

Occupational Health and Safety Policy Statement and Arrangements

Durham University Occupational Health and Safety Policy Statement

Durham University's vision is to enable our community to proportionately and competently manage health and safety risks, facilitating a safe and healthy environment for work, research, education, wider student experience and visitors.

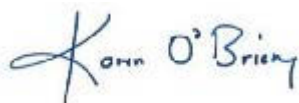
Our aim is to undertake, and provide, world-leading research, education and wider student experience that benefits the wider community. We aim to achieve this without adversely affecting anyone's health or safety; however, we recognise that elimination of risk is neither achievable nor at times, desirable. In practice, we try to achieve a reasonable balance between health, safety and our strategic objectives.

We aim to promote a positive health and safety culture that ensures legal compliance, enables continuous improvement and facilitates a competent, engaged University Community, which is supported by strong and effective leadership to collectively manage health and safety risks.

We achieve this by:

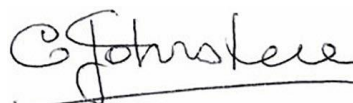
- Ensuring continual, proactive and effective improvement of health and safety performance against both legislative and non-legislative requirements.
- Having effective systems to identify and mitigate risk.
- Adopting strategies and behaviours which encourage proportionate risk management.
- Ensuring safety management is integral to our activity.
- Setting and reviewing challenging health and safety objectives.
- Ensuring all of our staff are competent to undertake the tasks which they are allocated.
- Monitoring, auditing and periodically reviewing the Health and Safety Policy and Arrangements (the Policy) and the management system, and their implementation, to ensure continued suitability, adequacy and effectiveness.
- Openly consulting with students, employees and trade union safety representatives, on issues which affect their health, safety or welfare.
- Investigating and learning lessons from incidents, near misses and health and safety observations.
- Selecting and monitoring competent, third-party providers of services and requiring them to meet health and safety standards which match our own.
- Providing suitable information, instruction and training and appropriate health and safety supervision to all University members.
- Providing adequate and appropriate resources to implement this Policy and ensuring that it is properly communicated and understood.
- Effectively communicating with all members of the University, and other interested parties, so that our expectations are known to, and adopted by, all.

The Vice-Chancellor and Warden and the Council of Durham University accept ultimate responsibility for health and safety; however, health and safety is everyone's responsibility. It is a prime responsibility of every level of management, and we expect everyone to contribute to achieving our overall goals.



Professor Karen O'Brien
Vice-Chancellor and Warden

Date: 16th December 2025



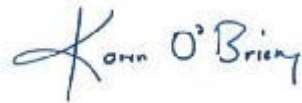
Caroline Johnstone
Chair of Council (on behalf of Council)

Date: 16th December 2025

Foreword by the Vice-Chancellor

Durham University is committed to providing a safe and inclusive community for all of our members, whether they are staff, students, researchers or visitors to our premises. As such, I want health and safety to be a core priority for everyone. Our aim is to provide a safer and healthy environment for all, by ensuring that health and safety is central to everything we do.

To support this, I am committed to a positive health and safety culture, where mistakes are seen as a learning opportunity for all. I am delighted that the strong health and safety management and culture at the university has recently been externally verified by a 5 Star rating awarded by the British Safety Council, and I am committed to ensuring that we remain on our journey of continual improvement.



Professor Karen O'Brien
Vice-Chancellor and Warden

Date: 16th December 2025



Occupational Health and Safety Policy and Arrangements

Durham University Health and Safety Policy Statement

Foreword by the Vice-Chancellor

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Version	Date	Revisions	Author	Approved
1.	September 2018	Version one, as approved.	Joe Elliott	UEC and Council October 2018
1.1	July 2019	Updated to reflect changes in University structure/UEC	Joe Elliott	
1.2	August 2019	Updated to reflect comments from Vice-Chancellor	Joe Elliott	
2.	October 2019	Final version	Joe Elliott	UEC, Audit and Risk Committee, and Council October 2019
2.	October 2020	No Changes	Joe Elliott	UEC, Audit and Risk Committee, and Council December 2020
2.1	August 2021	British Safety Council audit recommended changes and establishment of Faculty Health and Safety Groups	Joe Elliott	
3.	December 2021	Final version for implementation	Joe Elliott	Council
3.1	September 2022	Changes to signatories, updates to VC Foreword and Policy Statement, changes requested by BSC 5-star audit Amendment to the roles and responsibilities of the Audit and Risk Committee requested by Committee Members.	Joe Elliott	HSCG UEC ARC
4	December 2022	Final version for implementation	Joe Elliott	Council
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6.1	September 2025	Annual Review	Joe Elliott	HSC UEC ARC
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Occupational Health and Safety Policy and Arrangements

1. Introduction

1.1 Status

1.1.1 This is Durham University's Health and Safety Policy and Arrangements (the Policy), which has been agreed, in its entirety, by the University Executive Committee (UEC) and Council. The Policy sets out the University's commitments and aspirations in respect of health and safety management and performance. The Policy sets the framework of the University's Occupational Health and Safety Management System (OHSMS) and the features of that management system which will be used to assess its performance.

2. The Context of the Organisation

2.1.1 Durham University is a collegiate, public research university based in Durham, England, founded by an Act of Parliament in 1832 and granted a Royal Charter in 1837. Its main functions are divided between academic departments and seventeen colleges. In general, the departments are responsible for research and education, while the colleges are responsible for the domestic arrangements and welfare of undergraduate students, graduate students, post-doctoral researchers and some staff. Departments at Durham are members of four Faculties: the Faculty of Arts and Humanities; the Faculty of Business; the Faculty of Science; and the Faculty of Social Sciences and Health. The Health and Safety Service follows a Business Partner model which maps directly to the faculty structure.

2.1.2 The University is a member of the Russell Group of British research-intensive universities and has a global profile across a broad range of academic disciplines. The University's core business includes students and staff working in other locations across the world.

2.1.3 The University's published, ten-year Strategy (2017-2027) (as refreshed 2023-2027) and its wider organisational context is iteratively assessed and reported against during the review cycle of the Strategy.

2.1.4 The University's strategic approach to health and safety coalesces around six key themes. The focus of the Strategy provides direction to the Health and Safety Service on how it can impact the wider OHSMS for the University and all those involved in, or interacting with, it, enabling a much greater, collective contribution to improving outcomes. The strategic themes, listed below, align to those of the Health and Safety Executive (HSE) and support continual improvement:

- **Acting Responsibly:** promoting broader ownership and knowledge of responsibilities for health and safety across the University's communities of interest
- **Managing Occupational Health Risk:** promoting broader awareness and ownership of occupational health issues across the University
- **Managing Risks Well:** promoting risk awareness and demonstrable systems of control across the University



- **Supporting Departments, Colleges and Services (DCS):** providing competent advice, guidance and coaching, to assist the University in managing its risks to occupational health and safety
- **Keeping Pace with Change:** ensuring the University is aware of its legal duties, by highlighting any changes in legislation, guidance and standards
- **Sharing Good Practice:** promoting and sharing areas of good practice in occupational health and safety to the wider-University, from both internal and external sources.

- 2.1.5 The University has a complex estate of over 300 buildings, 63 of which are listed, from the 11th Century Durham Castle to a 1930s Art Deco chapel. The Castle forms part of a World Heritage Site (WHS), which also includes other University-owned buildings, forming the Palace Green area of Durham City. The WHS is jointly managed with Durham Cathedral.
- 2.1.6 Durham University has approximately 22,000 students. One of the targets of the Strategy is to house 40 to 45% of its students in University-provided accommodation.
- 2.1.7 There are currently 150 nationalities represented among students and staff.
- 2.1.8 Durham University boosts the UK economy by c£1.9 billion GVA a year, supporting nearly 17,000 jobs in the UK, with almost £670 million GVA and more than 10,000 jobs staying in the North East of England. In addition to its core activities, the University has launched 25 spin-out companies since 1997, supporting nearly 1,000 jobs. Visitors to the University are estimated to generate a further £8 million annually to the North East's economy.


3. Scope of the Organisation and Arrangements

3.1 Occupational Health and Safety Management System (OHSMS)

- 3.1.1 The HSE defines an OHSMS as a formal framework to assist in the management of health and safety. Formal management systems have, at their core, the elements of Plan, Do, Check and Act (PDCA) and embody the principle of continual improvement.
- 3.1.2 The objective of the management system is to enable the University to control its health and safety risks in order to prevent injury and ill-health. To achieve this fully, the OHSMS interacts with partners across the University, including those charged with delivering Occupational Health services and wellbeing programmes. This Policy makes explicit the components of the OHSMS, which the University has adopted, and describes the broad principles by which each of the components are made operational.

3.2 Scope

- 3.2.1 The OHSMS and this Policy apply to all Durham University students, irrespective of their status and all employees, regardless of level, grade, full-time, part-time, contractually substantive, fixed-term, agency-appointed, voluntary, location (on-site, off-site, local, national or international), or whether their workplace is owned or operated by the University or not. Students and staff, so defined, are known as University members.

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- 3.2.2 The OHSMS and this Policy also apply to all members of all formally constituted subsidiaries of the University. In circumstances where University members are seconded, loaned, hired or placed at other organisations, then the University expects equal standards of care to be applied by that organisation. There are also elements of the OHSMS and Policy which specifically apply to contracted providers of services to the University, whose conduct is expected to equal that expected of University employees. The needs and expectations of any other interested party, including members of the public when visiting University premises or engaging with the work of University members, can be accommodated by the OHSMS through the mechanisms described in this Policy.
- 3.2.3 Falling outside of the scope of this Policy is the management of human tissue, and fire safety (the management of which are set out in separate policies).
- 3.2.4 This scope is reviewed and refined on the basis of the iterative process described in Section 2.

