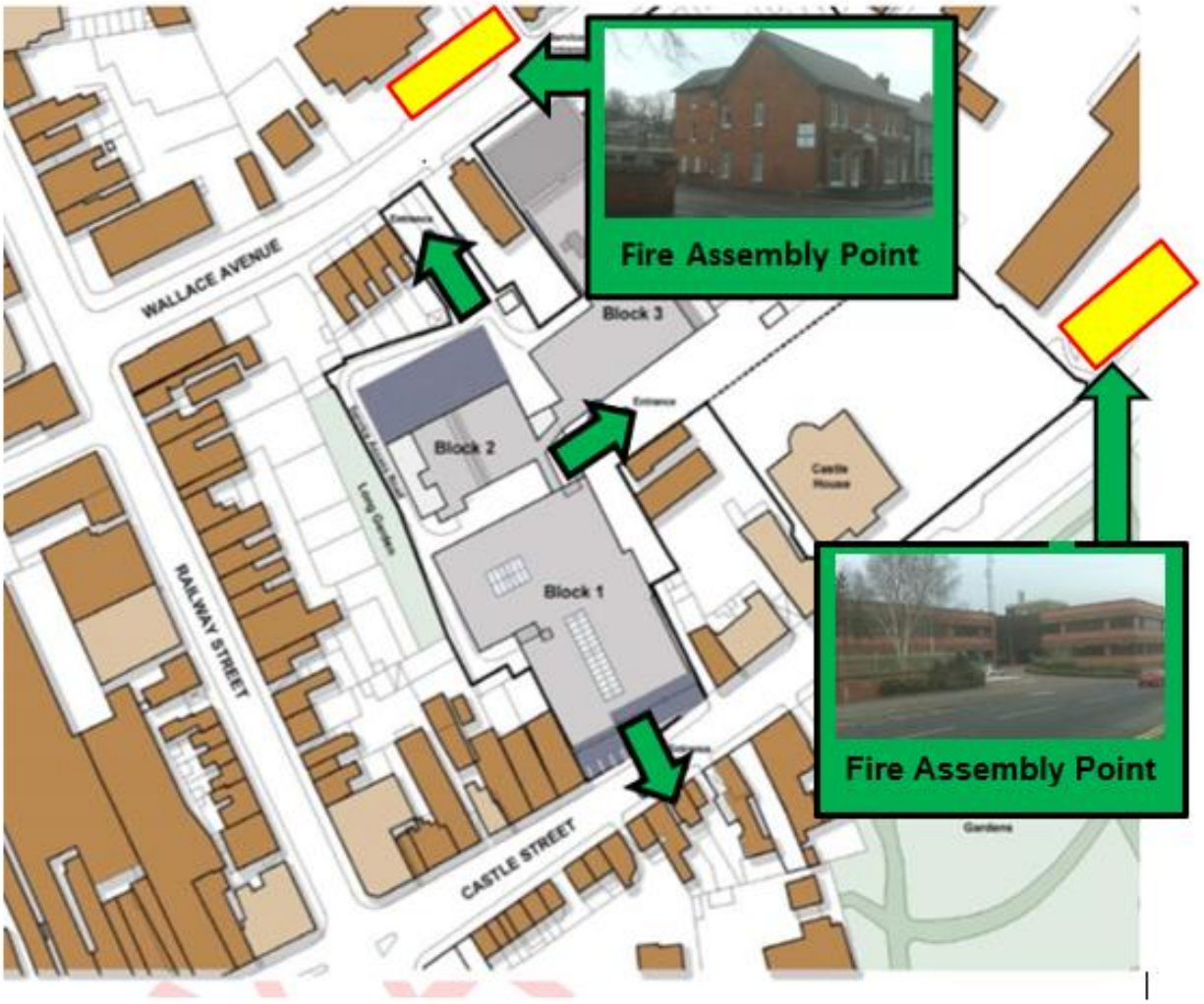
Bangor Campus



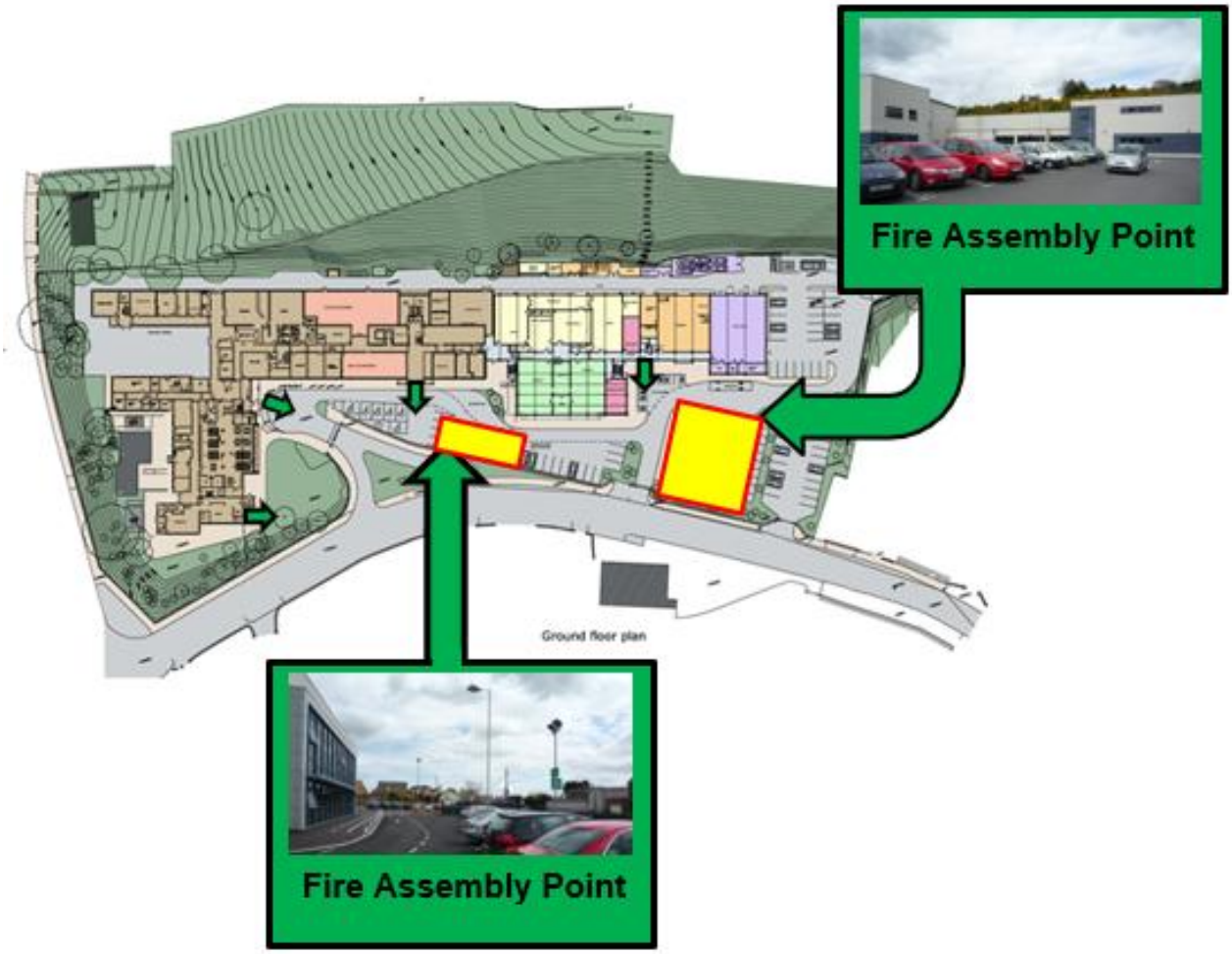
Downpatrick Campus



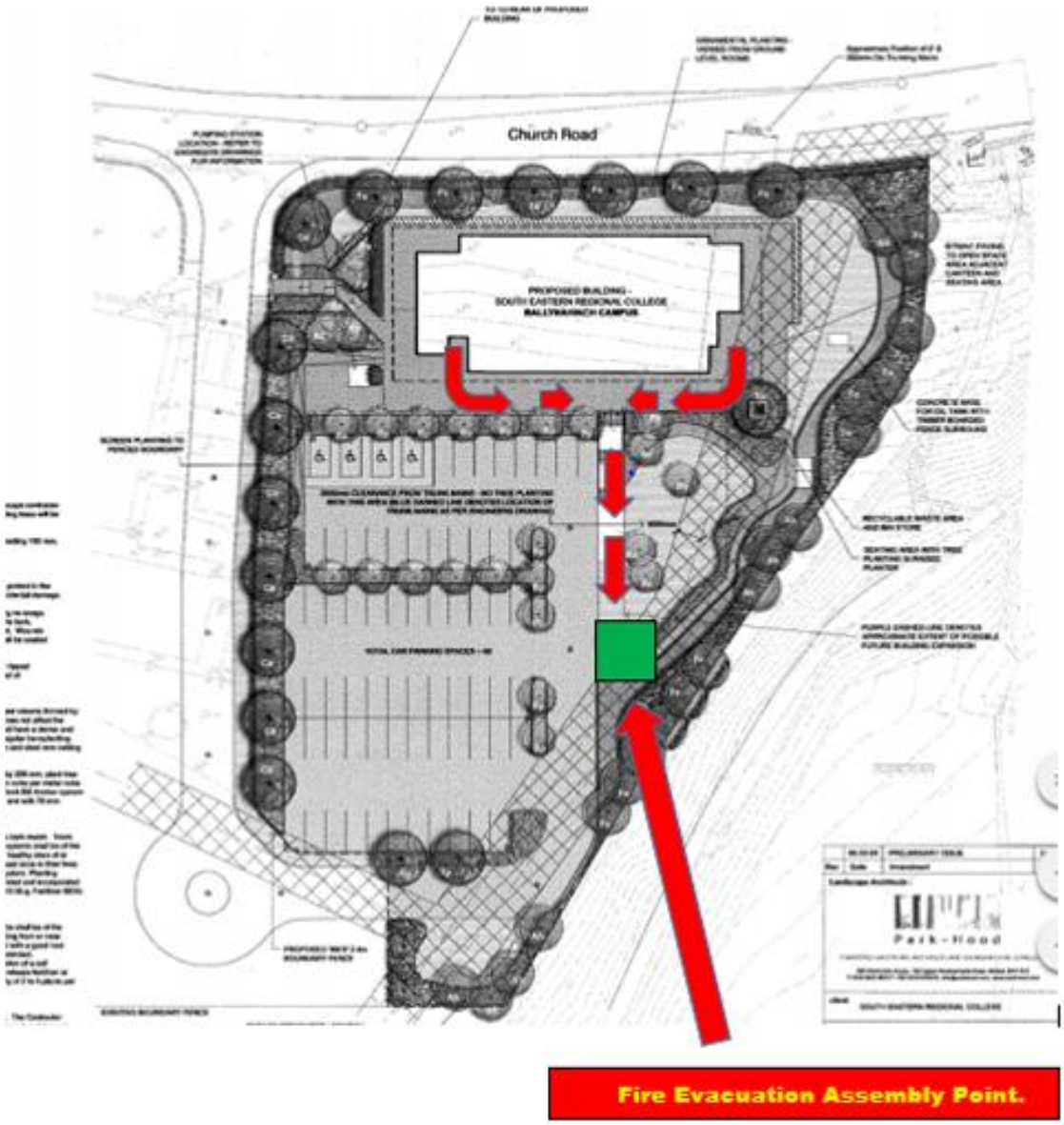
Lisburn Campus



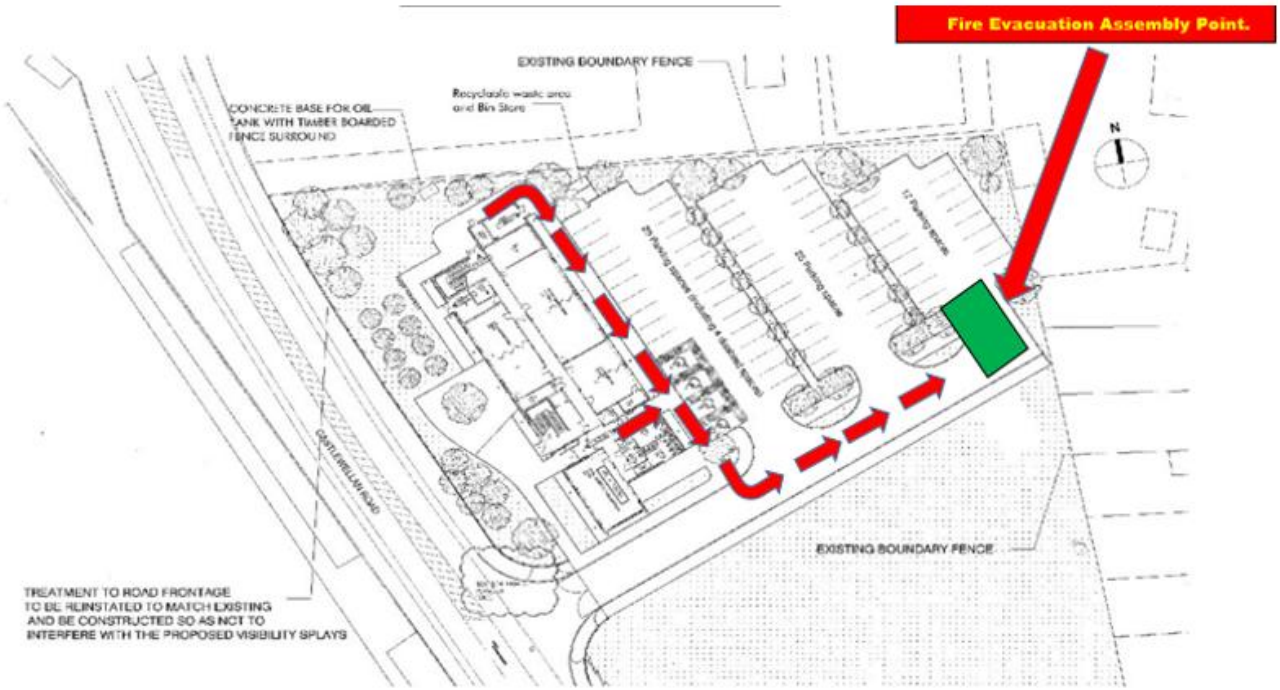
Newtownards Campus



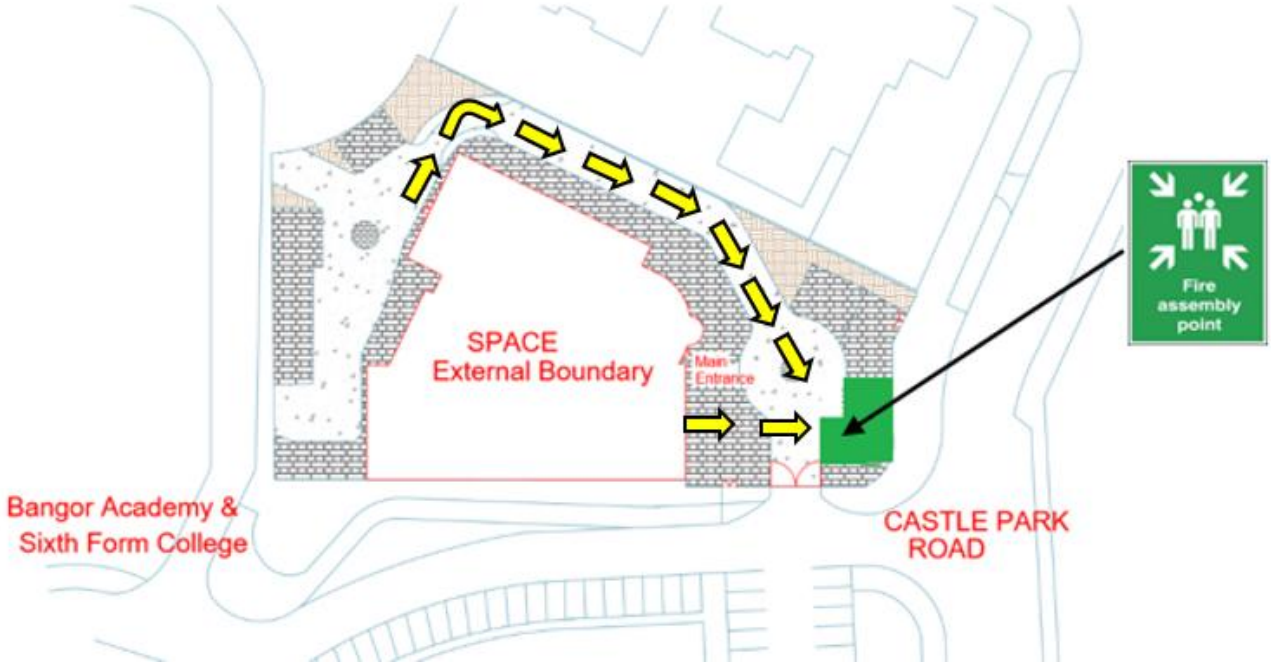
Ballynahinch Campus



Newcastle Campus



SPACE Fire Assembly Point (Bangor)



Appendix 4: Emergency Evacuation Assessment: Student

Completed Assessment EXAMPLE

This form has been developed so that the College can establish any particular needs that a student may have to enable safe evacuation from the building.

Any detail provided will be handled in confidence and shared only with the necessary parties required to ensure the person's safety and that of others. All information provided will be stored and kept in accordance with the Data Protection Act.

The information on this form will be confidential.

Student Name: Jim Blair	**Telephone:** 0771234567
Class: Plumbing 1st Year	
Campus: Lisburn Campus	
Type of Disability: Severe hearing disability	
Description of activities undertaken during the course: Jim can cope with almost all aspects of the plumbing practical course. The only areas that create some difficulties are when he is using electrical and mechanical power tools. He is unable to hear that they are operating and relies on a lot of the vibration of the equipment to tell him if it is actually running etc. There is also a problem when other students are using equipment nearby that he may not be able to distinguish if machinery is on or off. Welding is a problem in that although he can clearly see that the flame at the welding torch is suitable adjusted, he cannot hear if it is making any serious noises when malfunctioning. For this reason, Jim has been allocated a buddy at times to work with him to prevent any serious issues or injury.	
Date Form Completed: 08/09/2013	

a. Normal Place(s) of Study

	Building 1	Day/Time	Building 2	Time	Comments
Building	Lisburn Block 3 Level C	Monday, Wednesday and Friday 09:00 to 17:30	Lisburn Block B Level B	11:00 to 11:15 and 13:00 to 13:30	Buddy scheme in operation during lunch and tea break
Floor	C floor		B floor		
Room	3C - 16		1B – 3 (cafe)		

b. Evacuation Details

Describe the locations in the building where access is required: The student (Jim) is located mainly in the plumbing workshop on C Floor at the top of the building. He has been given induction on where the nearest fire evacuation exit is and has also been allocated

