



## **Health and Safety Policy**

### **Introduction and Explanatory Notes**

All organisations employing 5 or more persons must have a written Health and Safety Policy (Health and Safety at Work Act 1974 2(3)).

Such a policy needs three sections:

#### **1. Statement of Intent (Policy Declaration).**

A good Health and Safety policy, by being direct and unambiguous from the outset, eliminates argument over its interpretation and/or implementation further down the line. The opening statement needs to be endorsed by the CEO, and recognised by all employees as a genuine statement of aims and objectives. The modern trend, encouraged by the HSE, is to make (at least Section 1 of) the Policy Document a personalised, useful and informative document signed by the CEO, enabling and facilitating the formulation of all future Health and Safety systems within the company.

#### **2. Organisation Section**

Here the roles and responsibilities within the management hierarchy are spelt out in detail. The following notes highlight common errors and misperceptions within corporations, and give guidance on what is expected by the HSE:

- It is a common mistake amongst companies and organisations to assume that their responsibilities with respect to Health and Safety legislation begin and end with the appointment of a 'Health and Safety Officer' who will, as though by magic, dissipate all and any problems associated with safety legislation. HASAWA 1974 and Workplace Management Regulations 1999 are very specific in their demolition of this cherished and misplaced notion. The job title "Health and Safety Adviser" more accurately reflects the role of that individual within an organisation as envisaged by the HSE.
- The most effective way to comply with Health and Safety legislation, and to achieve a lasting improvement in Health and Safety at work, is to integrate the management of Health and Safety with the general management system of the workplace. Attitudes to health and safety need to be changed so that they become ingrained into the culture of the workplace.
- It therefore follows that the task is not one that should be delegated to the organisation's Health and Safety Adviser however well qualified and proficient (s)he may be. Although the Health and Safety Adviser has a key role to play in the overall task of ensuring that the organisation fulfils its responsibilities under the Health and Safety at Work etc. Act 1974 (HASAWA), the obligation falls upon the employer and the designated (senior) managers who work for the organisation. (Croner's Health and Safety Briefing, **179** 26 October 1999)
- It is the task of the line manager, section head or supervisor therefore to audit and assess workplace risk.
- The Health and Safety Adviser's task is to advise, encourage and co-ordinate the compliance of the company with appropriate legislation.
- (Senior) managers are, and must be seen to be responsible for risk assessments, and the implementation of measures to avoid, negate or ameliorate identified risks. They report to, and in turn are advised, by the 'Health and Safety Adviser'. Furthermore, Health and Safety must be seen to be a corporate and collective activity with senior managers carrying collective responsibility for any failure in Health and Safety management. Although some of the tasks and procedures of risk assessment may be delegated to appropriate personnel, the ultimate

responsibility for Health and Safety within an organisation rests with the CEO and (Senior) Management Team.

- Thus, regular reporting of Health and Safety issues by senior management, line managers, supervisors etc. is an essential component of any Health and Safety Policy Document.
- The above basic system tightens lines of corporate responsibility and accountability not only in matters of Health and Safety but across the complete range of corporate activities.
- It should be noted that in the eyes of the HSE, any abdication of managerial duty to Health and Safety is an offence in criminal law, in addition to being more immediately destructive to corporate aim, and corrosive to the collective morale of the workforce.

An organisational flow-chart showing who does what is often a good way to summarise Section 2.

### **3. Arrangements for Implementation of Health and Safety Policy**

This section deals with (i) general operational issues common to all organisations; e.g. Fire and Emergency procedures, Accident Reporting, Use of Electricity in the Workplace, Controlling and Managing Contractors Working on Site etc. and (ii) specific operational issues related to the task of the company, e.g. Controlling Public Access, Safe Handling of Chemicals, Radiation Protection, etc.

It is a common error within companies to intermingle Policy with Procedures. By disaggregating these two entities one never loses sight of the overall corporate aim (to manage things safely and healthily!), while new legislation may easily be accommodated in a series of appendices and/or schedules. Thus, relevant Health and Safety information may be easily disseminated to the appropriate personnel, while senior managers retain the complete documentation to maintain their overview of the 'big picture'.

Health and Safety policies and their procedures should be reviewed and/or revised *inter alia* in the following circumstances:

- Change of CEO or other senior management personnel
- Change in nature of business
- Change in laws and regulations
- Establishing new categories of employee
- Accident
- Incident
- Upon receipt of risk assessment feedback
- Annually

Policy and procedures must be communicated openly and freely to all employees, with back-up training when and if required. The Health and Safety Policy document is more than a mere token requirement. It is an issue of major importance to the management of the company because it gives a solid and unambiguous statement of policy, which a good management team will use to exemplify and underpin all future managerial activities.

Dr. A. W. Tyler  
Academic Registrar  
AECC Health & Safety Adviser  
October 2015

**Anglo European College of Chiropractic  
Health & Safety Policy  
October 2015**

**1. Statement of General Policy**

- 1.1 As Principal of the Anglo European College of Chiropractic (hereinafter referred to as 'the College'), reporting to, and acting with the authority of the Board of Governors, I hereby affirm that the College recognises the promotion of health and safety measures as a mutual objective for management and employees at all levels. To this end, the College fully accepts the obligations placed upon it by the Health and Safety at Work Act (1974), and all such Regulations made from time to time under powers conferred by the Act, and such amendments made from time to time under powers conferred by the Regulations.
- 1.2 It is the policy of the College to do all that is reasonably practicable to prevent personal injury and damage to property, and to protect everyone, including the general public in so far as they may come into contact with the College or its activities, from foreseeable work hazards.

**2. College's Responsibility**

The College fully recognises its obligation to:

- Provide and maintain safe and healthy working conditions, taking into account any statutory requirements;
- Provide training and/or instruction to enable employees and/or students to perform their work safely and efficiently;
- Make available all necessary safety devices and protective equipment and to supervise their use;
- Maintain a constant and continuing interest in health and safety matters applicable to the College's activities, and for its management to set an example in safe behaviour;
- Regularly review its obligations to its employees, its students, its patients and other visitors to its premises, and undertake to act upon current or any future legislation enacted by Parliament, and implement all and any such measures deemed necessary to ensure the health safety and welfare of those parties.

**3. Employees' and Students' Responsibility**

- Employees and students have a responsibility to co-operate with the college by:
- Working safely and efficiently.
- Using the equipment provided and by meeting statutory obligations.
- Reporting to the management all workplace incidents that have led, or may lead, to injury or damage.
- Adhering to College procedures and practices jointly agreed on their behalf for securing a safe and healthy workplace.
- Assisting in the investigation of any workplace accident with the object of introducing measures to prevent a re-occurrence.
- Undertaking such training as may be required to comply with the safety regulations.

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Directors and managers are expected to lead by example at all times in matters of Health and Safety. This includes complying with all mandatory rules themselves and ensuring compliance amongst all those who report to them.

Any employee or student failing to comply with the above principles will find himself or herself subject to disciplinary action, which could ultimately result in their dismissal from the College.