3.3 Standard

- 3.3.1 There are a variety of health and safety management systems available, but Durham University has adopted the principles for health and safety management systems as set out in the International Organisation for Standards (ISO) 45001 standard for OHSMS, published in March 2018. This Policy sets out an OHSMS, which aligns with the requirements of ISO 45001: *Occupational Health and Safety Management Systems*.

3.4 Definitions

- 3.4.1 With few exceptions, this Policy adopts key definitions as they are given in the specification of ISO 45001:
- **University Member:** any staff or student member of the University, regardless of level or grade, who perform work, or work-related, activity, which is under the control of the University.
 - **Third Party:** any external organisation providing services to the University.
 - **Outsourced Service:** any function of the University provided by a third-party.
 - **Interested Party:** any person or organisation that can affect, or be affected by, or perceive itself to be affected by a decision or activity.
 - **Competence:** the ability to apply health and safety knowledge, skills and experience in the context of a role or activity.
 - **Responsibility:** an element of someone's role that is their duty to complete.
 - **Accountability:** a responsibility to ensure that duties have been completed.
 - **Hazard:** source with a potential to cause injury or ill health.
 - **Risk:** effect of uncertainty, usually expressed as a combination of the consequences of an event and its associated likelihood.
 - **Hierarchy of Control:** a system used in industry to minimise or eliminate exposure to hazards. When considering the hierarchy of control, the following sets of controls should be applied *in order*: elimination;



- substitution; engineering controls; administrative controls; and personal protective equipment.
- **Injury or Ill-health:** an adverse effect on the physical, mental or cognitive condition of a person.
 - **Incident:** occurrence arising out of, or in the course of, work that could or does result in injury or ill-health.
 - **Near Miss:** an unplanned event that did not result in injury, illness or damage but had the potential to do so.
 - **Health and Safety Observation:** the recognition of an unsafe condition or behaviour.
 - **Health and Safety Opportunity:** a circumstance that can lead to an improvement in health and safety performance.
 - **Conformity:** fulfilment of a requirement of this Policy and/or the OHSMS
 - **Nonconformity:** non-fulfilment of a requirement of this Policy and/or the OHSMS.
 - **Process:** a set of interrelated and interacting activities which transforms inputs into outputs.
 - **Procedure:** a specified way to carry out an activity or a process.
 - **Documented Information:** information which is required to be controlled and maintained by an organisation and the medium on which it is contained.
 - **Measurement:** a process to determine a value.
 - **Performance:** measurable results from the management of activities, processes, products, systems or organisations.
 - **Monitoring:** determining the status of a system, process or activity.
 - **Audit:** systematic, independent and documented process for obtaining audit evidence, and evaluating it objectively, to determine the extent to which the audit criteria are fulfilled.
 - **Continual Improvement:** recurring activity to enhance performance.
 - **DCS:** a Department, College or Service of the University.
 - **HSS:** Health and Safety Service.
 - **OHSMS:** Occupational Health and Safety Management System, as set out in this Policy.
 - **HSC:** Health and Safety Committee.
 - **UEC:** University Executive Committee.
 - **Workplace Wellbeing:** relates to the broader context of working life, from the quality of the physical environment, to the way that workers feel about their work, their working environment and the working climate.


4. Health and Safety Policy Statement

4.1 Purpose

- 4.1.1 The Health and Safety Policy Statement (the Statement) sets the overall direction and principles of action for the University. The Statement demonstrates the commitment of the University, at its most senior level, to exemplary standards of health and safety management.

4.2 Review

- 4.2.1 The Policy Statement is reviewed annually in Michaelmas term, by UEC, and formally signed-off by the Vice-Chancellor as Accountable Officer and University Council, as the Governing Body. Any required amendments are made to the Statement as it appears in this document, and the revised version



of the Policy published to the intranet. Substantial changes are communicated to all staff and students, through the most appropriate, existing channels.

5. Assessment and Control of Health and Safety Risks

5.1 Types of Risk

5.1.1 The hazard identification, risk assessment and risk control processes are central to the OHSMS, which provides the means to control a number of linked risks, such as: risk of injury; risk of ill-health; risks to business continuity; risks of legal non-compliance and enforcement action; and reputational risks.

5.2 Responsibility

5.2.1 The responsibility for writing and implementing risk assessments rests with the manager directly in control of the activity, or with any person specifically delegated the task by the Head of the DCS. Wherever possible, risk assessments should be developed with the participation of those who will be completing the work and interested parties.

5.2.2 It is the responsibility of the Head of DCS to ensure that all of the hazards, which fall within that DCS, are systematically identified, assessed and controlled.

5.3 Hazard Identification


5.3.1 The Head of DCS implements a continuous and formal process of hazard identification, for all activity under the remit of the DCS. A starting point is a consideration of the relevance to the DCS of the hazards listed on the HSS DCS Legislation Register, which align to the University's Risk Register. The hazard identification process also needs to consider whether there are other hazards in the DCS which are not listed on the University's Risk Register; the diversity of operations at the University means the University Risk Register cannot be considered to be definitive and exhaustive for all areas.

5.3.2 As well as hazards associated with business as usual activity, hazard identification should also consider day-to-day fluctuations, for example, variations caused by holidays, illness or staff changes, and planned changes, such as major refurbishment. For this reason, hazard identification is not be a one-off event, but a continuous process which has the flexibility to incorporate changing circumstances. This hazard identification process informs the DCS Assessment Register.

5.4 Risk Assessment

5.4.1 Risk assessments are simply a formalised means of identifying items and activities which present risks to human health and/or safety, a quantification of the scale of those risks, and a description of the means by which those risks are controlled, so that the likelihood or scale of the risks are minimised.

5.4.2 The University's HSS promotes a standard approach to the assessment of risks, and various template risk assessments are available through the HSS's intranet site, along with guidance on the approved method of risk assessment.



Generally, the guidance requires a consideration of the hierarchy of control, and controls may be adopted from a variety of levels within that hierarchy. Courses on risk assessment methodology, to promote the consideration of the hierarchy of control, are included in the HSS training programme.

- 5.4.3 Significant findings identified during the risk assessment process are recorded. Risk assessments are reviewed when there are significant changes to the scope of the assessment or the hazard it controls, when accident or incident investigations suggest that it may not adequately define necessary controls, when legislation emerges or is amended, or at least annually (see Section 5.6).
- 5.4.4 It is essential that the development of the risk assessment includes the participation of those who will be completing the task and any interested parties so that they participate in the ownership of the risks and controls and ensure that the risk assessment reflects the planned activity.
- 5.4.5 All significant events, which take place on University property, likely to involve attendance by members of the public, e.g. Durham Pride; Christmas Festival; Lumiere or Durham Miners' Gala, etc., whether organised by a University member or external party, are subject to review by the County Durham Safety Advisory Group (SAG), a multi-agency body coordinated through the County Council, which includes representation from all emergency services. Although the SAG is not constituted to approve or decline any individual event, it is a contractual condition of hosting any event on University property that all recommendations of the SAG are met.

5.5 DCS Assessment Register

- 5.5.1 Every DCS maintains a register of all hazards under its remit, and the details of the risk assessments which have been completed to control those hazards. As a minimum, this Risk Assessment Register shows: the hazard; the name of the risk assessment that controls the hazard; who completed it; the date it was completed; the current version control number; and the scheduled review date. The Risk Assessment Register is made available, on request, to the HSS for collation and reporting purposes. A template Risk Assessment Register is available on the HSS's intranet site and can be found under the heading of Risk Assessment.

5.6 Assessment and Register Review

- 5.6.1 Every risk assessment is reviewed at least annually, against the requirements of guidance document "G1: *Risk Assessment*", by its designated owner. DCSs are advised to maintain a schedule of review, which runs through the calendar year, as review of all risk assessments on a fixed date can be onerous and is likely to result in insufficient implementation of the controls. The Risk Assessment Register, particularly as it relates to the hazards which are identified under it, is also formally reviewed by its owner and agreed at least annually. The relevant Health and Safety Business Partner for each DCS is responsible for annually confirming that these reviews have been completed, and for reporting non-compliance to the relevant Executive Dean or PVC.



5.7 Health and Safety Risk Register

- 5.7.1 The HSS maintains a University-wide Risk Register. This document describes all of the hazards, which are known to exist within the University, and an assessment of the sufficiency of the controls, as implemented. The updated Register is submitted termly to the HSCC.
- 5.7.2 The Risk Register is formally signed off, at least annually by the Head of HSS, and is submitted as an appendix to the Occupational Health and Safety Management Annual Report to ARC. The HSS's Risk Register feeds directly into the University-wide Strategic Risk Register and for every hazard listed, there is a UEC member or senior leader as designated hazard owner. It is the hazard owner's responsibility to regularly review the sufficiency of the management of that hazard, across the University.

5.8 Strategic Risk Planning

- 5.8.1 Overall, health and safety performance is translated to the University's Risk Register and becomes an element of the University's overall risk profile. This is recorded as HS01 Health and Safety risk.

5.9 Guidance

- 5.9.1 For every hazard identified on the Risk Register, HSS makes available a guidance document, which sets out the University's expectations in respect of the appropriate control of the hazard, and the roles and responsibilities of those designated with duties to control the hazard. Each of the guidance documents has a designated owner within HSS, who is responsible, in consultation with interested parties, for formally reviewing the sufficiency of the documents, to a programmed schedule.