a buddy (fellow student) to assist him if required. He uses the restaurant/canteen at the front of the building but again a buddy is there if assistance is needed.
Jim needs to be immediately informed if an alarm sounds. He must then be taken from the plumbing workshop via the fire evacuation exit and down the outside stairs to the back of Block C. The fire assembly point is located at the rear of the campus at Wallace Avenue.

c. **Would it help if a written personal emergency evacuation procedure was in place?** yes /no (delete as appropriate)

d. **Does the emergency evacuation procedure need to be provided in an alternative format e.g. BSL, Braille, tape, large print etc?**

e. **Does the student have any difficulty with reading and/or identifying the signs that mark the emergency exits and evacuation routes to the emergency exits?**

f. **Does the student have any difficulty hearing the fire alarm(s) provided in the place(s) of work?**

g. **Would the student experience any difficulty raising the alarm if a fire was discovered?**

h. **Is anyone designated to assist the student to get out in an emergency such as a helper/buddy?**

i. **Is the student likely to experience difficulties independently traveling to the nearest emergency exit for a safe and timely evacuation?**

j. **Does the student find the stairs difficult to use?**

k. **Is the student dependent on a wheelchair for mobility?**

l. **If the student uses a wheelchair, would they have problems being able to transfer from their wheelchair without assistance?**

General Comments (to include any relevant information not already identified above):

Jim is a very capable and intelligent young individual and one may not recognize that he actually has a disability on first meeting him. His lip-reading skills are excellent but one must ensure that you are facing him when giving verbal instruction or warnings about equipment etc.

It is easy to forget that the student cannot hear the alarm sounding in the event of a fire or emergency siren.

If you have ticked **'YES'** to any of the above, then the Personal Emergency Evacuation Plan (student) **MUST** be completed.

Appendix 5: Personal Emergency Evacuation Plan: Student

Completed PEEP EXAMPLE