### **4. Conclusion**

This is a general statement of College policy relating to the Health and Safety at Work Act (1974). As Principal of the College, I require my management team to ensure that the policy is implemented and to report annually on its efficacy and I hereby charge them jointly and severally with that responsibility.

(signed)  
Professor H Thiel  
Principal AECC

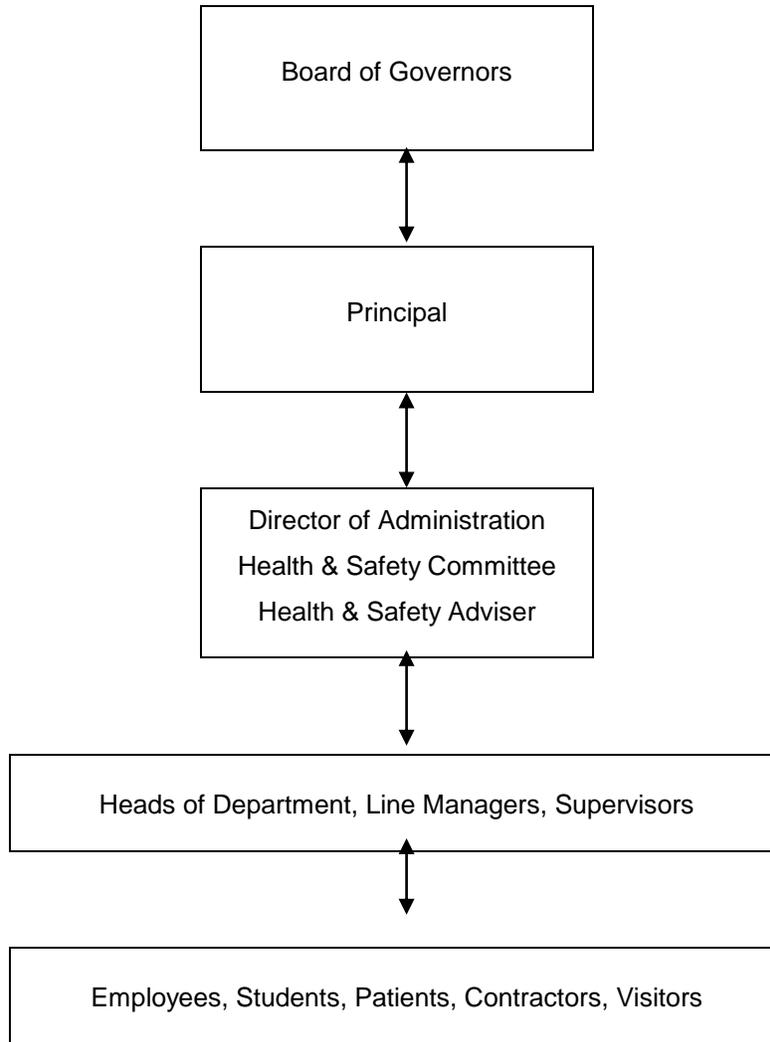
## **2. Management Organisation and Arrangements**

- 2.1** This policy has been prepared and published under the requirements of Section 2(3) of the Health and Safety at Work Act 1974. The purpose of the policy is to establish general standards for Health, Safety and Welfare at work and to distribute responsibility for their implementation and achievement through the normal channels of line management currently in operation at the College.
- 2.2** Immediate responsibility for Health and Safety rests with the Principal, reporting to the Board of Governors, which Board holds ultimate collective responsibility.
- 2.3** The Principal is advised on matters of Health and Safety by the Health and Safety Committee (Chaired by the Executive Director of Administration), and is an *ex officio* member of that committee.
- 2.4** The Health and Safety Adviser reports to the Executive Director of Administration, and is an *ex officio* member of the Health and Safety Committee.
- 2.5** The duties of the Health and Safety Adviser are as follows:
- To advise on the monitoring, review and audit activities intrinsic to the planning, implementation and performance of the College Health and Safety policies and procedures in order to ensure compliance with legal or other requirements.
  - To advise on the setting of realistic long- and short-term objectives; to advise on the prioritisation and establishment of adequate performance standards.
  - To act as *ex-officio* specialist adviser to the Health and Safety Committee and to report regularly to the Principal and Board of Governors through the Committee.
  - To have delegated authority for the day to day monitoring and effective implementation of Health and Safety Policy, including accident and incident investigations and maintenance of appropriate records.
  - To liaise with staff responsible for College insurance and related matters and with external organisations such as the Health and Safety Executive as appropriate, and to co-ordinate visits and inspections.
  - To identify and make recommendations on Health and Safety and First Aid training and Occupational Health surveillance and monitoring and to ensure that training records are kept.
  - To undertake or assist with regular workplace inspections within the college, monitor the effectiveness of self-inspections and risk assessments and give advice to staff at all levels on specific Health and Safety problems.
  - To follow a programme of continued professional development to sustain the standard of professional expertise and maintain an in-depth knowledge of Health and Safety legislation.
- 2.6** The College, acting through its Health and Safety Committee, charges its departmental managers, line managers, and supervisors with the task of assessing workplace risks in their areas of responsibility, and in consultation with the Health and Safety Adviser to audit these risks and their control measures on an on-going basis. These personnel shall compile a document of safe working practices for the workforce in their area of responsibility.
- 2.7** The Health and Safety Committee shall have the power to co-opt any member of staff whose specialist subject knowledge is deemed to be advantageous to the working of the Committee in the execution of its duties and responsibilities as required by the law.

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- 2.8** Where specific risks associated with workplace tasks have been identified as in 2.6 above, the College shall (i) complete a risk assessment for that task or operation, and (ii) issue to its staff specific instructions for the safe completion of those tasks.
- 2.9** The College shall issue to its staff general guidelines on accident prevention, precautions against fire, and where appropriate, health and hygiene.
- 2.10** The College shall review and/or revise this Policy and any associated schedules or appendices under the following circumstances:
- Change to any Health and Safety legislation relevant to the College's activities.
  - Change of Chief Executive Officer.
  - Change of senior management.
  - Change of Health and Safety Adviser.
  - Change in the nature of the College's business.
  - Establishment of new categories of employee.
  - Change to the internal layout of the College or Clinic buildings.
  - Installation of apparatus or equipment altering Fire Risk or other Risk Assessments.
  - Acquisition, storage or use of any flammable liquid or compound above current permitted limits.
  - Change in operating systems or procedures altering Fire Risk or other Risk Assessments.
  - Outbreak of fire in the College or Clinic buildings.
  - Other incident as defined by HSE guidelines.
  - Accident causing personal injury to any person.
  - Annually, or at another more frequent interval specified from time to time by the Principal.

**Flow Chart of Managerial Responsibility for Health and Safety at the College**



**SCHEDULE TO SECTION 2**

**1. Principal**

Professor H Thiel

**2. Executive Director of Administration**

Mr P Ford

**3. Health and Safety Adviser**

Dr A Tyler

**4. Governors with Specific Responsibility for Health and Safety**

Positions vacant

**3.1. General Guidelines for the Management of Health and Safety**

**3.1.1. Accident Prevention**

It is the duty of every employee while at work to carry out their work in a manner which is safe and absent from risk to the health of him/herself and any other person who may be affected by his/her actions or omissions. It is the employee's duty to assist and co-operate with the employer in complying with any relevant statutory regulations imposed by his/her employer.