5.10 Change Management

- 5.10.1 Management of change is an important aspect of safety management. The aim of effective health and safety risk management is continual improvement, which, in itself, brings about change. Change can introduce new hazards that could impact the appropriateness and effectiveness of any existing risk mitigation. Whenever a significant change is introduced to an existing system, such as a new operational requirement, reorganisation, equipment or infrastructure and it is determined that the change may lead to risk, the risk must be identified and the change carefully managed in cooperation and consultation with the affected stakeholders.
- 5.10.2 The University's procedures for risk assessment enable those with responsibility for the management of the activity to take into account changes or proposed changes in the organisation, its activities or materials prior to the introduction of such changes, to identify potential hazards that will ensure there are no adverse effects on safety.
- 5.10.3 The people responsible for the proposed change, through the risk assessment process, are required to:
- Identify any significant hazards associated with change.
 - Assess any risks associated with change.

- Consider the hazards and risks where identified prior to the introduction of the change.
- Implement the controls needed to address the identified hazards and risks associated with the change.
- Consider if the proposed change will impact on other activities undertaken, e.g., in the same space, with the new or altered equipment etc.
- Monitor the change as a way to collect and analyse feedback, and identify gaps and lessons learned.

6. Legal and Other Requirements

6.1 Legislation Register

6.1.1 The HSS maintains a Health and Safety Legislation Register. The Legislation Register works from the hazard inventory contained within the Risk Register and, in each case, identifies the primary and other legislation that applies to the hazard. The Head of Health and Safety is the designated owner of the Legislation Register and is responsible for formally reviewing it, at least annually. The current version of the Legislation Register is published and available for review on the HSS's intranet site. A summary of all health and safety legislation that applies to the University is included as Appendix 1.

6.2 Emerging Legislation and Guidance

6.2.1 The Head of Health and Safety is responsible for alerting the University to emerging, or amending, health and safety legislation/guidance directly linked to the requirements of the University's regulators. This awareness is supported through the competent resource in HSS.

6.3 University Requirements

6.3.1 Durham University is committed to achieving legal compliance in all of its undertakings, achieved and evidenced by the implementation of this Policy and the OHSMS it describes.

6.4 Other Requirements

6.4.1 Hazard identification and risk management, at the University, may also be informed by a range of other requirements, such as: contractual conditions; employment agreements; agreements with interested parties; agreements with health authorities; non-regulatory standards, consensus standards and guidance; and voluntary principles, codes of practice, technical specifications and charters, etc.

7. Planning and Objectives

7.1 Purpose

7.1.1 Durham University operates an OHSMS, which enables objective setting at both University and DCS levels. These objectives are clearly articulated so performance against them can be measured and reported. The aim of the OHSMS, as a whole, and the objectives within it, is one of continual improvement in performance.



7.2 Strategic Objectives

- 7.2.1 The Council of Durham University and UEC set strategic health and safety objectives for the University, as a whole. Typically, these strategic objectives have a lifespan of three to five years, and form the overall, University-wide, performance improvement.
- 7.2.2 The objectives are formed *inter alia*, on the basis of significant areas of risk as identified in the University's Risk Register, as well as recommendations from external audits or regulatory interventions. The Head of HSS is responsible for drafting these objectives, and ARC and UEC review these (and performance against them) and approve them, annually, as part of the Occupational Health and Safety Management Annual Report 'look forward'. Through the HSCG the TU Representatives are able to contribute to the development of health and safety objectives. The approval of these strategic objectives is communicated through all appropriate management cascades.

7.3 Department, College and Service (DCS) Objectives and Action Plans

- 7.3.1 Where appropriate, DCSs integrate the University's strategic objectives into their local arrangements and set objectives, focusing, primarily, on specific areas of risk applicable in their area. Action plans are formed and approved, which develop the means by which these objectives are achieved.
- 7.3.2 The DCS objectives and action plans are also informed by the outcomes of HSS interventions. These objectives, action plans and performance against them, are developed, approved, reported and owned by the DCS, through local arrangements.

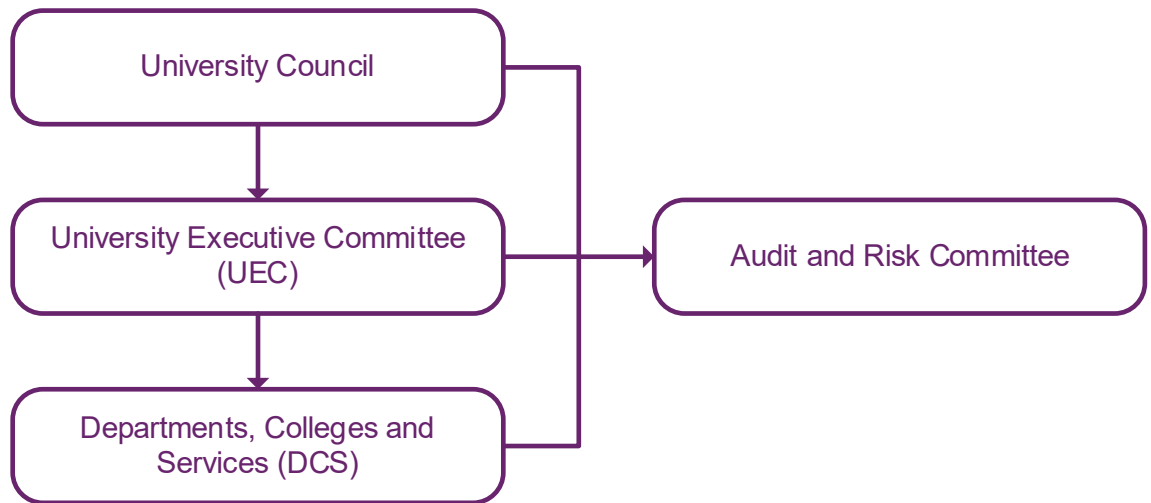
8. Management Organisation

8.1 Management and Support Structure

- 8.1.1 Management, at all levels in the University, plays the primary role in ensuring that health and safety is fully integrated into the core business of all operations. The management cascade is supported by officers with designated responsibilities (see Section 8.2), standing committees and a variety of support services.

8.2 Management Cascade

- 8.2.1 University Council and the Vice-Chancellor and Warden have ultimate responsibility for ensuring compliance with all of the University's legal requirements. They are supported to realise these responsibilities through a cascade of managerial accountabilities, which run through UEC and DCSs.
- 8.2.2 Where there are actions directed by University Council or UEC, which are to be considered and resolved by DCSs, the cascade of these actions into the DCS Health and Safety Committee agendas will be confirmed and periodically audited by the HSS Business Partner, for each Faculty or Service.



8.2.3 University Council

Council is the governing body of the University and its Trustee Board. Council has ultimate responsibility for all University affairs, subject to the advisory and other powers delegated to Senate. Council is the University’s legal authority and as such it is Council’s responsibility to ensure that systems are in place for meeting the University’s legal obligations, including those arising from all applicable health and safety law. Chair of Council signs-off the Health and Safety Policy Statement (on behalf of Council), as a demonstration of the University’s commitment at the highest level.

8.2.4 University Executive Committee (UEC)

UEC's role is to manage the University's strategy and steer its business, which includes taking ownership and management responsibility for key risks, including those relating to health and safety. UEC demonstrates leadership and commitment to the OHSMS by:

- Taking overall, operational accountability and responsibility for ensuring systems are in place to prevent or mitigate injury and ill-health, to all University members and visitors, and the provision of safe and healthy environments and activities.
- Ensuring that the Policy and related strategic objectives are established and compatible with the strategic direction of the University.
- Ensuring that the requirements of the University’s OHSMS are integrated into all business processes.
- Ensuring that the resources needed to establish, implement, maintain and continually improve the OHSMS are available.
- Communicating the importance of effective health and safety management and conforming to the requirements of the OHSMS.
- Ensuring the OHSMS achieves its intended outcomes in accordance with the strategic objectives.
- Appointing, directing and supporting officers with designated responsibilities to contribute to the effectiveness of the OHSMS.
- Ensuring and promoting continual improvement.
- Developing, leading and promoting a culture in the University, which supports the intended outcomes of the OHSMS.

- Preventing reprisals against anyone who reports incidents, hazards, risks and opportunities.
- Ensuring that the University's employee consultation and participation processes perform their required functions.
- Supporting local and hazard-specific health and safety committees (Radiation Safety, and Biological and GM Safety).
- Ensuring that the Statement, Policy and associated arrangements are reviewed, and approved, annually, including formal sign-off by the Vice-Chancellor, as Accountable Officer and Chair of Council, as the Governing Body.

For every hazard listed on the Risk Register there is a designated hazard owner, who is a UEC member. The hazard owner is designated as the person with overall responsibility for the management of the hazard, and it is the hazard owner's responsibility to regularly review the sufficiency of the management of that hazard across the University.

8.2.5 **Departments, Colleges and Services (DCS)**

DCSs are the principal, functional units through which UEC ensures the achievement of the requirements of the Policy and OHSMS. DCSs ensure that UEC's requirements are operationalised throughout the University by:


- Setting DCS objectives aligned to the University's strategic health and safety objectives, as well as objectives which iteratively improve the management of local risks.
- Establishing arrangements and responsibilities at DCS level, including appropriate local management and consultative forums.
- Establishing suitable communication mechanisms, such that the controls specified in any local risk assessment are known to all people to whom they apply.
- Monitoring health and safety performance and providing any required performance reports as requested through the management cascade or the HSS.