This form should be completed for a SERC student who requires assistance with ANY aspect of emergency evacuation. The plan should include assistance required from the point of raising the alarm to passing through the final exit of the building.

Any detail you provide will be handled in confidence and with your consent stored only with the necessary parties required to ensure your safety and that of others.

A copy of the completed form will be held by:

- The student
- All Class Lecturers for the student's course
- Learning Support

Note: This plan must be reviewed on an annual basis (at least) and/or when any significant changes occur (of the building or employee).

A. Alarm System

1. The student would be able / ~~unable~~ to set the alarm off but he would have no way to tell if the siren is actually being sounded.

   If unable to raise the alarm independently, please detail agreed alternative procedures.

   - The student would be able to set the alarm off, but he would have no way to tell if the siren is actually being sounded.

2. The student will be informed of an emergency evacuation by (delete as appropriate):

   Existing audible alarm system: Yes / No

   Vibrating pager: Yes / No

   Visual alarm system: Yes / No

   Other (please specify below):

   Jim has been issued with a vibrating "Deaf Alert System" which vibrates should the alarm go off. In addition to this an additional flashing beacon has been installed in the welding booth when he is working alone.

B. Evacuation Process

(step by step account from when alarm is raised to final exit)

- The lecturer in charge will immediately stop all operations on hearing the alarm sound and go directly to the student (Jim).

- It is important that the lecturer makes good eye contact and stands in front of the student to assist lip reading/communication. Remember that the student has to lip read and fully understand what is actually happening during the evacuation of the building.

- Jim will remain beside the lecturer in charge at all times unless instruction has been agreed that his fellow buddy/student will take him to the fire assembly point as rehearsed during induction.

C. Designated Assistance

(details of the roles of persons designated to assist in executing the evacuation plan)

Jim has been allotted a “Buddy”/student assistance and this assists him get to the restaurant at lunchtime and ensures that he is heard when placing orders for meals etc.