- Report the sounding or other activation of any safety alarm or warning device to your line manager.
- Wear sensible footwear that is in good repair.
- Watch out for worn or slippery floors - report possible dangers at once to your line manager.
- Use the correct and safe methods for lifting and storing heavy or bulky items.
- Open doors carefully.
- Ensure all oven doors, desk and filing cabinet drawers, and cupboard doors are closed when not in use. Open doors and drawers in a working area could cause physical injury or damaged clothing.
- Walk, do not run.
- Keep equipment and stores away from doorways as far as possible.
- Wear your protective clothing at all appropriate times.
- Report at once to your immediate supervisor any accident to yourself or others.
- Always check that switches are in the OFF position before connecting or disconnecting or using any electrical apparatus.
- Always handle plugs without touching the pins and always ensure that your hands are dry.
- Always pull out a plug by handling its body; never pull on its lead.
- Always remove plugs from sockets when machines are not in use.
- Never tamper with the electrical parts of any apparatus; report all faults immediately to your line manager or immediate supervisor.
- Do not allow leads to trail across doorways or floors where they may be tripped over.
- Report AT ONCE any apparatus that causes a tingling sensation, shock or other inappropriate sensation.
- In the event of finding a colleague suffering from electric shock DO NOT handle the person if they are still in contact with the apparatus. SWITCH OFF AND DISCONNECT THE POWER SUPPLY TO THE APPARATUS. Call for first aid and medical assistance.
- If you have reason to doubt the safety of any piece of equipment DO NOT USE IT - REPORT IT TO YOUR SUPERVISOR.
- Know where the first aid kit is in your work area.
- Know the identity of your nearest first aider.
- Ensure that correct handling and storage instructions are adhered to.
- Ensure that potentially dangerous items are correctly handled and stored.
- Take care and use common sense when positioning containers, parcels, pallets and packages

### **3.1.2. Precautions against Fire**

**Notwithstanding the first two items in this section note that the College operates a strict NO SMOKING policy at all times within its working premises. Smoking is only permitted in the smoking area located in the front car park.**

- Never smoke in unauthorised places
- Always check that cigarette ends are properly stubbed out.
- Keep inflammable liquids away from naked flames and other sources of ignition.
- Keep aerosol spray cans away from direct sunlight.
- Do not force dry linen fabrics and towels over or near gas ovens.
- Make sure you know exactly what to do when the fire alarm sounds.
- Know your fire exits and make sure they are always free from obstruction.
- Know where your fire alarm call points are.
- Know how to raise the fire alarm in the event of your suspecting or discovering a fire.
- Keep fire doors closed and realise the importance of smoke control i.e. minimising draughts.
- Know your fire extinguishers - where they are, how to pick the type you need, how to use it.
- Attend fire lectures and demonstrations as instructed.
- If there is a fire do not panic. Tackle the fire with extinguishers only if there is no risk to your personal safety. Activate the fire alarm, and evacuate the premises.

### **3.1.3. Health and Hygiene**

Your health and hygiene are in your hands - you must ensure that the level of your personal hygiene is in keeping with your duties (e.g. Clinic or Refectory or Bar work). Hair must either be short and tidy, or fixed to ensure that stray ends do not drift into patients' faces or into food and beverages. Nails should be clean - staff handling food or beverages, because of the risk of chipping, should not wear nail varnish.

- Ensure lighting, heating and ventilation are adequate and controllable.
- Prevent the growth and spread of harmful organisms and remember that dust, either stationary or airborne contains harmful organisms.
- Isolate any suspect food for inspection so as to contain possible infection within the area of origin.
- Always wash hands thoroughly with hot water after using the lavatory or working in other potentially infectious areas.
- Always use disinfectants or detergents at the prescribed dilution ratios.
- Do not cover up the sources of foul smells with air freshener unless actually engaged in removing the source.
- Always wear your protective clothing when working – NEVER wear protective clothing home.
- Should you be in contact with an infectious disease, or suspect that you may be suffering from one, you must report the matter to your supervisor and your G.P. at the earliest opportunity. The same procedure applies for boils, ulcers, cuts, diarrhoea or ear, eye and throat infections.
- Always seek advice on any matter of health that is of concern to you.

### 3.2 Specific Arrangements for the Management of Health and Safety

#### 3.2.1. COLLEGE FIRE PLAN

##### Action of Employees and Students in case of Fire

Anyone discovering fire within the Main College, Cavendish House or Clinic should immediately operate the nearest alarm call-point, and evacuate the building without delay. Any and all personnel, regardless of rank or position are authorised to activate the Fire Plan under these circumstances. Do not attempt to tackle the fire yourself, even if you think it is safe to do so. You are not paid to risk your life for the College.

Your attention is drawn to the penalties in law which exist for the malicious or frivolous activation of a Fire Plan.

##### The Fire Detection and Warning System and its Operation

The College is equipped with a modern, sophisticated L3 standard Fire Detection and Warning System. It is activated either by the operation of one of the many call-points within the Main College, Cavendish House or Clinic buildings, or by the automatic detection of smoke or heat. When activated, the System responds with loud wailing sirens similar to those installed on emergency service vehicles. The sirens operate through multiple-redundancy pathways, and there are at least two located in each fire cell (*see below*) in the Main College and Clinic buildings. In addition, the emergency lighting will operate upon System activation.

Fire Doors are an integral part of The College's Fire Protection System. They divide the buildings into a number of smoke and fire cells and are designed to buy personnel time in making good their escape by limiting the spread of smoke and flames. **Under no circumstances should any Fire Door in any location be wedged open. Contravention of this important point shall be regarded as a serious disciplinary offence.** A number of Fire Doors in the Main College, Cavendish House and New Clinic buildings operate on an auto-release basis. That is to say, they will hold themselves open to allow normal activities and routines of daily work, but will close on activation of the alarm system.

The location of the incident (either call-point activation or automatic detection) will be identified on the Fire Warning System monitor panels. There are two such panels in the Main College building: outside the East entrance door, and in the Vice Principal's (Undergraduate Programmes) office. The monitor panel in the Cavendish House is located on the ground floor, opposite the Director of Ultrasound's office, and that for the Clinic Building is to be found in the main reception area.

The Fire Detection and Warning System is externally monitored by Abel Alarms who will call the College or Clinic upon their respective System's operation. If either no reply is obtained, or a reply to the effect that fire has been confirmed is received from the College or Clinic duty receptionist, Abel Alarms will summon the emergency services.

The Fire Detection and Warning System shall be regularly tested (every Friday morning at 08:45) and an entry made in the System logbook.

##### Evacuation Procedure

The Main College, Cavendish House and Assembly Hall are linked on a zoned basis by an integrated alarm system, which operates in two stages:

**Pulsed Alarm** (about once every 5 seconds): A fire has been detected somewhere on the campus, but not in the zone where the pulsed alarm is sounding. Carry on as normal, but be prepared to evacuate the premises if the alarm sounds continuously.