8.2.6 **Audit and Risk Committee (ARC)**

The ARC keeps under review and advises Council on the effectiveness of the University's risk management culture, control and governance arrangements. It considers major findings of internal audit investigations and management's response. As such, the performance of the OHSMS is periodically reviewed under the direction of ARC.

8.3 **Officers with Designated Responsibilities**

- 8.3.1 In order to support UEC to fulfil its duties under the OHSMS, a number of University officers are allocated specific responsibilities, which underpin the effective health and safety performance of the University. These include the Vice-Chancellor, UEC members (including, but not limited to, Faculty Executive Deans, Pro-Vice-Chancellors (PVCs)), Heads of DCS, and all managers.



8.3.2 **Vice-Chancellor**

The Vice-Chancellor is the Accountable Officer, who leads the University's senior management team and is responsible to Council for the overall strategic direction and performance of the University.

8.3.3 **UEC Members (including, but not limited to, Faculty Executive Deans and PVCs)**

UEC members (including but not limited to Faculty Executive Deans and PVCs) are senior officers with ownership and management responsibility for key risks, including health and safety. Collectively, this is demonstrated through the actions allocated to UEC (see Section 8.2.2).

In addition to these collective responsibilities, each UEC member has the senior-officer duty to control the health and safety risks in their respective areas. They will use more significant and developed mechanisms to provide them with an appropriate level of assurance of the health and safety performance within their scope of operations and will hold accountable all their Heads of DCSs, who have been allocated specific responsibilities to manage health and safety, to provide appropriate documentable evidence that health and safety is identified, controlled and managed.

8.3.4 **Heads of Departments, Colleges and Services (DCS)**

In all cases, Heads of DCSs take lead responsibility for ensuring that the required, local arrangements for the day-to-day management of health and safety within their function are allocated, documented, implemented, operational and effective (see Section 8.2.4). It is the responsibility of the Head of DCS to ensure that all of the hazards, which fall within that DCS, are systematically identified, assessed and controlled.

In the HSS's guidance documents, it is usually the Head of DCS who is allocated the specific duties for ensuring the appropriate management of each specific hazard, in their respective area. This often means designating key members of the DCS to specific roles and the Head of DCS must seek assurance that all hazards are identified, assessed and controlled. The Head of DCS provides the appropriate assurance(s) to the relevant Executive Dean/PVC that the risks within their scope are sufficiently managed.

It is the responsibility of the Head of DCS to ensure that robust systems are implemented which ensure that health and safety communications are effectively disseminated to all of its members in a timely manner. The Head of DCS is also responsible for appointing a suitably competent Health and Safety Coordinator, and ensuring they have the capacity to complete the requirements of the role.

8.3.5 **All Managers and Student Supervisors**

The effective operation of the OHSMS requires all people, activity managers, and student supervisors, to contribute to the effective management of health and safety in all of the University's endeavours. Managers and student supervisors achieve these goals by:

- Formally evaluating the competence of those they manage or supervise in accordance with the requirements of Section 10.1.
- Considering the level of supervision necessary for each task, according to its complexity and level of risk; recognising that differing levels of supervision may be needed, at certain times, when those performing that task are inexperienced.
- Encouraging a positive attitude to health and safety and leading by example to encourage safe systems of work.
- Making sure those doing the task fully understand the job, so they can make effective, safe decisions, including checking they understand what is expected of them, especially during an emergency.
- Confirming the work has been planned, assessed, controlled and allocated sufficient resources, to enable tasks to be completed safely and without risks to health.
- Including those who do the tasks in assessing the risks.
- Providing assurance to the responsible Head of DCS that the risks within their scope are sufficiently managed.
- Reporting and investigating any incident through the University's [IRIS](#) reporting process.
- Reporting and investigating any near miss or health and safety observation through the [IRIS](#) system, and providing solutions (solves), as appropriate.

8.3.6 **Principal Investigators/Research Leads**

Broadly, the duties of Principal Investigators (PI) follow those given for managers and supervisors, though recognising that PI may not have line management responsibility for the work, staff or students which compose the research. The PI does this by:

- Formally evaluating the competence of those working on the research, in accordance with the requirements of Section 10.1.
- Ensuring that appropriate risk assessments are in place, which cover the whole scope of the research work.
- Ensuring that anyone working on the research is aware of the requirements of the risk assessments.
- Ensuring that departmental contacts are aware of the research being conducted so that appropriate resources are in place to support the work activities.
- Ensuring that appropriate licences, permits and approvals are in place, prior to commencement of activities.

8.3.7 **Radiation Protection Adviser and Radiation Waste Officer**

The University appoints, and consults with, a suitable Radiation Protection Adviser for advice on protection of its employees and the public from harmful effects of ionising radiation and on complying with the Ionising Radiations Regulations 2017.

The University appoints a Radioactive Waste Adviser, as a specific condition of the Environmental Permitting Regulations and associated permit. Their role is to provide advice to the University on radioactive waste management and environmental radiation protection.

8.3.8 All Colleagues and Students

Ultimately, all University members have responsibilities to ensure their own health and safety, and the health and safety of others around them by:

- Undertaking any health and safety tasks allocated to them in local arrangements.
- Cooperating with managers and supervisors and carrying out any assigned tasks or duties in a safe manner, following any safety instructions they have been given.
- Taking reasonable care of their own health and safety and that of anyone who might be affected by things they do, or things they fail to do.
- Not intentionally or recklessly interfering with or misusing anything provided in the interests of health, safety or welfare.
- Attending health surveillance and fitness for task assessments, as required.
- Reporting any incident through the University's [IRIS](#) reporting process.
- Reporting any near miss or health and safety observations, through the University's [IRIS](#) reporting system.

8.3.9 Health and Safety Coordinators

All Heads of DCS appoint a suitable member of staff to be Health and Safety Coordinator. The Health and Safety Coordinator reports directly on health and safety matters to the Head of DCS and is given authority to act on behalf of the Head of DCS in health and safety-related matters. The appointee must have appropriate seniority to enable them to influence colleagues, at all levels, to promote good standards of health and safety. The name of the Health and Safety Coordinator is notified to the HSS on appointment.


The period for which an individual holds the post is subject to local discretion but is reviewed at least once every three years. The Health and Safety Coordinator is allowed reasonable time to perform the role, proportionate to the risk profile of the DCS, and to attend meetings and training courses, as necessary. Local arrangements must specify the FTE-time allocated to the Coordinator to complete their duties, again proportionate to the risk profile of the DCS.

It is the responsibility of the Health and Safety Coordinators to disseminate health and safety information and communications, arising from the HSS or elsewhere, to all members of their DCS.

Informally, the Health and Safety Coordinators also act as employee representatives and provide a conduit for consultation and participation with staff.

8.3.10 Other Designated Roles

University Biological Safety Adviser (UBSA): advises the University, Departments and PIs on how to manage the health, safety and environmental risks from work involving biological hazards or genetic modification activities and monitors compliance. The UBSA also acts as the competent person and notifier under the GM (Contained Use) Regulations 2014.



Departmental Biological and GM Safety Coordinators: advise and assist Heads of Department in managing the biological risks within their Department, including contributing to the peer review and approval process for biological and GM risk assessments.

Radiation Protection Officer: advises the University, Departments and PIs on how to manage the health, safety, environmental and compliance risks from work involving ionising radiation and supports the University's work with ionising radiation, by ensuring arrangements are in place to manage radiation risks, so work is carried out safely and in compliance with health, safety and environmental regulations.

Departmental Radiation Protection Supervisors: are appointed by Heads of Department for the purpose of ensuring safe working practices with sources of ionising radiation and monitoring compliance with the Environmental Permitting Regulations 2016.

Medical Physics Expert: is appointed to advise on the protection of members of the public from ionising radiation under Ionising Radiation (Medical Exposure) Regulations 2017.

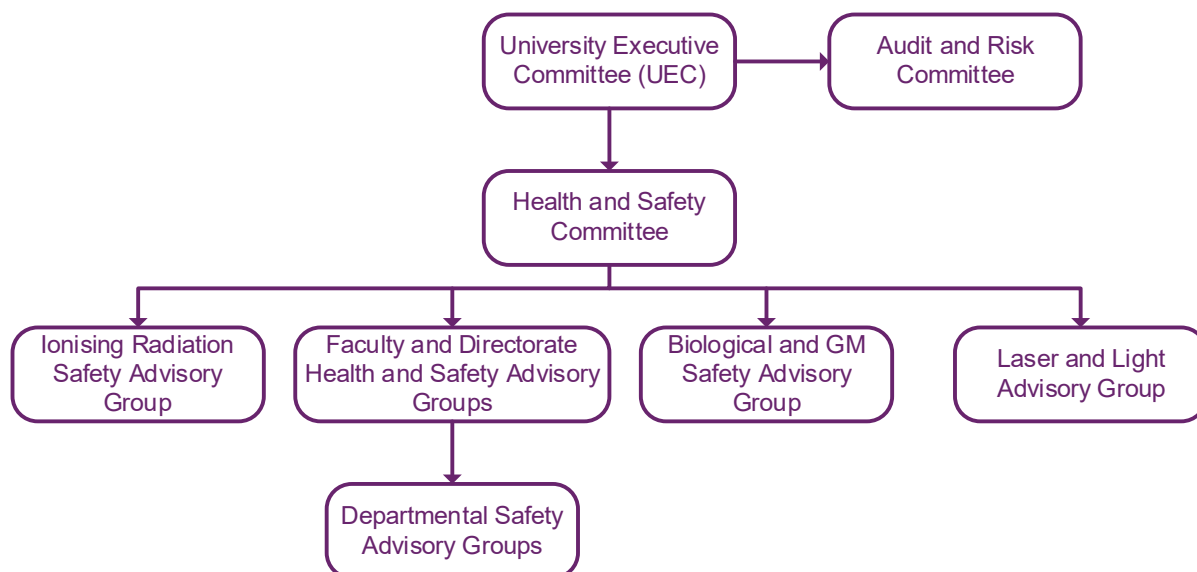
University Laser Safety Coordinator and Faculties Laser Safety Lead: oversee the coordination of laser safety at the University and monitors compliance; where necessary. The Laser Safety Coordinator may seek advice on specific risk assessments from a competent consultant Laser Safety Adviser.