D. Equipment Provided and its Location

(evacuation chairs etc)

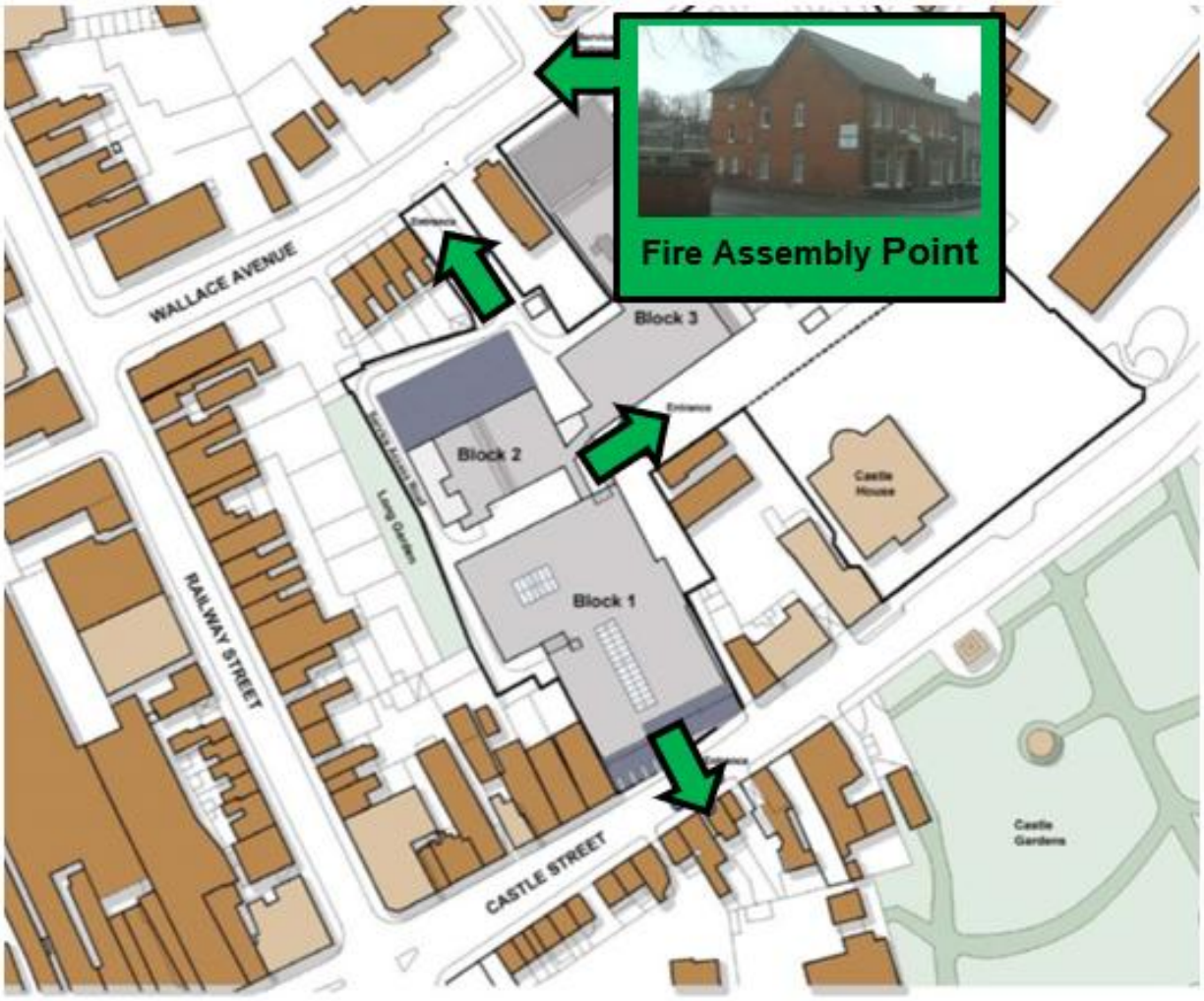
Jim has been issued with a Deaf Alert vibrating card by the Learning Support Team. It is checked each morning that it is functioning and that the battery is full.

E. Safe Routes

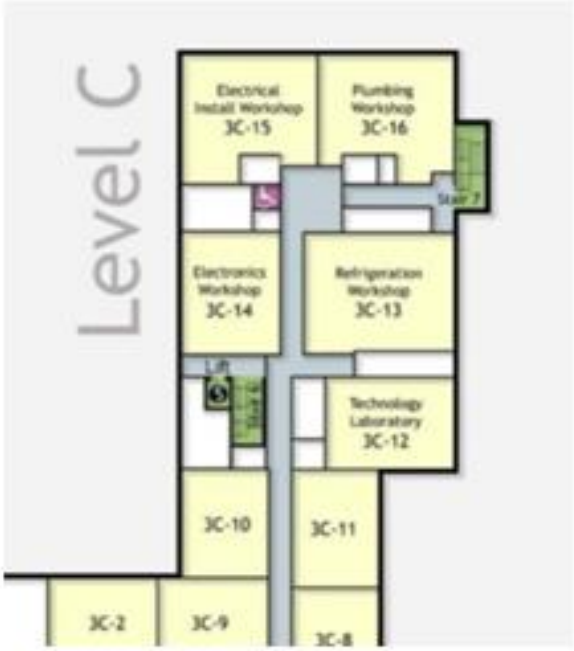
(description of the primary and secondary routes)

A building layout plan should be attached to this form with routes clearly marked.

See below



The Fire Assembly Point for all plumbing students is located at back of the College on Wallace Avenue. This is accessed via Block 3 using the fire evacuation route detailed below.



In the unlikely event of a fire alarm being raised students using the plumbing workshop (3C-16) should follow the lecturer's instructions and leave the workshop immediately.

The escape route is via stairwell 7 adjacent to the workshop. Students should walk to the ground level and proceed to the Fire Assembly Point located at Wallace Avenue. (See above.)

Should the alarm be raised whilst dining in the cafeteria, students should leave immediately by the main entrance to the campus via Castle Street and wait at the Fire Assembly Point immediately in front of the Fire and Rescue Service building. (See location map below).

They should remain at the Assembly Point until they have been informed by SERC fire wardens or rescue services to return.

The Fire Assembly Point is located immediately in front of the Fire and Rescue Service building located on Castle Street. Use the main entrance of the campus (Level B, Block 1) when evacuating the building in the event of a fire alarm being raised.

Appendix 6: Duties and responsibilities of College First Aiders

- Attend **ALL** calls for first aid assistance.

- Ensure their own safety at all times.

- Provide assistance at all times in compliance with their 'First Aid at Work' training.

- Be aware of the limits of their competency and when to call for an ambulance or assistance.

- Take charge of the casualty until a satisfactory level of recovery has been achieved or until the emergency services have arrived.

- Ensure that the condition of the casualty does not deteriorate as far as reasonably practicable by implementing their first aid training.

- Refer the patient onto hospital or to their own GP as appropriate if they are in the opinion that further treatment/attention is required.

- Complete appropriate online forms upon discharging first aid duties in **ALL** cases where treatment has been rendered in line with Accident and Incident Reporting SOP.

- Keep designated first aid boxes fully stocked and ensure that all items are within their expiry date. Replacement items are available through the Head of Health and Safety.

- Frequently check first aid rooms in their area to ensure that they are fully equipped and tidy/clean. Any problems should be reported immediately to the Head of Health and Safety.

Appendix 7: Minimising the Risk of Exposure to Blood Products and BBV (Blood Borne Viruses)

- Do avoid contact with blood or bodily fluids.

- Do take all necessary precautions to prevent puncture wounds, cuts and abrasions in the presence of blood and body fluids.