**Continuous Alarm** (about once every ½ second). Fire has been detected in your zone. Leave the building immediately as detailed below.

If the **Continuous Fire Warning Alarm** is sounded, all personnel must evacuate the building immediately and calmly by the *nearest* exit and proceed to their Assembly Point. **Do not stop to collect personal belongings and do not re-enter the building.**

#### **Fire Assembly Points**

- Access Programme students go to Assembly Point 1 (front car park).
- Year 1 students go to Assembly Point 2 (front car park).
- Year 2 students go to Assembly Point 3 (front car park).
- Year 3 students go to Assembly Point 4 (front car park).
- All Clinic Staff, Clinic Patients and students go to the Clinic Assembly Point at the rear of the Cavendish House.
- Academic Staff not supervising students go to Assembly Point 6 (front car park).
- Cavendish House personnel and all other Staff go to Assembly Point 7 (front car park).
- Contractors and Visitors go to Assembly Point 8 (front car park).

**All personnel must remain at their Assembly Points until told it is safe to re-enter the building, or given instructions for their safe onward dispersal.**

#### **Principal Escape Routes**

Principal escape routes are marked with lit green and white signs. Follow the *nearest* set of signs to safety, **even if they are not your habitual route out of the building.**

**Provision of Firefighting Equipment** Fire extinguishers are coloured red, and are located in places of risk and along principal exit routes. Extinguishers are placarded according to their contents, and may be used on the following classes of fire:

- Water extinguishers – Wood and Paper fires ONLY.
- Dry Powder extinguishers – Suitable for use on all fires.
- Carbon Dioxide extinguishers – Suitable for use on all fires.
- Foam Extinguishers – Suitable for use on flammable liquids.

The College or its agents will provide periodic training in the use of firefighting equipment.

#### **Fire Marshals**

The College operates a system of closely monitored sweeping in order to ascertain the successful evacuation of the premises in the event of fire. Sweeping shall be conducted in a logical and systematic fashion, from the top floors down to the ground floor, in the Main College, Cavendish House and Clinic buildings, in order to ascertain the successful evacuation of all personnel. Fire Marshals who will receive specific training in their duties shall undertake sweeping. (Nominated Fire Marshals are listed in the Schedule to this section on page 23 of this document).

Upon evacuation of Main College, Cavendish House or Clinic buildings, Fire Marshals shall report their designated areas clear or otherwise to the Director of Administration, or nominated deputy.

The Director of Administration or appointed deputy shall receive (i) information on the progress of evacuation from Fire Marshals, and (ii) the Fire Plan Folder (*this document*) from the duty receptionist. The Director of Administration or appointed deputy shall liaise with the Senior Fire Officer attending the incident, and, in consultation with that officer, decide whether to allow re-entry to the building, or to issue instructions for the safe onward dispersal of personnel.

The Health and Safety Adviser, together with the Director of Administration, or their nominated deputies shall, as far as is possible, be available to advise and assist the Senior Fire Officer attending the incident in the execution of their duty.

### **Patients, Visitors, Contractors and Members of the Public**

In the event of a Fire Warning Alarm leading to evacuation of College, Cavendish House or Clinic buildings, the personnel accepting responsibility for their safety shall accompany Visitors and Members of the Public (e.g. Spine Centre Customers) to Assembly Point 8.

- Clinic Patients shall be escorted, as appropriate, by their intern, or clinic tutor, or if waiting for treatment, senior clinic receptionist to the clinic assembly point.
- Visitors are normally supervised, and shall be escorted by the staff member whose details appear in the visitors' book.
- The Director of Administration or their nominated deputy shall accompany contractors, whose activities may be monitored and limited by a written permit to work system.
- Visitors with physical disability are normally clinic patients whose mobility restricts them to the ground floor. They shall be assisted and escorted by their intern and/or attending clinic tutor as appropriate.

### **Shutdown Procedures**

In the event of evacuation, all electrical, chemical and hot work processes shall be safely shut down, and these actions reported to the area Fire Marshal (sweeper).

### **Arrangements for High Risk Areas**

In the event of evacuation:

- The Laboratory Superintendent shall secure the flammables stores if safe to do so.
- Maintenance personnel shall secure the paint stores if safe to do so.
- The Catering Manager shall extinguish all ovens, hobs and hotplates if safe to do so.
- All cutting, welding, use of oxy-acetylene equipment, gas torches or tar boilers by contractors shall be halted, and the sources of heat shut down if safe to do so.

### **Procedure for Calling the Fire Brigade**

The Fire Brigade *must* be called to all confirmed outbreaks of fire, no matter how small. If fire is confirmed in the College, Cavendish House or Clinic during normal working hours, the respective duty receptionist will summon the Fire Brigade:

- Lift telephone receiver and dial 9-999
- When emergency operator answers, ask for Fire Brigade
- When Fire Brigade operator answers give the message "Fire at the Anglo European College of Chiropractic, Parkwood Road, Bournemouth BH5 2DF". Do not replace the handset until the Brigade operator repeats the name and address back to you.
- Evacuate the building calmly as previously described.

An outbreak of fire in the Main College building or Cavendish House outside of normal College working hours but within bar licensing hours will be detected automatically, and the emergency services summoned either by Abel Alarms or the Security Guard. All remaining personnel will evacuate the building and report to their Fire Assembly Point. Fire after 'drinking-up' time will be detected automatically and the emergency services summoned, either by Abel Alarms or by the security guard. The security guard will evacuate the building and report to the Senior Fire Officer attending the incident. Abel Alarms hold a list of Senior Managers in the locality who will be summoned in this event.

Fire in the Clinic outside of normal working hours will be detected automatically, and the emergency services summoned by Abel Alarms. Abel Alarms hold a list of Senior Managers in the locality who will be summoned in this event.

### **Procedure for Liaising with the Fire Brigade**

A Fire Plan Folder shall be maintained at the Main College and Clinic building reception desks. It shall contain information about any special hazards or risks present in materials or processes on each respective site. Additionally, it shall contain plans indicating the location of gas control valves, electricity cut-off switches, and the position(s) of the nearest fire hydrants. Duty receptionist to hand the folder to the Executive Director of Administration or their nominated deputy in the event of the Fire Brigade being called. The Executive Director of Administration or nominated deputy shall liaise with the Senior Fire Officer attending the incident, present them with the Fire Plan Folder, and offer all possible assistance and aid.

### **Fire Safety Training and Instruction at AECC**

Practice Fire Drills shall be held at least once and preferably twice in each academic year. New staff shall receive Fire Plan training as a part of their induction. Fire Marshals shall receive periodic training, appropriate to their role.

### **3.2.2. ACCIDENT REPORTING**

All accidents and incidents leading to injury, however slight, of any person on the College's premises, shall be reported to the appropriate supervisor or the Health and Safety Adviser and be recorded in the appropriate accident book. The report shall be filed with the Human Resources Manager. Accident books are located:

- In the College Main Building Reception
- In the Clinic Building Reception

Certain categories of incident and/or injury have to be reported through the Principal or the Health and Safety Adviser to the Health and Safety Executive. A list of such categories appears in the Schedule to this section on page 24 of this document. Similarly, certain communicable diseases listed in the schedule on page 25 must be reported to the authorities.