Departmental Laser Safety Officers: are appointed in Departments using higher powered lasers (class 3B and 4), to assist the Head of Department in ensuring legal requirements, the requirements of risk assessments and the University's standards are met.

Trade Union Health and Safety Representatives: are appointed by each recognised trade union active in the University. Trade union representatives are consulted in matters which materially affect the health and safety of their members. TU Reps engage with the HSS both formally through regular meetings with the Director of Health, Safety and Business Resilience and Head of Health and Safety, and through the Health and Safety Committee. TU Health and Safety Reps are able to carry out inspections of DCSs by request. The University supports health and safety training for TU Representatives where appropriate. Through the HSC the TU Representatives are able to contribute to the development of health and safety objectives.

8.4 Support Committees

- 8.4.1 The University recognises a number of committees and advisory groups, each of which contributes a key function of the overall OHSMS.
- 8.4.2 Although the various committees and advisory groups, shown below, form a single network of interlinked communication channels, their functions within the OHSMS differ, and they are described in the relevant section of this Policy according to their overall relationship to the OHSMS.



8.4.3 Health and Safety Committee

The Health and Safety Committee (HSC) forms the central mechanism for the University to meet its legal and OHSMS requirements, and to consult with members of staff and other interested parties (including students) on matters which are material to their health and safety. The HSC also allows for full and effective involvement, creating a culture of inclusivity where relationships between the University and its members are based on collaboration, trust and joint problem-solving. The HSC is a principal means of ensuring the needs and expectations of staff and interested parties are evaluated and incorporated into the scope of the OHSMS.

The University places high value on this model of collaborative working in matters of health and safety, and its firm commitment to ensuring that appropriate time, resources and training are made available to participants.

The role of the HSC is to:


- Consult on the University's OHSMS to assist in its continuing stability, adequacy and effectiveness.
- Review and consult on key performance indicators and other measures to demonstrate legal compliance and conformity with the OHSMS.

The approved terms of reference of the HSC provide more detail on the constitution of the Committee and the means by which these objectives are realised.

8.4.4 Faculty and Directorate Health and Safety Advisory Groups

Under the requirements of this Policy and the OHSMS it describes, Faculties and Directorates are expected to form and resource their own Health and Safety Advisory Groups.

Faculty and Directorate Health and Safety Advisory Groups are chaired by the relevant UEC lead or suitably senior member of staff, designated by the UEC lead; however, the UEC lead should attend a meeting at least annually. The Advisory Group includes a membership that is appropriate to the risks that the



Faculty or Directorate is responsible for managing. Example terms of reference are available from HSBPs but, generally, these Faculty and Directorate Health and Safety Advisory Groups meet their objectives by:

- Considering this Policy and the OHSMS it describes, and applying its requirements at a local level.
- Ensuring all hazards under the scope of the Faculty or Directorate are identified, assessed and controlled.
- Developing Faculty or Directorate health and safety objectives and action plans, based on the implementation of the University's strategic objectives and the Faculty or Directorate's most significant risks.
- Considering any reports arising from inspections, audits or enforcement action relevant to the Faculty or Directorate's operations, and ensuring these are appropriately incorporated into the Faculty or Directorate's health and safety objectives and action plans.
- Reviewing the Faculty or Directorate's performance against their objectives and action plans and providing recommendations and actions, which will iteratively improve performance against them.
- Collating and communicating the needs and expectations of their members into the wider-OHSMS.
- Finalise and submit update reports to each Health and Safety Committee meeting.

8.4.5 **Department, College and Service Health and Safety Advisory Groups**

Under the requirements of this Policy and the OHSMS it describes, most DCSs are expected to form and resource their own Health and Safety Advisory Group. Exceptions to this requirement are made to low-risk departments only, whose health and safety considerations form part of those of a larger grouping. The health and safety considerations of these low-risk departments form an agenda item of the wider-Faculty or Directorate Health and Safety Advisory Group, at least termly.

DCS Health and Safety Advisory Groups are chaired by a suitably senior member of staff, designated by the Head of DCS; the Head of DCS should attend a committee meeting at least annually. The Advisory Group includes a membership which is appropriate to the risks that the DCS are responsible for managing. Example terms of reference are available from HSBPs but, generally, these DSC Health and Safety Advisory Groups meet their objectives by:

- Considering this Policy and the OHSMS it describes, and applying its requirements at a local level.
- Ensuring all hazards under the scope of the DCS are identified, assessed and controlled.
- Developing local health and safety objectives and action plans, which are based on the implementation of the University's strategic objectives and the DCS's most significant risks.
- Considering any reports arising from inspections, audits or enforcement action relevant to the DCS's operations, and ensuring these are appropriately incorporated into the DCS's health and safety objectives and action plans.

- Reviewing the DCS's performance against their objectives and action plans and providing recommendations and actions, which will iteratively improve performance against them.
- Collating and communicating the needs and expectations of their members into the wider-OHSMS.
- Providing updates to the Faculty or Directorate Health and Safety Advisory Group.

8.4.6 **Ionising Radiation Safety, Laser and Light, and Biological and GM Safety Advisory Groups**

In addition to the DCS Health and Safety Committees, the University also operates cross-DCS committees, to support the effective management of ionising radiation, laser and light, and biological and GM risks. The functions of these committees are as those of the DCS Health and Safety Advisory Groups, but with a cross-functional remit to ensure health, safety and, in these cases, environmental management for these specific hazards.

The Biological and GM Safety Committee acts as the University's Genetic Modification Safety Committee, as required under the Genetically Modified Organisms (Contained Use) Regulations 2014 and advises on risk assessments made in compliance with these Regulations.

8.5 **Support Services**

To support the effective operation of OHSMS, the University provides a number of support services. These services are able to support distinct elements of the OHSMS, and include the HSS, the Occupational Health Service (OHS) and the Internal Audit Service.

8.5.1 **Health and Safety Service (HSS)**

The Director of Health, Safety and Business Resilience is the University's competent person, as required by the Health and Safety at Work Regulations 1999, though these duties are exercised by the combined expertise of the Health and Safety Team. The HSS's function is primarily to support and advise on the implementation of the University-wide OHSMS, as described in this Policy. For the purposes of clarity, in most cases it is not within the gift of the HSS to carry out local risk assessments or for the day-to-day management of the risks; those duties rest with the DCS. It is the HSS's function to work across all levels of the University to ensure that the OHSMS is understood and implemented. The HSS does this by:

- Developing, reviewing and evaluating the OHSMS, and advising on its implementation, to ensure that it is fit for purpose and promotes continuous improvement.
- Collating information and reporting on the performance of the OHSMS from the DCSs.
- Acting as the University's principal source of competent advice on matters of health and safety, through the provision of a library of written management guidance, which sets the University's expectations on the means to suitably manage all risks, which appear on the University's Risk Register, and personal and responsive intervention across the University.

- Providing specialist audits and inspections to support DCSs to meet the requirements of the OHSMS, as specified in this Policy.
- Delivering health and safety training across the University.
- Where the University's lead topic-specific safety expert works from within the Service (specifically fire safety, radiation protection and biological and GM safety), providing specialist interventions, where applicable, across the University to ensure the overall compliance and management of those specialist risks.
- Investigating all reportable injuries, diseases and dangerous occurrences, as required under the RIDDOR Regulations 2013, to ensure lessons are learnt and acted upon; conducting trend analysis on all accidents reported to the HSS to inform interventions.

The HSS operates a business partner model, with generalist advisers allocated lead responsibility for designated Faculties and Business Units, aligned to UEC leads.

8.5.2 **Occupational Health Services (OHS)**

The OHS supports the delivery of the OHSMS by ensuring a proactive, preventative approach to health risks is adopted across the University, by providing:

- Specialist advice on health risks and management, for both students and staff.
- Advice on policies and procedures, which promote the health and wellbeing of students and staff.
- Health or medical surveillance and safety critical task assessments for staff and post graduate students, when identified by risk assessment.
- Fitness for work statements following health or medical surveillance and following safety critical assessments.
- Data and statistics related to health or medical surveillance and safety critical assessments.

8.5.3 **Internal Audit Service**

The Internal Auditors are responsible for conducting an objective and independent appraisal of all University activities, including health and safety performance. They provide this service to the whole organisation, including Council and all levels of management. The Internal Auditors are also responsible for evaluating and reporting to Council and the Vice-Chancellor, providing appropriate assurance on the arrangements for risk management, control and governance.

8.5.4 **Strategy, Planning and Insight Office (SPIO) and Portfolio Management Office (PMO)**

The SPIO and the PMO support the University in developing, implementing, reviewing and, ultimately, achieving its strategy. SPIO and PMO work extensively across the University to inform and strengthen strategic decision-making; providing professional expertise in planning, policy analysis, business intelligence, business case preparation, and risk and change management.