- Do avoid use of, or exposure to, sharps (needles, glass, metal etc) when possible and discard sharps directly into the sharps container immediately after use, and at the point of use.

- Do take particular care in handling and disposal if use of sharps is unavoidable – one use only contaminated sharps must be discarded into an approved sharps container. This must be constructed to BS 7320; 1990 / UN 329, and used containers must be disposed of through a waste management company who will dispose of them safely as **'waste for incineration only'.**

- Do protect all breaks in exposed skin by means of waterproof dressings and/or gloves.

- Do protect the eyes and mouth by means of a visor or goggles.

- Do apply good, basic hygiene practices including hand-washing before and after glove use, and avoid hand-to-mouth/eye contact.

- Do control surface contamination by blood and body fluids by containment and appropriate decontamination procedures.

- Do dispose of all contaminated waste safely and refer to relevant guidance if you are uncertain how to classify and dispose of your waste.

- **In the event of a needle stick injury or contamination from blood or bodily fluids** to cuts, eyes, mouth, the employee must attend Accident and Emergency within 1-2 hours, in order for clinical risk assessment and prophylactic measures to be undertaken if indicated as appropriate. This injury must be reported to management and health and safety notified.

Appendix 8: COSHH Risk Assessment Document

Department / School:

Date:

Describe the activity or work process (include how long and how often this is carried out and the quantity of substance used):

Location of process being carried out:

Identify the persons at risk (delete yes / no where applicable):

Employees (including trainees) Yes / No

Contractors Yes / No

Public (including students) Yes / No

Name the substance involved in the process and its manufacturer
(a copy of a current safety data sheet for this substance should be attached to this assessment):

Classification (state the category of danger, delete yes where applicable):

Flammable gases, liquids & solids yes / no

Unstable Explosives Yes / no

Oxidising gases & liquids yes / no

Gas under pressure yes / no

Corrosive to metals, skins and eye yes / no

Acute toxicity oral category 1, 2 & 3 yes / no

Acute toxicity 4, skin & eye 2 yes / no

Respiratory specific target organ yes / no

Hazardous aquatic, acute & chronic yes / no

Hazard Type (delete yes or no where applicable)

Gas	yes / no	**Fume**	yes / no	**Solid**	yes / no
Vapour	yes / no	**Dust**	yes / no		
Mist	yes / no	**Liquid**	yes / no		

Other hazard type (please state):

Route of Exposure (delete yes or no where applicable)

Inhalation	yes / no	**Eyes**	yes / no

Skin	yes / no	**Ingestion**	yes / no

Other route of exposure (please state):

Workplace Exposure Limits (WELs) (please state n/a where applicable)

Long-term Exposure level (8hrTWA)	Short-term exposure level (15 mins)

State risk to health from identified hazards:

Control measures (for example extraction, ventilation, training supervision)

Include special measure for vulnerable groups, such as disabled people and pregnant workers. Take account of those substances that are produced from activities undertaken by another employer's employees.

Is health surveillance or monitoring required? yes / no

Personal Protective Equipment (state type and standard):
(delete yes or no where applicable)

PPE Type	Required, yes or no	State Type and Standard
Dust mask	yes / no	
Respirator	yes / no	
Gloves	yes / no	
Footwear	yes / no	
Visor	yes / no	
Goggles	yes / no	
Overalls	yes / no	

First Aid Measure

Storage

Disposal of Substances & Contaminated Containers

Hazardous waste	yes / no	**Return to depot**	yes / no
Skip	yes / no	**Return to supplier**	yes / no

If other disposal of Substances & Contaminated Containers (please state):

Is Exposure adequately controlled? yes / no

Risk Rating Following Control Measures (delete yes or no where applicable):

High yes / no

Medium yes / no

Low yes / no

Assessed by:

Date:

Review date:

Appendix 9: Further Guidance on Assistance Animals

It is recognised that some staff and students may rely on an assistance animal for support in relation to their disability. Such animals are normally dogs who are trained to undertake these tasks and this section provides further guidance. Requests to bring an assistance animal other than a dog onto college premises will be dealt with on a case-by-case basis and only in advance of the student commencing their course. In processing requests by students to bring their assistance dog onto campus SERC will identify a manager / s to assess the appropriateness of this in the context of Health and Safety, hygiene or other concerns including the any welfare needs of other students and staff.

Emotional Support or therapy animals are not formally recognised as assistance animals in the UK and therefore do not have the same right of access as Assistance animals. SERC does not consider emotional support or therapy animals as assistance animals and therefore such requests will not be considered.

Definition of an Assistance Dog

For the purpose of this procedure, an assistance dog is one that has been specifically trained to assist disabled people. The Equality Commission for Northern Ireland provides the following definition of an Assistance Dog:

'Assistance dogs are dogs that have been trained to work in partnership with disabled people to assist them in accessing services and to help them to improve their mobility, independence and quality of life. Assistance dogs support people with a wide range of disabilities; including visual impairments, deafness, physical disabilities and hidden disabilities. Assistance dogs are highly trained working dogs: they are not pets! Assistance dogs can be recognised by the harness and coloured jackets that they wear. A jacket will usually display the name of the organisation that trained the dog in question.'

Types of Assistance Dogs

Guide Dogs: assist people who are blind or visually impaired

Hearing Dogs: assist people who are deaf or are hearing impaired

Support Dogs/Dogs for the Disabled: dogs trained to do tasks which their owner may find difficult such as opening and closing doors, picking up objects, raising an alarm, carrying items. Also, dogs supporting people with mental health issues.

Medical Alert Dogs: dogs that alerts a person to an oncoming medical episode

Autism Assistance Dogs: dogs supporting people with autism

Requirements for Assistance Dogs

Assistance dogs on SERC premises must:

- Preferably have been trained by a member of Assistance Dogs UK (ADUK), which is a coalition of assistance dogs organisations, or an equivalent organisation in another country
- Preferably have the ADUK ID booklet containing details about the dog charity that trained it
- Where the dog has not been trained by a member organisation of ADUK, evidence will be required of the training received and that the dog behaves according to the expected standards of behaviour for an assistance dog
- Be able to demonstrate, to an identified SERC manager, suitable appropriate behaviours within the SERC campus /campuses that the student will be attending (this will be required for each campus should the student be attending multiple campuses)
- Preferably have a formal identification in the form of a branded jacket, harness, lead slip or bandana (although this is not a legal requirement)

- Have current working dog and public liability insurance which must remain valid for the duration of the programme

Procedure for Students

Alongside meeting the needs of an individual student, SERC has a duty of care to all students, staff and visitors to the College and adapts the following 3 stage process to approve an assistance dog being brought onto site. This process will by necessity take some time to work through and therefore it is recommended that students make any request to be accompanied by an Assistance Dog as soon as possible.

Stage 1

Students seeking to bring an assistance dog with them to College must contact Learning Support in the first instance so that a meeting can be arranged to discuss this further. The student (or parent/carer/guardian) will be asked to provide:

- evidenced disability, learning difficulty or long term health condition.
- Details of the specific duties/tasks to mitigate the disability - that the Assistance Dog provides and which specifically relate to the student's evidenced disability, learning difficulty or long term health condition.
- Evidence that their dog has been trained by a member of Assistance Dogs UK (ADUK) or an equivalent organisation in another country; or where the dog has not been trained by a member organisation of ADUK, evidence that the dog has been highly trained as an assistance dog and that the dog behaves according to the expected standards of behaviour for an assistance dog
- Working dog and public liability insurance documentation for their dog which must remain valid for the duration of the programme.