### 3.2.3. FIRST AID

The College provides adequate and appropriate equipment and facilities to enable First Aid to be rendered to any person who becomes ill, or who is injured on College premises. First Aid boxes are to be found at the following locations:

- Bar (Toggler's Arms)
- Biochemistry Laboratory
- Centre for Ultrasound Studies Reception
- Clinic Reception
- Clinic Tutors' Room
- Kitchen
- Library
- Maintenance Workshop
- Physiology Laboratory
- Preparation Room
- Principal's Office
- Prosection Laboratory
- Staff Room
- Students' Union Office

A list of First Aiders appears in the schedule to this section on page 26 of this document.

### 3.2.4. USE OF ELECTRICITY

The College recognises its responsibilities under the Electricity at Work Regulations 1989, and undertakes to ensure that its electrical systems are so constructed and maintained as to prevent danger. To this end, the College will *inter alia* conduct Portable Appliance Testing (PAT) at intervals commensurate with the frequency of use of electrical items on its inventory of equipment.

The College notes the provisions of Regulation 5, and charges its employees not to exceed the rated specification of any item of electrical apparatus used in the course of their work.

All electrical apparatus used on the premises must be suitable for use in the proposed working environment, and Risk Assessments shall be conducted in any case of doubt.

The College shall undertake to insulate, isolate or otherwise make safe any dangerous electrical conductor on its premises, and similarly to maintain the integrity of all and any equipotential pathways contained within or upon the fabric of its buildings.

Where work on live electrical conductors is unavoidable for operational or maintenance purposes, it shall not be undertaken without Risk Assessment, Method Statement and the issue of a Permit to Work.

Any electrical work on circuits operating at above 240v shall be subject to Risk Assessment, Method statement and the issue of a Permit to Work.

The College prefers portable electrical tools to be of 110v operation and CTE certified. Where 240v portable appliances are used they must be double insulated and RCD protected. All extension leads must be properly terminated with the appropriate plugs/sockets and be otherwise unjointed and in good repair.

### 3.2.5. MANAGEMENT OF CONTRACTORS

Contractors include, *inter alia*, anyone entering College premises for the purposes of carrying out specialised work for, and/or on behalf of the College. Health and Safety duties are owed under HASAWA 1974 (3) by the College to contractors who in turn owe a similar duty to the College, its staff, students and others connected with the College's buildings and premises.

The College shall therefore only employ competent persons on a contractual basis, and shall compile an approved list of competent contractors. Contractors' competence shall be assessed on the basis of their responses to a written questionnaire, which shall include all or any of the questions which appear in Schedule 3.2.5 on page 27 of this document.

Once on site, contractors shall be managed by the Executive Director of Administration or nominated deputy, who will specify the following:

- Permitted hours of work
- Access and egress routes
- Storage facilities
- Clearance of waste
- Making safe of any hazardous materials
- Conditions for the use of electrical equipment
- Conditions for cordoning of work areas
- Timing of regular liaison with contractors

Any or all of the above may be specified by the Executive Director of Administration or their nominated deputy as a part of, or a complete Permit to Work system (see Schedule to this Section).

In all cases where the College employs contractors on its premises:

- The College's Health and Safety regulations and schedules shall be written into the contract of work, and shall be deemed to be an integral part of the contract. Thus breach of Health and Safety regulations by the contractor shall be deemed breach of contract.
- The contractor shall provide written Risk Assessments for all and any tasks undertaken for the College as client or employer while on the College's premises.
- The College, as client or employer of the contractor shall be the final arbiter in any Health and Safety issue or dispute.

### 3.2.6. PUBLIC ACCESS

The College acknowledges its liability to *bona fide* visitors to its premises (Occupier's Liability Act 1957) and to trespassers (Occupier's Liability Act 1954 as amended 1984).

The College shall manage the activities of visitors and trespassers so as to minimise the likelihood of their interfering with its working routines or their being involved in any accident or incident. To this end, the College will maintain a controlled access policy to its Main Building, Cavendish House and to its Clinic.

- Access to staff and student entrances shall be via swipe-card activated or combination door locks, thus denying entry to casual trespassers.
- All staff and students shall prominently wear their identity badges at all times while on College premises.

- Visitors to the College shall be positively identified, and shall sign the visitors' book on arrival. They shall be issued with a visitor's badge, valid for the day of their visit only, which must be surrendered as they book out on departure. Visitors shall be escorted by a member of staff or by a student at all times.
- Any person not identifiable as a member of staff or of the student body or a *bona-fide* visitor shall be challenged and escorted to the College reception area in the first instance, and if necessary off the premises.
- Contractors shall be subject to a separate contractors' pass, authority to work, and if necessary, Permit to Work system.
- *Bona fide* guests of students or members of staff visiting the College after normal working hours shall be required to sign the visitors' book in the bar.
- Members of the public visiting the Clinic for treatment shall be supervised by their intern or clinic tutor at all times.

### 3.2.7. MANUAL HANDLING

The College recognises the need, so far as is reasonably practicable, to eliminate manual handling operations as a part of its working activities, and subscribes to the code of practice enshrined in the Manual Handling Operation Regulations 1992.

Manual handling is defined, for the purposes of this section, as any transport or support of a physical load by hand or bodily force. This may include lifting, setting down, pushing, pulling, carrying or otherwise moving a (heavy) physical object.

Whenever manual handling is required within the College, the appropriate Head of Department, Line Manager or Supervisor shall assess (in consultation with the Health and Safety Adviser) the task to be undertaken, the load involved, the individual or individuals required to perform the task and the environment in which the task is to be performed. Manual handling of heavy loads shall be avoided if at all possible. The Risk Assessment shall devise suitable control measures and if necessary, training needs, and should involve the personnel implicated in the operation.

The following guidance notes shall be issued to all staff undertaking manual handling:

- When lifting, always keep the feet close together and the back as straight as possible.
- Keep the load as close to the body as possible.
- Avoid lifting loads from above shoulder height; use steps to move closer to it.
- Avoid twisting movements.
- Always refer to the Risk Assessment for information. Make sure you know the characteristics of the load.
- Wear protective clothing where necessary (e.g. loads with sharp edges).
- Use any mechanical aids provided.
- Always fetch assistance when dealing with heavy loads. Do not put yourself or other people at risk.
- Inform your Line Manager of any hazards that you identify and take a full part in the Risk Assessment process.

### **3.2.8. USE OF HAZARDOUS SUBSTANCES**

The Control of Substances Hazardous to Health Regulations 1999 (COSHH) are made under the Health and Safety at Work Act 1974 and place specific legal obligations upon the College and its staff.

The requirement of the COSHH Regulations depend upon a suitable and sufficient assessment being made of the working conditions and handling procedures. Dependent on the outcome of this risk assessment all or any of the following control measures may need to be implemented:

- Prevention or control of exposure.
- Use of control measures.
- Maintenance, examination and test of control measures.
- Monitoring.
- Health surveillance.
- Information, instruction and training.