8.5.5 Estates and Facilities Directorate

The Estates and Facilities Directorate is responsible for managing, maintaining and developing the infrastructure and building fabric of the University's properties and provides a number of essential services:

- Maintaining, and regularly reviewing, a maintenance programme, which takes account of short, medium and long-term needs of all University buildings and grounds.
- Implementing the works identified and funded within the various maintenance programmes and operating a system for dealing with day-to-day requirements, including the continuing provision of an out-of-hours emergency service.
- Providing a professional technical service to the University for the design, construction and procurement of new buildings and adaptation works to existing buildings.
- Selecting, monitoring and managing competent contractors and consultants, where required, to deliver safe and healthy projects and infrastructure for the University, for all Estates and Facilities Directorate-led projects with third party involvement.

The Estates and Facilities Directorate has a critical role in ensuring the University's health and safety compliance position and takes the lead role in infrastructure-related statutory compliance.

8.5.6 Human Resources and Organisational Development (HROD)

The fundamental goal of the People Strategy is to ensure that Durham University has a workforce which is collectively able to deliver world class research and engagement, education and a wider student experience on a consistent and sustainable basis. This requires the HROD function to provide strategically aligned HR policies and processes that attract, develop and retain outstanding individuals. The HROD's 5 strategic aims are designed to help HROD achieve these goals.

Aim 1: to structure the workforce in the most effective and efficient ways to deliver the University strategy.

Aim 2: to attract, retain and reward the best talent.

Aim 3: to develop leadership at all levels, ensuring that all staff are supported to realise their potential and understand their contribution to achieving the University's core goals.

Aim 4: to promote and support the wellbeing of the workforce.

Aim 5: to improve the visibility, awareness and engagement with people issues.


Aim 6: to improve the digital competence of our staff, to ensure they have the skills required to work effectively now and in the future.

Aim 7: to create the conditions for staff to thrive and contribute to the best of their ability.

9. Third-Party Engagement

9.1 Relationships

- 9.1.1 In order to provide the full and diverse range of activity, which encompasses the experience of University life at Durham, the University engages with a



wide variety of third-party contractors. The University expects all third-party contractors to have health and safety aspirations that match the University's own, and will work to high standards of care when working on University property.

- 9.1.2 The Health and Safety Service also offers competent advice to a number of bodies that sit outside the formal constitution of the University, such as independent colleges (St John's*), Durham Students Union, Durham Union Society and the independent JCRs. This advice is given on behalf of the University and is contractually subject to the terms of Memoranda of Agreements. Under these Memoranda, the third-party bodies remain responsible for the implementation of the advice.

*St Chad's College appoints third-party advisers, whose operations fall outside of the provisions of this Policy.

9.2 Procurement

- 9.2.1 Durham University requires all contractor appointments to be made through the Procurement Service, who provides a comprehensive procurement advisory service covering all aspects of supply chain management to DCSs. The University is a member of a Higher Education sector purchasing consortium, which sources, establishes and provides a suite of contractor frameworks for its members' use. Contracts may be awarded via direct award or via a multi-tender process, dependent on their scope, size and monetary value.


9.2.2 Competence Evaluation

The University, in all cases, will evaluate the competence of contractors. This is done by varying means dependent on the scope and risk profile of the activity, or activities, to be contracted. Methods may include a simple internal health and safety pre-qualification questionnaire or a more in-depth and complex evaluation process. For construction related activity, the University aspires to move to an integrated prequalification evaluation, aligned to CDM 2015 requirements and conforming to PAS 8671 and 8672.

In certain circumstances, and according to the perceived risk profile of the project, the University may accept certification of current membership of an organisation affiliated to Safety Schemes in Procurement (SSIP), UKATA accreditation to ISO 45001, or registration to specific schemes e.g. RIBA Principal Designers Register, as a gateway to automatic pre-qualification. This reduces the bureaucratic burden on potential suppliers and is an approach supported by the HSE. However, these criteria are among several possible means to evidence health and safety competence and are not absolutes or necessarily to be accepted in isolation.

9.3 Contract

- 9.3.1 Once a contractor has been awarded the work, a contract is issued by the University, which follows the standard New Engineering Contract (NEC) or Joint Contracts Tribunal (JCT) contracts, or, in all other cases, follows the University's standard terms and conditions. JCT contracts are used to standardise expectations between providers and clients. These contracts require a general commitment to the broad principles of health and safety



management, consider the specific requirements of the Construction (Design and Management) (CDM) Regulations, and are regularly reviewed and revised to incorporate emerging legislation and guidance, as necessary. The University aspires to implement a system of directly applied contractor expectations and key performance indicators.

9.4 Mobilisation

9.4.1 Once the legal basis for the relationship has been established, it is for the University's Project Manager, or lead client contact, to ensure the work is appropriately planned and managed, in line with all extant health and safety legislation. As a minimum, this will involve the exchange of pre-construction information between the client and the contractor (for example information about asbestos, or layout of services) and, for work which meets the definition of a project under CDM 2015, the development, exchange and approval of a Construction Phase Plan.

9.4.2 Where there is a Construction Phase Plan, the University requires the University's Project Manager, or lead client contact, to receive, review and agree a suitable and sufficient risk assessment, which covers the scope of the work. The review of risk assessments is completed using the HSS's standard proforma and held accessibly for inspection or audit, as necessary. All third-party contractors, working on University property, must complete the Contractor Induction. Where the contractors' staff require information in a language other than English, the means of communicating the contractor induction information is agreed between the contractor and the HSS.

9.5 Inspection

9.5.1 The University retains the right to inspect any ongoing works, provided by contractors, on University premises. This will usually lie within the prerogative of the HSS or Estates and Facilities Directorate.

9.6 Review


9.6.1 NEUPC frameworks are reviewed on a four-year rotation. The University reviews contractor performance with report outputs fed via the Procurement Services for input into framework review.

10. Competence, Training and Awareness

10.1 Competence

10.1.1 The University ensures that all members are suitably competent to conduct the tasks expected of them, in a safe and healthy manner. Health and safety competencies are reviewed, acquired and maintained throughout University members' time with the organisation. Responsibility for the review of health and safety competencies follows the management cascade described in Section 8.2.

10.1.2 Competency requirements are driven by the risk assessment process. Suitable methods of acquiring the required skill, knowledge and experience, including awareness of the associated hazards and controls to conduct tasks, are established and actioned prior to work commencing. Levels of



supervision provided are directly linked to demonstrable, documented competencies of University Members to conduct a task as follows:

- Level 1: Novice (can observe and participate).
- Level 2: Competent (can do the work with direct supervision).
- Level 3: Proficient (can do the work without direct supervision).
- Level 4: Expert (can do the work without direct supervision and can train others).

10.2 Training Needs Analysis

- 10.2.1 All DCSs conduct training needs analyses across their area(s), to ensure all members hold the appropriate skills to manage risk.
- 10.2.2 The HROD Team manages an integrated job families framework for Professional Services staff that ensures all role requirements are integrated into the core roles of all grades and job clusters. The associated training to support these role requirements e.g. health and safety, is not provided from within the OD team but from the relevant University service, including the HSS.
- 10.2.3 For example, Grades 1 and 2 working to the Engaged Individuals cluster (found within the Realising Your Potential Approach and incorporated into the job family profiles for Professional Services staff), health and safety training may include training in manual handling, first aid, stress management and the role of the fire warden.
- 10.2.4 The University Oracle Learning system enables staff to book onto these Courses. The University's established Annual Development Review enables all staff and their managers to regularly reflect on their individual and role required training needs.

10.3 Local Induction

- 10.3.1 All DCSs establish procedures to ensure all new members, and interested parties, are inducted within the first days of their appointment or arrival at the University. This induction includes, as a minimum, the contents of any local risk assessment, which covers the work of the appointee and local arrangements for emergency response and accident reporting. Initial assessments of competence for all of the tasks the University member may be reasonably expected to undertake are also completed at this local induction.
- 10.3.2 The induction covers the means by which the member, or interested party, should remove themselves from work situations that present imminent and serious danger to their life or health. In some cases, depending on the nature of the work, the contents and receipt of this induction are formally recorded and retained within the DCS.
- 10.3.3 Although the University hosts students and staff from 150 nations worldwide, all learning experiences are given in English and all recipients are required to have proven competencies in the English language. Where this is not the case, e.g. courses delivered under the auspices of the English Language Centre, then this induction information is provided in an agreed *lingua franca*.



10.4 HSS Induction and Compulsory Training

- 10.4.1 The University provides a proportionate induction programme for all new members (students and staff), which includes health and safety components. The HSS supports this, through the provision of an online general health and safety induction module. This module covers, *inter alia*, obligations and responsibilities, accident and incident reporting, sources of information and support and arrangements for the management of health and safety in the University. In addition, there is an online fire safety management module, setting out the University's expectations in respect of fire safety management and the role that all staff play in this.
- 10.4.2 These two modules are compulsory for all staff, must be completed within the first four weeks of appointment, and are available through Oracle, the University's online learning environment.
- 10.4.3 There is also an online display screen equipment training and assessment module, on Oracle, which is compulsory for all users of display screen equipment.

10.5 HSS Training Delivery

- 10.5.1 The HSS provides a fully structured programme of health and safety training throughout the academic year, set in advance and published to the HSS's intranet site. Some of this training is delivered by the HSS team, with the rest being provided by contracted partners. In general, these courses are available to all relevant staff.