Stage 2

Once this information requested in Stage 1 has been satisfactorily provided and reviewed by the Head of Learner Welfare (or their nominee) a suitable manager will be asked to meet with the student and their Assistance Dog to evaluate:

- the relevant issues, including any health and safety concerns and any potential impacts on the health and welfare of other staff and students (eg where staff or students have allergies to animals or animal phobias, reasonable adjustments will need to be considered).
- How the Assistance Dog behaves in the college environment and how the student can manage their dog themselves within this environment. The Expected Behaviours section of this document provides further guidance on this.

As part of this process, the following points will also be considered:

- the identification of a dedicated outside space or 'spending area' where the dog can relieve itself will be identified and responsibilities for cleaning up after the dog agreed in line with the capability of the individual involved.
- establishing what parts of the College the student with the assistance dog will need access to.
- Whether specific and individual risk assessments are required if for example the student is studying on a course which includes non-standard classroom settings eg laboratories, workshops, salons or kitchens and / or if the Assistance dog will be in a vicinity where there are young children on premises, eg the Little SERC creche.

  Any specific risk assessment that is required will be completed in conjunction with the relevant teaching staff / specialists (eg Health and Safety).

  Should any of these specific Risk Assessments conclude that it would be unsafe for an animal to be in a particular setting, alternative reasonable adjustments will be considered as part of this process

Stage 3

Following the evaluation undertaken in Stage 2 the outcomes along with any specific Risk Assessments will be reviewed by the Head of Learner Welfare who will either:

- Approve or reject the request that the Assistance Dog can be brought onto Campus
- Seek further clarification or guidance should specific concerns have been identified and which need further consideration
- In difficult or complex cases or where the approval has not been agreed refer the case to the College Management Team for review / adjudication. The outcome of any decision of the College Management Team will be final.

In each case a written statement of the outcome will be provided which will include details of any specific restrictions or requirements that must be complied with.

It should be noted that:

- Where there is a significant conflict with SERCs health and safety duties, the College reserves the right to prohibit the presence of an assistance dog on college premises.
- A period of familiarisation may be requested prior to the student commencing their course eg a student and their guide dog being on Campus over a summer period to familiarise themselves with the campus layout.

Compliance

In all cases where an Assistance Dog is approved to accompany a student on a SERC Campus the student must ensure that they comply with the terms that were agreed during the approval process, including the requirements that were identified as part of any specific risk assessments that were undertaken.

Failure to do so will result in the approval being rescinded with immediate effect.

Guidance on the expected behaviours that Assistance Dogs should demonstrate

Assistance Dogs are highly trained animals and will:

- Be trained to behave well in public
- Have safe and reliable temperaments
- Be healthy, do not constitute a hygiene risk and be fully toilet-trained
- Be recognisable by the harness, organisation branded coat, lead slip or ID (although there is no legal requirement for this)

Assistance dogs are trained to focus on their partner, however no matter how highly trained and experienced the dog is, they can on occasion become distracted. Nonetheless the behaviours you would **not** expect to see are:

- Dogs not behaving well in public eg lunging, constant barking, jumping up or pulling strongly on a lead (although it must be noted that some assistance dogs may jump to alert their handler)
- Dogs with aggressive or fearful temperaments eg cowering or growling
- Poorly cared for dogs that constitute a hygiene risk
- Dogs that are not toilet trained

If it becomes evident that the dog is not behaving in line with these expected behaviours, the College reserves the right to review the situation with a view to refusing or revoking access to the assistance dog.

Assistance Dogs Around Food

Highly trained assistance dogs should be allowed access to College restaurants and canteens or other premises where food is available. Due to the very specific training and health tests that highly trained assistance dogs will go through, particularly dogs trained by ADUK members, they are unlikely to be a risk to hygiene in premises where food is available. However this would not include areas where food is prepared for sale such as professional or commercial kitchens.

Interacting with Assistance Dogs and their owners

It is important to remember that assistance dogs are highly trained working dogs performing tasks to assist their owner; they are not pets. Some points to consider when interacting with assistance dogs and their owners are detailed below:

- Talk to the handler, not the dog. Do not call the dog, as it needs to focus on its owner
- Don't distract the assistance dog – you should allow the dog to concentrate and perform for the safety of their handler
- Do not pet or praise the assistance dog – this can distract the dog from their duties
- Don't offer the dog food – their owner is responsible for maintaining their assistance dog's diet, and food can also be a distraction
- Permit the owner appropriate breaks to allow the assistance dog's needs to be met.

Procedure for Staff

Alongside meeting the needs of an individual member of staff, SERC has a duty of care to all students, staff and visitors to the College. Staff members who wish to bring an assistance dog into College must contact HR in the first instance and HR will identify a suitable manager to process the request. The staff member will be asked to provide:

• Information about their assistance dog and the duties/tasks the dog performs

• Evidence that their dog has been trained by a member of Assistance Dogs UK (ADUK) or an equivalent organisation in another country; or where the dog has not been trained by a member organisation of ADUK, evidence that the dog has been highly trained as an assistance dog and that the dog behaves according to the expected standards of behaviour for an assistance dog

• Working dog insurance and public liability insurance documentation for their dog which must remain valid for the duration of the programme.

An assessment will be undertaken to establish the relevant issues, including any potential impacts on the health and welfare of other staff and students (eg where staff or students have allergies to animals or animal phobias, reasonable adjustments will need to be considered).

As part of this assessment, the allocation of a dedicated outside space or 'spending area' where the dog can relieve itself will be identified and responsibilities for cleaning up after the dog agreed in line with the capability of the individual involved.

This assessment will also establish what parts of the College the staff member with the assistance dog will need access to. If the staff member's working area includes non-standard classroom settings eg laboratories, workshops, salons or kitchens a risk assessment will need to be carried out. Where the risk assessment concludes it would be unsafe for an animal to be in a particular setting, alternative reasonable adjustments will be considered.

Where there is a significant conflict with our health and safety duty, the College reserves the right to prohibit the presence of an assistance dog on college premises.

A period of familiarisation may be agreed.

Responsibilities of the dog owner

Owners are responsible for ensuring they have the relevant working dog insurance and Public Liability Insurance in place for their dog which must remain valid for the duration of the student's programme or staff member's employment. A copy of this must be provided to the College.

Any access restrictions established by the College on the grounds of health and safety must be respected by the assistance dog owner eg commercial kitchens where food is being prepared. Any such restrictions will be agreed on an individual basis.

Owners are responsible for the behaviour of their dog at all times and the assistance dog should be always kept on lead and under close control. Owners must ensure their dog behaves appropriately, does not disrupt or cause harm to others, and does not damage college property.

It is the owner's responsibility to ensure the welfare needs of their animal are met, including regular health checks, up to date vaccinations, grooming, feeding, watering and toileting requirements.

Whilst it is not a legal requirement for assistance dogs to wear a harness, jacket or lead slip which identifies them as an assistance dog, SERC would prefer requests that assistance dogs are clearly identifiable in this way.

Where possible, the user should clean up after their dog, and arrangements for this will be agreed through the assessment process in line with the capability of the individual involved. Owners should not allow their dog to foul the buildings, paths or grounds of the college other than the agreed designated 'spending area'. In the unlikely event that a dog does foul in the college building and the owner is unable to clean this up, the owner must report this to Estates who will arrange for the area to be cleaned and sanitised.

SERC Assistance Dog Agreement

Assistance Dog Owner Agreement

Student / Staff Member Name: _____

Student Number / Employee Number: _____

Campus(es): _____

Programme / Department: _____

Name of Assistance Dog: _____

Breed: _____

Colour/Description: _____

Approval Date: _____

Review Date (if applicable): _____

Purpose of this Agreement

This agreement records the arrangements that have been put in place to support the approved attendance of an assistance dog on SERC premises. It sets out the responsibilities of the dog owner and any specific conditions attached to the approval.