The Regulations permit assessment of health risks to be made collectively or individually, in terms of persons or substances. The requirements of COSHH are, in almost all cases, fulfilled in the College by the application of good laboratory practice as generally required by the Health and Safety at Work Act 1974, and specifically under existing Regulations and Codes of Practice.

Teaching work is already assessed and controlled by installed facilities and established procedures. Research work is limited, yet normally supported by good facilities, although the College recognises the necessity to monitor all such work, including new projects, and to ensure proper protection and control.

#### **COSHH Assessments**

##### **(a) Supervised Practical Teaching**

The normal practice of teaching involves well-tried techniques using substances of known characteristics and low toxicity. Statistical evidence of ill health and/or incidents from existing records shows there is no significant hazard. Salient safety features shall always be included in the relevant laboratory protocol. No separate written assessment is required, as it is an integral part of the protocol. Existing protocols shall be reviewed according to the criteria listed under Section 2.10. on page 4 of this document.

##### **(b) Students and staff using Standard Techniques and Procedures**

Students and staff using standard techniques shall follow the guidelines for good laboratory practice (Schedule to 3.2.8) pages 27-32 of this document.

##### **(c) Students and Staff Using Non-Standard Techniques**

This group would include those undergraduates and taught course postgraduates conducting open-ended or novel project work, research students, and staff conducting research.

Existing engineering controls and good laboratory practice to a large extent already protect individuals within this group. Engineering controls include fume cupboards, and automatic dispensers, in addition to the protection offered by modern scientific equipment and facilities. When properly applied and maintained these controls ensure that exposure to hazardous substances is insignificant. Existing studies show that there is no significant health hazard within Higher Education establishments from this type of operation.

In cases where the use of conventional control measures would, by reason of size or quantity or extreme hazard (e.g. carcinogens) be assessed as inadequate, a full specific assessment shall be undertaken in order to determine the need for additional or dedicated facilities.

New projects shall undergo initial assessment to determine the need or otherwise, for specific control measures.

**(d) Ancillary Service Workers**

This group includes catering, cleaning, clerical and maintenance staff who would normally use proprietary products in routine working operations. They shall follow the instructions given on the product labels, together with any written instructions from the manufacturers. No further assessment would normally be needed. The relevant managers must review the substances used and issue instructions regarding safe usage.

**(e) External Contractors**

Contractors shall be given sufficient information by the College to enable them to protect their operatives from any hazardous activities undertaken on the premises. In turn, contractors shall be required to inform the College of any possible risk to staff, students and others from their own activities.

**(f) Specific Substances and Processes**

Approved Codes of Practice (ACoPs) have been issued under COSHH and other relevant legislation for some specific substances and processes. These currently include genetic manipulation, dangerous pathogens, asbestos, lead, pesticides, and carcinogens. Work in these areas shall be assessed in accordance with the specific Regulations and/or Codes of Practice currently in force. Notwithstanding the provisions in the previous sentence, such examples as quoted in sentence 2 of this section would not normally form a part of everyday work at the College.

A system of checking assessments to establish and maintain appropriate standards shall be enforced by the College.

**(i) Microbiological Practice**

All microbiological work must be in accordance with good microbiological practice (e.g. Howie, ACGM/GMAG Codes of Practice). Assessments of microbiological risks must extend beyond the laboratory environment where necessary; e.g. *Legionella* and air-conditioning plant.

**Use, Maintenance and Test of Control Measures**

Control measures must be used when required.

Materials possessing a listed OEL or MEL, the Saturated Vapour Pressure of which, at room temperature, means that the OEL/MEL is exceeded must only be used under containment (this will not extend beyond the apparatus in the majority of cases).

Good facilities already exist for controlling exposure, which are themselves supported by good procedures and practice. Protective clothing shall be provided if and when necessary. The College recognises that additional or improved facilities may be required to support some forms of future work.

Local exhaust ventilation shall be maintained, and tested at least every 14 months and/or in accordance with the COSHH ACoP. The results shall be recorded in a retrievable form, and retained by the College for 5 years.

All new equipment and apparatus must meet recognised performance standards. The supplier must provide these standards immediately following acquisition of the item or product so that subsequent testing can be related to the initial performance standard.

**Monitoring**

Monitoring (where a technique exists) shall be considered by the College in those few situations where there is reason to suppose that control measures are not appropriate, or specific legislative

requirements apply. In these cases, the Health and Safety Adviser shall liaise with and consult the appropriate external authority.

### **Health Surveillance**

The College's occupational health strategy shall be designed in consultation with an occupational health medical adviser.

Pre-employment medical screening by questionnaire or other means may be carried out for some categories of employees to identify at-risk groups (e.g. atopic individuals working with allergens).

### **Information Instruction and Training**

The College shall provide all necessary information to those responsible for carrying out COSHH Assessments. The task of instructing and training personnel in the use of specific substances shall fall to the relevant departments within the College. The Health and Safety Adviser shall have a co-ordinating role in any such activity.

### **Students**

Students shall enjoy a similar level of protection and benefit to employees.

### **Accidents and Emergencies**

Personal injury arising from use of chemicals shall be dealt with as per Sections 3.2.2 and 3.2.3 above. Where large-scale contamination has occurred, the College will be evacuated according to the Fire Plan in Section 3.2.1. The possibility of control measure failure, personal contamination or injury, and widespread chemical contamination shall be included in COSHH assessments as part of good (chemical) laboratory practice.

### **3.2.9. USE OF MACHINERY**

Use of machinery provided by the College for its employees to carry out their work activities falls under two sets of regulations: The Provision and Use of Work Equipment Regulations (PUWER) 1998 and The Lifting Operations and Lifting Equipment Regulations (LOLER) 1998. Work equipment is defined as any machinery, appliance, apparatus, tool or installation for use at work, whether used exclusively for working activities or not. This definition therefore covers all equipment for use at work, and any assembly of components which, in order to achieve a common end, are arranged and controlled so they function as a whole. Hammers, knives, electric drills, photocopiers, laboratory apparatus, coffee makers etc. all fall within this definition.

Ladders, and lifting slings, particularly slings for the lifting or other assistance of disabled patients or patients of restricted mobility fall under LOLER 1998. Clinicians should note that adjustment benches whether powered or not fall under PUWER 1998, while those benches capable of lowering a standing patient to a prone or supine position and vice-versa are subject to LOLER 1998.

Machinery used under the provisions of PUWER must be suitable for the use to which it is put, and regularly and adequately maintained. Persons using the equipment must receive any information pertaining to conditions of use and operation of the machinery, and if necessary receive appropriate training in its use.

Where appropriate, shielding, guarding, mechanical interlocks, isolation and other control measures shall be employed to protect the machinery operator and those in the vicinity. Warning signs and notices shall be deployed, and machines placarded as necessary.

Apparatus used under the provisions of LOLER 1998 shall be suitable, strong, stable and marked or otherwise placarded with the safe working load.