10.6 Specialist Training


- 10.6.1 The HSS supports other specialist training, to provide role-specific training and inductions for University members with designated health and safety responsibilities, such as UEC members, Heads of DCS and Health and Safety Coordinators. This training is provided by the HSS, or contracted providers, appointed by HSS and is sufficient to meet the demands and requirements of risk assessments and forms part of the programmed, annual training calendar published on the HSS intranet site.

10.7 Ad-hoc Training

- 10.7.1 In addition to the scheduled training mentioned above, the HSS also makes available a range of other training programmes for relevant staff, on an ad-hoc basis, as required.
- 10.7.2 There is also a wide-variety of health and safety training courses provided by, and for, members of particular DCSs, for example PASMA training for the use of mobile scaffold towers amongst Estates and Facilities Directorate colleagues.

10.8 Health and Safety Coordinators

- 10.8.1 Health and Safety Coordinators are required to hold a formal, recognised health and safety qualification, which is sponsored by the University and should be undertaken as soon as possible after appointment as coordinator. HSS will provide any other specific training, as appropriate to this role.

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- 10.8.2 For higher-risk DCS, specifically Computing and Information Services, Accommodation and Commercial Services, Geography, Archaeology, Anthropology, Chemistry, Physics, Biological Sciences, Earth Sciences, Engineering, Catering, Experience Durham, Colleges and Durham Students' Union, the accepted qualification is the NEBOSH General Certificate in Occupational Health and Safety, or, in the case of the Estates and Facilities Directorate, the NEBOSH National Certificate in Construction. For all other DCSs, the accepted qualification is IOSH Managing Safely.

10.9 Registers and Refresher Training

- 10.9.1 Some health and safety training does not have an expiry schedule; however, most will require periodic refresher training. For internal training, the refresher date can be incorporated into the training booking system.
- 10.9.2 It is the responsibility of DCSs to maintain a training register for their area, which lists, by name, each member who requires training (other than mandatory training required by all), the training required and the date of the refresher training; HSS does not hold a central register of this information. This register should be available, on request, during HSS inspections and audits.


10.10 Training Evaluation

- 10.10.1 The University expects that all health and safety training is evaluated, and summary reports collated by the trainer; this will be used by the trainer to improve the training.

11. Communication and Consultation

11.1 Internal Communications

- 11.1.1 Communications originating from the HSS are proactively disseminated through the channels available in the management cascade (see Section 8.2). The University's commitment to visible health and safety practice, means that all available, internal communication methods may be used at any given time, in particular to communicate revised requirements and responsibilities for University members. Relevant communications are also proactively disseminated through monthly and special updates to Health and Safety Coordinators and at least termly updates to fire wardens and first aiders.
- 11.1.2 The HSS also operates a social network community of interest, accessible to all Health and Safety Coordinators and other interested parties. The purpose of this network is to promote communication and cooperation throughout the health and safety communities of interest, across the University.
- 11.1.3 In addition to these proactive processes of communication, new HSS information is also communicated through the HSS intranet site. Although some information is shared externally, the majority of the information is only shared internally, reflecting its intended audience of University members.
- 11.1.4 The contents of the HSS intranet site are audited annually by a designated member of the HSS for gaps in coverage and obsolescence.

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- 11.1.5 Beyond these central means of communication, DCSs also establish their own mechanisms for ensuring that health and safety information is appropriately cascaded to all members of their area(s), in a timely manner. It is the responsibility of the Head of DCS to ensure these communication methods are robust and mandated, and it is usually within the remit of the Health and Safety Coordinator to disseminate information through their established internal communication mechanisms.

11.2 External Communications

- 11.2.1 In general, all external communications are managed through the University's Marketing and Communication Team, in consultation with other interested parties, including the HSS, where relevant.

11.3 Liaison with Regulators

- 11.3.1 The University's health and safety regulators are the HSE, Durham County Council's Environmental Health Service, Stockton-on-Tees Borough Council's Environmental Health Service, County Durham and Darlington Fire and Rescue Authority and Cleveland Fire Authority. All communications from a regulator (in whatever form) must be notified to the HSS immediately, either directly by telephone during office hours, or through University Security outside of office hours.
- 11.3.2 Any person may, at any time, report a health and safety issue to the HSE; however, in all such cases, it is recommended that contact is first made with the University's HSS. In the first instance, the HSS will seek to have the issue resolved; if the issue is not resolved to the University member's satisfaction, the opportunity to contact the HSE remains.

12. Emergency Preparedness and Response

12.1 Emergency Preparedness

- 12.1.1 The OHSMS defines the means of emergency response across a wide range of hazard areas. Risk assessments formed under the OHSMS, across the University, define the specific emergency response for the hazard being managed. These risk assessments include the procedures to be adopted to mitigate any escalation, and the first aid and medical responses available to be enacted.
- 12.1.2 All significant events, which take place on University property, which are likely to involve the attendance by significant members of the public (for example Durham Pride, Christmas Festival, Lumiere or Durham Miners' Gala, etc.), whether they are organised by a University member or external party, are subject to review by the County Durham Safety Advisory Group (SAG). The SAG is a multi-agency body coordinated through the County Council, which includes representation from all emergency services. Although the SAG is not constituted to approve or decline any individual event, it is a contractual condition of hosting any event on University property that all recommendations of the SAG are met. The SAG is able to define any appropriate recommendations for suitable emergency preparedness for these events.



12.2 Evacuation Response

- 12.2.1 The HSS trains and maintains a network of fire wardens, across the University's estate. The number of fire wardens required is established through the fire risk assessment for each building and the network is maintained by the University's Fire Safety team. It is the fire wardens who operationalise the immediate emergency evacuation response for any building.
- 12.2.2 The principal mode of operation of the fire alarm system is by automatic detection of fires or suspected fires, but they may also be activated by break-glass call-points, for any other situation in which it would be necessary to evacuate a building, for example bomb threat. In these cases, the fire wardens manage the immediate evacuation of the building in exactly the same way.
- 12.2.3 Following the event, all fire alarm activations, irrespective of cause or outcome, are notified to the HSS, and the Senior Fire Safety Manager and Assistant Fire Safety Engineer will review these to ensure that relevant lessons are learned and false alarms are minimised.

12.3 Business Resilience

- 12.3.1 The Business Resilience Team addresses issues of security, emergency response and business continuity. They ensure the University has the tools in place to respond to emergencies, through an integrated Major Incident Response Plan, which includes the in-hours and out-of-hours emergency response arrangements for contacting the HSS or the Estates and Facilities Directorate, where necessary.
- 12.3.2 The Business Resilience Team also seeks to minimise the risk of disruptive events, and maintains the required plans, procedures and skills to respond to these if necessary, by:
- Developing strategies and policies in relation to all aspects of security and business resilience.
 - Promoting business resilience and emergency preparedness across the University.
 - Developing a strategic security provision.
 - Briefing key stakeholders and responders on their respective roles in the event of an incident.
 - Developing and delivering incident management training across DCSs.
 - Collaborative working with multi-agency partners.
- 12.3.3 The Business Resilience Team classifies incidents according to the following categories:
- **Near Miss:** an event not causing harm or damage, but with the potential to do so.
 - **Incident (Damage):** a separate, unintended incident that causes damage to property which could result in injury or ill-health.
 - **Incident (Minor Injury):** a separate, unintended incident that causes minor injury to a person(s).

- **Critical Incident:** an unintended event, confined to one area of the business, i.e. a single college or department, which has the foreseeable potential to seriously disrupt the normal activities in that area of the business, and may, or has, caused:
 - serious harm for a single occupant of that area.
 - the potential for harm due to damaged equipment or structures.
 - reputational damage to a single college or department.
 - significant damage to a building.
 - significant financial loss confined to one college or department.
 - loss of information confined to a single area of the business.
- **Major Incident:** any actual or anticipated event or series of events which significantly affects a number of University members or operations and where normal management arrangements are likely to be insufficient.

12.3.4 The HSS is notified about any event falling into any category described above, through the [IRIS](#) reporting system, though this is likely to be some time after the event.

12.3.5 In terms of emergency response, the Business Resilience Team invokes a bronze, silver and gold command structure, where generally a bronze command response is invoked for any critical incident, and silver or gold for any major incident. The established and approved protocols for invoking each command response include the opportunity to mobilise the HSS at any level.

13. Monitoring and Reporting


13.1 Responsibilities for Monitoring

13.1.1 Dynamic monitoring of day-to-day health and safety performance starts with managers and supervisors and up to DCS level as described in Section 9.2. This allows poor performance to be considered and addressed without the need for any formal intervention to trigger action. Good quality monitoring does not just identify problems but helps with understanding the root causes of those problems, and the changes needed to address them, and good practice which can be shared with wider communities of interest.

13.2 Active and Reactive Monitoring

13.2.1 Active monitoring assesses the design, development, installation and operation of the management arrangements. These tend to be preventative in nature, for example: routine inspections of premises, plant and equipment by staff; health surveillance to prevent harm to health; and planned checks on key pieces of equipment. The OHSMS establishes the means by which active monitoring takes place across the University, generating Key Performance Indicators (KPIs) against which the performance of the OHSMS is assessed, and which is reported against, at least annually, through the Occupational Health and Safety Management Annual Report to UEC and ARC.

13.2.2 Reactive monitoring assesses evidence of poor health and safety practice but can also identify better practices that may be transferred to other parts of the University. These may include investigation of accidents or incidents and monitoring cases of ill-health and sickness absence records.

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- 13.2.3 Effective performance monitoring will be most effective when it includes elements of each and the appropriate balance between active and reactive reporting will vary dynamically by circumstance.