The owner acknowledges that the approval of an assistance dog is subject to ongoing compliance with this agreement and any associated risk assessments.

Owner Declaration

I confirm that:

☐ My assistance dog is trained to support me in relation to my disability and/or health condition.

☐ I have provided all documentation required by the College.

☐ I have provided evidence of appropriate insurance cover and will ensure that this remains valid throughout the duration of my attendance/employment.

☐ I will notify the College immediately if any information provided as part of the approval process changes.

☐ I understand that College approval applies only to the dog identified within this agreement.

Responsibilities of the Owner

I agree that I will:

☐ Keep my assistance dog under control at all times whilst on College premises.

☐ Ensure that my assistance dog remains on a lead or harness unless a reasonable adjustment has been agreed.

☐ Ensure my assistance dog behaves appropriately and does not cause disruption, intimidation, damage or unnecessary disturbance.

☐ Ensure my assistance dog does not display aggressive, uncontrolled or unsafe behaviour.

☐ Ensure my assistance dog's health, welfare, vaccinations, grooming and cleanliness are maintained.

☐ Meet the feeding, watering, exercise and toileting needs of my assistance dog.

☐ Ensure that any fouling is managed in accordance with the arrangements agreed with the College.

☐ Respect any restrictions placed upon access to specific areas for health and safety reasons.

☐ Comply with all conditions set out in any individual risk assessments.

☐ Report any incident involving my assistance dog to the College immediately.

Agreed Toileting Arrangements

Designated spending/toileting area:

Agreed arrangements for cleaning up after the dog:

Approved Areas of Access

The assistance dog is approved to accompany the owner in the following areas:

☐ Teaching rooms

☐ Offices

☐ Library

☐ Student Services

☐ Restaurants/Canteens

☐ Communal Areas

☐ Bathrooms

☐ External Grounds

☐ Other:

Restricted Areas

The assistance dog may not enter the following areas unless expressly authorised following risk assessment:

Additional Conditions

The following specific conditions apply to this approval:

Review of Approval

The College reserves the right to review this approval where:

- The dog displays behaviour inconsistent with expected assistance dog standards.
- Health and safety concerns arise.
- The owner fails to comply with agreed arrangements.
- Required insurance lapses.
- Circumstances materially change.

Where concerns are identified, the College will normally seek to resolve issues through discussion and review before considering suspension or withdrawal of approval.

Agreement

I confirm that I have read and understood this agreement and agree to comply with all requirements and conditions relating to the attendance of my assistance dog on SERC premises.

Dog Owner

Name: _____

Signature: _____

Date: _____

College Representative

Name: _____

Job Title: _____

Signature: _____

Date: _____

Head of Learner Welfare / HR Manager Approval

Name: _____

Signature: _____

Date: _____

Review Date

This agreement should be reviewed by: _____

Review Outcome:

Signature: _____

Date: _____

This format creates a clear audit trail and links directly to the approval process outlined in the appendix. It will also help defend any later decision to review or withdraw approval because expectations have been formally agreed in writing.

Appendix 10: SERC New and Expectant Mother Risk Assessment, Health & Safety Check list

Hazards identified below can be entered on the College standard risk assessment form **(Appendix 10)** along with suitable control measures to reduce any risk to an acceptable level. See the risk assessment guidance notes and hazards and controls checklist at **Appendix 11**.

Further recommended guidance can also be found at www.womens-health.co.uk

1. Physical Demands:

Does the work involve lifting or pushing heavy objects?	Yes / no
Does the work involve standing or squatting for long periods of time?	Yes / no
Does the role involve a lot of walking?	Yes / no
Does the work involve working at height or climbing steep steps?	Yes / no
Does the woman need to access confined spaces?	Yes / no
Will any tasks become more hazardous as the woman changes shape and size?	Yes / no
Does the role involve shift work?	Yes / no
If so, does it involve working at night?	Yes / no

2. Mental Demands

Does the role involve meeting challenging deadlines?	Yes / no
Does the role involve rapidly changing priorities and demands?	Yes / no
Does the role require a high degree of concentration?	Yes / no

3. Working Conditions – General

Does the work involve lone working or working in remote locations?	Yes / no
Does the role involve any home working?	Yes / no
Will the woman have difficulty accessing toilet facilities?	Yes / no
Does the role prevent the woman from taking rest breaks when needed?	Yes / no
Does the role prevent the woman from controlling the pace of work?	Yes / no
Are there any risks of violence at work?	Yes / no
Does any part of the job involve dealing with members of the public?	Yes / no
If so, does it involve dealing with distressed or troubled people?	Yes / no
Does the role involve contact with young children or sick people?	Yes / no
Does the role involve dealing with emergencies?	Yes / no
Does the role involve working unpredictable hours?	Yes / no

Are there any obstacles in the College or offices that could cause problems for pregnant woman, e.g. in the event or a fire evacuation? Yes / no

Does the work involve extremes of hot or cold? Yes / no

Is the temperature in her working environment unreasonable? Yes / no

Does the woman use display screen equipment? If so:

Does the woman have difficulty getting in and out of the workstation Yes / no

Will this become a problem as the pregnancy develops? Yes / no

Is the woman prevented from using a seat that is adjustable, with a backrest? Yes / no

4. Specific Hazards

Does any part of the job involve the use of chemicals? Yes / no

Could the woman come into contact with any biological risk such as Rubella or Chicken Pox? Yes / no

Does the job involve working with cats and sheep? (Lambing- Toxoplasmosis) Yes / no

Is there any exposure to vibration, e.g. through the use of hand tools? Yes / no
If so, will this present a problem as the pregnancy develops? Yes / no

Does the woman need to wear Personal Protective clothing? Yes / no
Is so, will this present a problem as the pregnancy develops? Yes / no

Does the work expose the woman to ionizing radiation? Yes / no

Does the work involve exposure to electromagnetic fields and waves? Yes / no

Will any of the hazards listed above still be a risk during the breastfeeding period? Yes / no

This checklist has been completed to the best of my knowledge:

Signed: **Date:**
(Line manager)

Signed: **Date**:
(HR)

Signed: **Date:**
(Employee or student)

Note: This checklist is to be kept on the employee's personal file for at least three years. In the case of students, it should be retained by the Health and Safety department.

Appendix 11: Risk Assessment

Name of person carrying out Risk Assessment: **Date assessment carried out:**

Review date:

Area / Activity	Hazards	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by whom	Date of Action	Done Tick Box

Date assessment approved by (Head of School /Campus Manager):

Date assessment forwarded to Human Resources:

Date assessment forwarded to Head of H&S Department (if applicable):

Appendix 12: SERC New and Expectant Mother Risk Assessment

Hazards and Control Guidance Checklist

1. Physical Demands

Examples of Hazards	Suggested Control Measures The list is not exhaustive and is given as guidance. Add additional control measures as appropriate to the work area	Checklist (action or not applicable)
Lifting /pushing heaving objects	• Advise woman to seek assistance when lifting / pushing heavy objects. • If the above is not possible, undertake a full manual handling risk assessment.	
Standing or squatting for long periods	• Ensure woman has regular breaks to undertake moderate exercise / relaxation.	
Excessive walking	• Use of transportation.	
Working at height	• Review necessity for working at height or provide assistance / partner where unavoidable.	
Confined spaces	• Areas to be checked and assistance to be provided in all cases where woman accesses a confined space.	
Changing size / shape of the employee	• Continuous checks to be undertaken as pregnancy progresses.	