Lifting operations shall not be undertaken until the person conducting the lift has been trained and tested in the safe use of the lifting apparatus.

The lifting apparatus shall be regularly inspected and maintained by a competent person, and documentary evidence to that effect retained for five years.

### **3.2.10 USE OF IONISING RADIATIONS**

New general recommendations from the International Commission on Radiological Protection were issued in 1991. As a result, revised Euratom Directives were published and addressed the protection of workers and the general public (in 1996), and patient protection (in 1997).

These Directives had to be implemented by member states of the EU by 13 May 2000, and this has resulted in the UK in the creation of two new sets of regulations:

- (a) The Ionising Radiations Regulations 1999, (IRR99) which relate principally to the protection of workers and the public, but also address the equipment aspects of patient protection.
- (b) The Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000) which relate to patient protection.

In addition to the provisions contained within IRR99, the College's X-ray machines and processing equipment fall under terms and conditions of The Provision and Use of Work Equipment Regulations (PUWER) 1998.

The College will ensure, as far as is reasonably practicable, the health and safety of its employees, of contractors working on the premises and of members of the public who may be exposed to the hazards arising from the use of ionising radiation.

The College will ensure that all diagnostic examinations involving medical exposures are performed with the radiation dose to the patient being as low as reasonably practicable (ALARP) to achieve the required clinical purpose, consistent with the College's written procedures and protocols.

The College shall comply with IRR99 and IR(ME)R2000 by incorporating as much as practicable of the required information in a single document to be known as the 'Radiation Protection File'. The College's RPA and MPE shall be consulted on the detailed content of this File in the light of the particular requirements of the College Clinic.

The Radiation Protection File shall be reviewed periodically to ensure that it remains relevant and effective. A log shall be maintained to record each occasion on which the File was reviewed or modified.

The College shall ensure that the Local Rules, and the remainder of the contents of the Radiation Protection File, are brought to the attention of those affected by their contents.

#### **Content deriving from IRR99**

##### **Local Rules**

The Local Rules shall, in accordance with IRR99, contain at least the following information:

- Name(s) of the appointed radiation protection supervisor(s).
- The identification and description of each controlled area and a summary of the arrangements for restricting access.
- An appropriate summary of the working instructions.
- Identification or summary of any contingency arrangements indicating the reasonably foreseeable accidents to which they relate.

- The dose investigation level.

The College shall also include in the Local Rules:

- The identity of the person with legal responsibility for the use of the x-ray equipment.
- Contact details of the Radiation Protection Adviser (RPA).
- Arrangements for personal dosimetry.
- Arrangements for pregnant staff.
- A reminder to employees of their legal responsibilities under IRR99.

The Local Rules shall also make brief mention of the fact that the following exist and that full details can be found in the Radiation Protection File:

- Arrangements for the maintenance and testing of equipment.
- Details of the significant findings of the risk assessment.
- Procedures for ensuring staff have received adequate information, instruction and training.
- The programme for review to ensure that the Local Rules remain up to date and effective thereby effectively ensuring that doses to staff and other persons are kept as low as reasonably practicable.
- The arrangements for investigating and reporting incidents, such as excessive exposure of patients or staff, including the notifying of appropriate authorities.

### **Working Instructions**

The Local Rules shall contain the key working instructions and responsibilities intended to restrict exposure to radiation. In particular, for routine operation, they shall include procedures for keeping staff well outside of the controlled area (i.e. well out of the direction of the primary beam, and preferably, at least 2m from the x-ray tube head and patient), and behind any protective panels provided. Special instructions should relate to those occasions when a person needs to enter the controlled area. In addition, if the normal structural material of a wall does not afford sufficient shielding (e.g. a light-weight partition wall without additional shielding), the Local Rules shall prohibit the direction of the primary beam towards that wall.

If it is necessary for a member of staff or other person to enter the controlled area in order to support a handicapped patient or child, written arrangements for the restriction of their exposure must be drafted, in consultation with an RPA, and should be included in the Local Rules.

### **Contingency Arrangements**

In the risk assessment, the College shall consider possible accident situations, their likelihood and potential severity. This will allow the College to determine what contingency plans are necessary to address reasonably foreseeable accidents.

Examples of situations that are reasonably foreseeable and for which contingency plans should be drawn up are:

- Failure of the X-Ray control circuitry, such that an exposure does not terminate after a pre-set condition;
- Damage to the lead shielding around the tube head as a result of fire or mechanical damage.

During each exposure, the operator shall be able to see the exposure warning light and hear any audible warning. If the warning(s) indicate that an exposure has failed to terminate after a pre-set condition (e.g. exposure time), the operator should immediately release the irradiation switch.

In the event of any fault or damage to the x-ray tube head, the equipment shall be disconnected from the mains supply and not used again until it has been checked and, if necessary, repaired by a service engineer.

### **Dose Investigation Level**

These shall be set as an integral part of the College's risk assessments concerning radiation exposure for its staff and students. The specified dose levels shall be published in the Local Rules and currently are set at 1.0mSv annualized dose or 0.5 mSv in any 3-month monitoring period. The Dose Constraint level for carers is currently set at 0.3 mSv.

If personal monitoring records, or other information, indicate that a member of staff may have exceeded the dose investigation level, the College shall undertake a formal review of working conditions to make sure that exposure is being restricted as far as reasonably practicable. This review shall normally be carried out in conjunction with an RPA and a copy of the investigation report kept by the College for at least two years.

### **Content deriving from IR(ME)R2000 as amended IR(ME)R2006**

#### **College Procedures**

The College shall establish, in accordance with IR(ME)R2000, written procedures to include:

- Correct identification of the patient prior to radiography.
- Identification of individuals entitled to act as referrer or IRMER practitioner or operator.
- Medicolegal exposures.
- Making enquires of female patients of childbearing age to establish whether the individual is or may be pregnant.
- Ensuring that quality assurance programmes are followed.
- The assessment of patient dose.
- The use of diagnostic reference levels.
- The carrying out and recording of a clinical evaluation of the outcome of each exposure.
- Ensuring the probability and magnitude of accidental or unintended doses to patients are reduced so far as reasonably practicable.
- Provision for the carrying out of clinical audits as appropriate.

In addition, the College shall establish:

- Guidelines for referral criteria for radiographic examinations.
- Written protocols for every type of standard projection for each item of equipment.
- Quality assurance programmes (Strictly this reference, within IR(ME)R2000, refers only to the procedural aspects).
- Diagnostic reference levels.
- The method for authorising each exposure, to ensure that there is a record that justification has taken place.

### **Staff Appointments**

The College shall clearly define who is allowed to act as a referrer, an IRMER practitioner, and an operator. As operators may have a number of functions, the range of functions that an individual operator shall be allowed to perform shall also be clearly defined.

The College shall also ensure that all staff shall be adequately trained before undertaking their duties.

Where agency staff or locums are employed, the College shall ensure that contractual arrangements are in place stipulating the range of functions that any IRMER practitioner or operator will be expected to undertake and that they have been adequately trained to nationally recognised minimum standards.