13.3 Departments, Colleges and Services Monitoring


- 13.3.1 Heads of DCSs are responsible for ensuring their DCS has established sufficient systems, which enable meaningful monitoring of ongoing health and safety performance. DCSs collate, and, where appropriate, report against, a number of agreed KPIs, including, but not limited to:
- Performance against the Legislation Register dashboard indicators.
 - Incidents, near misses, and health and safety observations.
 - Performance against DCS action plans.
 - Outcomes from active monitoring, such as inspections, risk assessment and risk register reviews, training register reviews, and internal and external audit reports.
 - Suspected work-related ill-health.
 - Performance of contractors and supplier partners.
 - Key risks arising from significant projects taking place within the DCS.
 - Issues arising through the management cascade.
 - Any monitoring requirements necessary to provide assurance about the performance of third-parties.

13.4 Incident Management

- 13.4.1 Durham University has an established and understood incident reporting mechanism. The online, mandatory training module informs staff that all incidents must be reported through to the HSS using the [IRIS](#) reporting system. Reporting is compulsory and HSS investigates all reportable, or potentially reportable, incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), in order to learn lessons which may help to prevent reoccurrence. Investigation of all relevant incidents follows an agreed process of root cause analysis, and outcomes from these investigations are communicated through all relevant information channels. For the purposes of RIDDOR reporting, postgraduate students are classed as staff, and undergraduate students are classed as visitors.
- 13.4.2 Incidents which are reportable to the regulator under RIDDOR, should only be reported from within HSS. For the avoidance of doubt, DCSs must not independently submit RIDDOR reports to the HSE.
- 13.4.3 The HSS provides at least termly summaries of incident reports and the outcome of their investigation to each Executive Dean or PVC, via their Health and Safety Business Partner.

13.5 Near Miss/Health and Safety Observation Reporting

- 13.5.1 Durham University recognises that formal incident reporting systems are most readily used for events which have already resulted in injury or ill-health. In order to promote an inclusive and proactive culture of health and safety engagement with our communities of interest, Durham University also promotes near miss and health and safety observation reporting through the [IRIS](#) reporting system.

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- 13.5.2 Through the [IRIS](#) system and the E&F Helpdesk, all students and staff are encouraged to proactively report any near misses or health and safety observations, which have the potential to result in injury or ill-health (see Section 3.4). The E&F Helpdesk is administered through the Estates and Facilities Directorate Business Support Team, with reports routed to the Faculty or DCS most able to readily address the issue. The E&F Helpdesk operator requires the designated Faculty or DCS to provide a formal resolution to the observation within an agreed timeframe, and this resolution is promptly communicated back to the originator (unless the report is made anonymously). Failure to provide a solution within the agreed timeframe is reported to the Head of the relevant DCS.
- 13.5.3 The [IRIS](#) system facilitates summaries of reported near misses and health and safety observations to assist in trend analysis and inform future planning.

13.6 Occupational Health and Safety Management Annual Report

- 13.6.1 At the beginning of Michaelmas term, the HSS compiles an Occupational Health and Safety Management Annual Report, which is submitted to UEC and ARC. This annual report discusses the landscape of activity and performance under the OHSMS, over the preceding academic year and identifies key areas for improvement over the coming academic year. These areas for improvement are considered for inclusion into revised strategic objectives as described in Section 7.2.

14. Information, Documentation and Record Management

14.1 Information

- 14.1.1 The HSS maintains an intranet site that is available to all University members, which holds all of the approved guidance documents available across the University's health and safety risk register. A more limited set of information is available through the HSS's publicly accessible internet page. The HSS also retains a library of industry guidance covering topics across the range of the University's risk portfolio.

14.2 Record Retention

- 14.2.1 The University maintains an up-to-date Record Retention Schedule, which is published to the intranet; Section 21 of the Retention Schedule sets out the record retention requirements for all documents related to health and safety. Broadly, this section of the document covers health and safety records under the headings of: audit; consultation; information, instruction and training; hazard identification and risk assessment; hazardous substances exposure control; inspections; health surveillance; and emergency planning.
- 14.2.2 Durham University does not hold a single record archive, this documentation is held locally and retained and destroyed, both in physical and electronic copy, in accordance with the University's overall information governance structure. All physical records are stored at each location in environments, which protect them from loss, damage or deterioration.



15. Audit/Inspection

15.1 Internal Review

- 15.1.1 Departments, Colleges and Services complete their own internal self-reviews at least annually. These are completed through a review of the Legislation Register, and then completion of the Risk Assessment and Risk Management Register (RAMRARs) within the Risk Management Hub. Once the RAMRAR is completed, these then inform the DCS's action plan for the year ahead.

15.2 HSS Audit

- 15.2.1 The HSS team conduct a range of internal audits to assess conformity at a local level. These audits are carried out against the OHSMS and applicable legislation, as set out in this Policy.
- 15.2.2 These HSS audits include review of the RAMRARs and action plans compiled by the DCSs, and the supporting evidence. Business Partners assess the residual risk, and this assessment can then dictate actions, inspections and further audit.
- 15.2.3 Actions identified in the audits are integrated into the DCS action plans and performance against them is as described in section 7.3.
- 15.2.4 The Health and Safety Business Partners will also carry out a programme of scheduled and announced inspections as well as unannounced inspections to check for compliance and conformity.

15.3 Internal Audit

The Internal Auditors support and provide assurance of the HSS's audit programme, as part of annual programme of risk-based audit work. Where appropriate, audits are carried out against the OHSMS and applicable legislation.

- 15.3.1 At non-fixed intervals, the University also appoints external auditors to review the health and safety performance of nominated parts of the University, to provide assurance against the University's internal audit mechanisms. The terms of reference of the audits are agreed during the tendering process and include, as a minimum, performance against OHSMS and applicable legislation.
- 15.3.2 The outcomes of these audits are reported to relevant managers and safety representatives, and are summarised and reported to UEC and ARC. Actions identified in the audits are integrated into the DCS action plans and performance against them is as described in section 7.3.

16. Review of Performance

16.1 Management Review

- 16.1.1 UEC reviews the operation of the OHSMS at planned intervals of not greater than every two years, in order to ensure its continuing suitability, adequacy and effectiveness. These reviews should consider:
- Status of actions from previous reviews.



- Changes in external or internal issues, which are relevant to the OHSMS, including changes to legal requirements.
- Extent to which the Policy and strategic objectives have been met.
- Information on performance and trends.
- Adequacy of resources allocated to maintain the OHSMS.
- Communications with interested parties and regulators.
- Opportunities for continuous iterative improvement.

16.1.2 Through the application of the Plan, Do, Check, Act (PDCA) cycle, made explicit in this Policy and the OHSMS, the University expects to continually improve its health and safety performance.

Appendix 1: Applicable UK Health and Safety Legislation

- 1 Health and Safety at Work Act 1974
- 2 Health and Safety (Consultation with Employees) Regulations 1996
- 3 Health and Safety Information for Employees Regulations 1989
- 4 Safety Representatives and Safety Committees Regulations 1977
- 5 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- 6 Workplace (Health, Safety and Welfare) Regulations 1992
- 7 Control of Asbestos Regulations 2012
- 8 Health and Safety (Safety Signs and Signals) Regulations 1996
- 9 Personal Protective Equipment at Work Regulations 1992
- 10 Control of Substances Hazardous to Health (CoSHH) Regulations 2002
- 11 Genetically Modified Organisms (Contained Use Regulations) 2014
- 12 Classification, Labelling and Packaging (CLP) of Substances and Mixtures Regulations 2009
- 13 Registration, Evaluation, Authorisation and restriction of Chemicals (REACH) Regulations 2008
- 14 Confined Spaces Regulations 1997
- 15 Construction (Design and Management) Regulations 2015
- 16 Control of Noise at Work Regulations 2005
- 17 Control of Vibration at Work Regulations 2005
- 18 Electricity at Work Regulations 1989
- 19 Gas Safety (Management) Regulations 1996
- 20 Lifting Operations and Lifting Equipment Regulations (LOLER) 1998
- 21 Manual Handling Operations Regulations 1992
- 22 Provision and Use of Work Equipment Regulations (PUWER) 1992
- 23 Regulatory Reform (Fire Safety) Order 2005 (as amended)
- 24 Work at Height Regulations 2005
- 25 Dangerous Substances and Explosive Atmospheres Regulations 2002
- 26 Health and Safety (Display Screen Equipment) Regulations 1999
- 27 Diving at Work Regulations 1997
- 28 Regulatory Reform Act 2001
- 29 Building Regulations 2010
- 30 Health and Safety (First Aid) Regulations 1981
- 31 Food Safety and Hygiene Regulations 2013
- 32 Food Safety Act 1990
- 33 Gas Safety (Installation and Use) Regulations 2018
- 34 The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009
- 35 Acetylene Safety Regulations 2014
- 36 Access to Health Records Act 2002
- 37 General Data Protection Regulations 2018
- 38 Control of Lead at Work Regulations 2002
- 39 Health and Safety (Training for Employment) Regulations 1990
- 40 Children Act 2004
- 41 Safeguarding Vulnerable Groups Act 2006
- 42 Apprenticeships, Skills, Children and Learning Act 2009
- 43 Equality Act 2010
- 44 Control of Artificial Optical Radiation at Work Regulations 2010
- 45 Control of Electromagnetic Fields at Work Regulations 2016
- 46 Pressure Systems Safety Regulations 2000
- 47 High Activity Sealed Radioactive Sources and Orphan Sources Regulations 2005
- 48 Ionising Radiation Regulations 2017
- 49 Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- 50 Adventure Activities Licensing Regulations 2004
- 51 Building Safety Act 2022