2. Mental Demands

Examples of Hazards	Suggested Control Measures The list is not exhaustive and is given as guidance. Add additional control measures as appropriate to the work area	Checklist (action or not applicable)
Challenging deadlines	• Flexible deadlines where possible. • Continuous communication between employee and line manager or student and tutor/supervisor	
Changing priorities / demands	• Provision of information to the woman as soon as available. • Continuous communication between employee and line manager or student and tutor/supervisor.	
Work requiring a high degree of concentration	• Ensure woman has regular breaks to undertake moderate exercise / relaxation.	

3. General Work Conditions

Examples of Hazards	Suggested Control Measures The list is not exhaustive and is given as guidance. Add additional control measures as appropriate to the work area	Checklist (action or not applicable)
Lone working / remote areas	• Reschedule work to avoid lone working. • Implement a reporting system at set time periods.	
Toilet breaks / facilities	• Ensure that there are adequate facilities available.	
Rest breaks	• Ensure the woman has the facility to take a break when required.	
Pace of work	• Flexible deadlines where possible. • Regular checks by line manager or tutor/supervisor to ensure pace of work is not affecting the woman's health.	
Risk of violence	• Review operations and procedures to eradicate possibility of violence. • Provide assistance when required.	

Working with members of the public: distressed / troubled people or young children / sick people	• Re-arrange tasks to avoid / minimise contact where possible. • Provide assistance when required.	
Obstacles in the way of escape e.eg in the event of a fire	• Remove obstacle. • If this is not feasible, relocate activity to a different area.	
Indoor air pollution	• Relocate where possible. • Restrict time allowed in this location. • Provide Personal Protective Equipment.	
Extremes of hot / cold or unreasonable temperatures	• Withdraw the necessity to work in these extremes • Limit time spent in these extremes • Provide respite breaks as appropriate • Provide Personal Protective Equipment	
Display screen equipment	• Ensure that a DSE Assessment has been undertaken on the workstation.	

4. Specific Hazards

Examples of Hazards	**Suggested Control Measures** The list is not exhaustive and is given as guidance. Add additional control measures as appropriate to the work area	**Checklist (action or not applicable)**
Use of chemicals	• Ensure COSHH Risk Assessments have been undertaken on all hazardous substances.	
Biological risks	• If the woman is not immune from chicken pox, avoid contact with known cases of chicken pox or shingles. • Ensure the woman is fully briefed of the risks involved and the precautions to take. • Follow any procedures laid down by placement providers. • Advise the woman to seek guidance from their own GP / midwife if they have any concerns.	

Working in agriculture / horticulture or with cats and sheep	• Avoid contact with sheep at lambing times. • Wear gloves and wash hands thoroughly if emptying cat litter trays. • Avoid handling raw meat if possible. • If handling raw meat, wash hands thoroughly and wash down any work surfaces which raw meat has touched. • Always cook meat thoroughly. • Wear gloves for gardening. • Wash vegetables thoroughly before eating.	
Exposure to vibration	• Avoid / limit the use of hand tools where vibration is a problem.	
Ionising radiation	• Avoid the use of radioactive materials where possible. • Reschedule lab experiments until they are safe to undertake.	
Electromagnetic fields / waves	• Avoid the use of electromagnetic fields / waves where possible. • Reschedule lab experiments until they are safe to undertake.	

Appendix 13: Guidance for Lone Working Risk Assessment

Address where work is to take place:

Work activity being undertaken:

Brief description of work:

Hazard identification:

- Identify all the hazards specific to the lone working activity; evaluate the risks and record the appropriate risk grading; describe all existing control measures and identify any further measures required.

- Specific hazards may need to be assessed for an individual Lone Worker e.g. pregnancy risk assessment. These assessments should be completed using the relevant SERC recording forms and should be cross referenced with this document.

Hazard(s) Risk Grading

- **Control Measures** (include alternative work methods, training, supervision, protective equipment, alarms)

Workplace:

- Identify any hazards specific to the workplace or work environment which may create particular risks for lone workers e.g. confined spaces, lack of emergency call systems.

Process:

- Identify any hazards specific to the work process which may create particular risks for lone workers e.g. electrical systems, use of dangerous substances.

Equipment:

- Identify any hazards specific to the work equipment which may create particular risks for lone workers e.g. manual handling aids, mechanical failure.

Violence:

- Identify the potential risk of violence, you may find it helpful to review recent and past incidents to assess the “true” picture.

Hazard(s) Risk Grading

- **Control Measures** (include alternative work methods, training, supervision, protective equipment, alarms)

Individual:

- Identify any hazards specific to the individual which may create particular risks for lone workers e.g. medical conditions, pregnancy/breastfeeding, young workers.

Work pattern:

- Consider how the lone worker’s work pattern integrates with those of other workers in terms of both time and geography.

Other:
Please specify.

Persons at Risk: Identify all those who may be at risk.

- Receptionists On-call Staff
- Office Staff Estates Engineers
- Visitors /Others (please identify)

Training: Identify the level and extent of information, instruction, and training required. Consider experience of workers.

- SERC Induction and Local Induction
- Conflict Resolution
- Cultural Awareness
- Manual Handling
- Fire Safety and Evacuation
- Personal Safety Training
- Task / professional training
- Other - please list
- **Supervision:** identify the level of supervision required.
- Identify all necessary supervisory measures

- **Is suitable supervision in place?**
- Periodic telephone contact with lone workers necessary?
- Periodic location visits to lone workers?
- Regular contact (e.g. telephone, radio etc.)
- Automatic warning devices e.g. motion sensors
- Manual warning devices, e.g. emergency call buttons, panic alarms etc.
- End of task / shift contact
- Other – please specify

Additional Information: Identify any additional information relevant to the lone working activity, including emergency procedures.

Name(s) of Lone Worker(s):

Job Role:

Assessment Review Date (at least annually):

Assessor:

Date:

Comments:

Appendix 14: Hazard Checklist

1. **Mechanical**
   Entanglement
   Friction/abrasion
   Cutting
   Shearing
   Stabbing/puncturing
   Impact
   Crushing/trapping
   Ejection

2. **Transport**

3. **Access**
   Slips, trips and falls
   Falling or moving objects
   Obstructions or projections
   Confined spaces

4. **Handling/Lifting**

5. **Electricity**

6. **Chemicals**
   Toxic
   Irritant
   Sensitising
   Flammable
   Corrosive
   Explosive
   Carcinogenic

7. **Fire and Explosion**

8. **Particles and Dust**
   Inhalation
   Ingestion
   Abrasion of skin or eye

9. **Radiation**
   Ionising
   Non-ionising

10. **Biological**
    Bacterial
    Viral
    Fungal

11. **Workplace Factors**
    Noise
    Vibration
    Light
    Humidity
    Ventilation
    Temperature
    Pressure/vacuum

12. **Organisational**
    Poor maintenance
    Lack of supervision
    Lack of training
    Lack of information
    Unsafe systems
    Provision of unsuitable equipment

13. **The Individual**
    Individual not suited to high work rate
    Unsafe behaviour of individual

Appendix 15: Non – Conformance Observation Report (NCOR)

NCOR No.:	**Date:**	**Audit No**.:
Description of Non-conformance Raised due to: Internal Audit / Staff/student Complaint / Normal Working (delete not applicable) Reported by:		
Remedial Action Action by:	To be completed by:	(date)
Action to Prevent Recurrence Action by:	To be completed by:	(date)

Appendix 16: Corrective Action Form

Responsibility	Please tick ✓	Description of risk/hazard	Action required	Corrective Action Completion date
HOS/Dept/Unit				
Estates				
Health and Safety Dept				
Other (Grahams etc)				

Proposed date of review meeting:

Month: Day:

Time am/pm:

15.0 Communication Plan

This Procedure will be uploaded to the College intranet and referred to in staff induction and training.

16.0 Review

This procedure will be reviewed annually, or when the need for change has been identified.