### **Accidental or Unintended Dose**

The College shall include, within its Clinic's standard operating procedures, a requirement that all practical aspects of radiography should be conducted with due regard to minimising accidental or unintended doses to patients.

## **3.2.11 DRIVING AT WORK**

### **General statement**

It is the College's policy to take all reasonable steps to manage the health and safety of those staff who drive on company business. This is to comply with legal duties as an employer and to demonstrate that we have taken all reasonable steps to introduce safe systems of work. It is for this reason that the policy not only sets out the College's procedures on work-related driving, but details what is expected of employees; both in terms of complying with relevant legislation and internal standards. These cover a variety of areas including the documentation that is needed to be seen from own-car drivers, as well as basic guidelines on driver health.

### **Legal position**

The College has a duty under the **Health and Safety at Work Act 1974** to take steps as far as is reasonably practicable, to ensure the health, safety and welfare of those who need to drive as part of their job. In order to comply with these duties, the College will take steps to set up safe systems of work in order to control and manage any risks which cannot be eliminated. These will be identified by the carrying out of a suitable and sufficient risk assessment as required by the **Management of Health and Safety at Work Regulations 1999** (as amended). Where applicable, this policy is also based on the relevant provisions of the **Road Traffic Act 1988**.

**SCHEDULE TO SECTION 3**

**3.2.1. FIRE PLAN**

**Permitted Smoking Area**

All College's buildings are designated as non-smoking premises. Smoking is only permitted in the smoking area which is located in the far corner of the front car park.

**Fire Marshals**

**MAIN COLLEGE BUILDING**

**Top Floor**

Director of IMRCI, Laboratory Superintendent, Laboratory Assistant.

**First Floor**

Executive Director of Administration, Health and Safety Adviser.

**Ground Floor**

Head of Undergraduate Programmes Administration, Academic Administrative Assistants, PA to Principal.

**Library**

Head of Learning Resources, Duty Librarian.

**Kitchen and Refectory**

Catering Manager, Catering Assistant.

**CAVENDISH HOUSE**

Students' Union Administrator, Centre for Ultrasound Studies Administrator

**CLINIC BUILDING**

**Top Floor**

Senior Clinical Tutors.

**First Floor**

PA to Director of Clinic.

**Ground Floor**

Clinic Practice Manager, Clinic Reception Supervisor, Radiographer, Rehabilitation Supervisor.

### **3.2.2. ACCIDENT REPORTING**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), apply to employees, students and members of the public who suffer death, or injury as specified below in the course of work activity. Any such injury or dangerous occurrence must be reported to the Health and Safety Executive by the Principal, the Company Secretary or the Health and Safety Adviser.

**SPECIFIED INJURIES** – the following injuries must be reported:

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalding requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hours
- any accident or injury leading to incapacitation enduring for 7 days or more, including weekends and/or scheduled rest days.

Where death occurs within one year of a notifiable work accident or injury, the Principal shall notify the Health and Safety Executive in writing.

RIDDOR does not extend to cover clinic patients who die or are injured undergoing treatment in the College's outpatient clinic.

**DANGEROUS OCCURRENCES** as defined by the HSE include:

- The collapse or overturning of, or failure of a load-bearing part of a lifting device such as a lift, hoist or crane.
- Explosion, collapse or bursting of a vessel, the contents of which are under pressure (e.g. steam boilers, gas cylinders, air receivers fed by a compressor), which results in significant damage to equipment or might have caused injury to any person.
- An electrical short circuit or overload attended by fire or explosion which resulted in the stoppage of the plant involved for more than 24 hours and which, taking into account the circumstances of the occurrence, might have caused death or major injury.
- An explosion or fire in any plant or place which resulted in the stoppage of that plant or suspension of normal working activities for more than 24 hours, where such explosion or fire was due to the ignition of process materials, their by-products (including waste) or finished products.

- The collapse or overturning of any scaffold.
- The unintended collapse of any part of a building under construction, or any wall or floor of any other building.
- The accidental release or escape of any substance or pathogen in circumstances that might have been liable to cause death, major injury or condition, or other damage to the health of any person.
- Any incident in which plant or equipment comes into contact with uninsulated overhead electric line at more than 200 volts or causes an electrical discharge by coming close to it.

#### **NOTIFIABLE DISEASES**

A number of communicable diseases must be reported to the authorities under the terms and provisions of the following legislation: The Public Health (Control of Disease) Act 1984; The Food Safety Act 1990; The Public Health (Infectious Disease) Regulations 1988.

Clinic faculty and students who encounter patients suffering from any of the diseases listed below shall inform a Senior Clinical Tutor, who will refer the patient back to their GP with appropriate correspondence. The Consultant in Communicable Disease Control for the Dorset Health Commission shall, with the patient's permission, also be informed.

Acute Encephalitis	Plague
Acute Poliomyelitis	Rabies
Anthrax	Relapsing Fever
Cholera	Rubella
Diphtheria	Scarlet Fever
Dysentery	Smallpox
Food Poisoning or suspected FP	Tetanus
Leprosy	Tuberculosis
Leptospirosis	Typhoid Fever
Malaria	Typhus
Measles	Viral Haemorrhagic Fever
Meningitis (viral, bacterial or fungal)	Viral Hepatitis (A, B, C, D, E)
Meningococcal Septicaemia	Scabies
Mumps	Any other disease or diseases, designated from time to time as notifiable by the Government
Ophthalmia Neonatorum	
Paratyphoid Fever	

The relevant notification form shall, where the patient's permission to notify has been elicited, be obtained from the Dorset Health Commission and returned to:

The Consultant in Communicable Disease Control  
Dorset Health Commission,  
Victoria House,  
Ferndown  
Dorset  
BH22 9JR

**3.2.3. First Aid**

The College First Aiders are:

- Tom Coffey (ext 306) Library
- Caroline Cooke (ext.306) Library
- Rhianydd Haslock (Ext 293) Students' Union Office
- Jane Johnson (ext. 292) Reception
- Jessica Mancini (ext 407) Housekeeping
- Stuart Morris (ext. 301) Maintenance
- Jamie Morris (ext. 250) Programmes Office

### **3.2.5. Management of Contractors**

#### **Contractors' Competence Questionnaire**

- Can you provide a copy of your Public Liability Insurance certificate?
- Can you provide written copies of your Health and Safety Policy, and Risk Assessments pertinent to your activities over the past five years or (in consultation with the College's Health and Safety Adviser) other time-period specified?
- Can you provide copies of your accident records over the past five years, or (in consultation with the College's Health and Safety Adviser) other time-period specified?
- Can you provide written references from other companies who have used your services?
- Can you provide copies of any special licences held?
- Can you provide copies of any specialist qualifications held by your operatives?
- Do you have membership (corporate and/or personal) of any appropriate professional body?
- Can you provide copies of your training policy and training records?
- Are you a member of any training scheme?
- Can you provide maintenance records of any machinery (e.g. cranes, hoists, electrical checks) you intend to use on our premises?
- Do you employ young people under the age of 18 years?
- Can you provide a written statement of your proposed working methods for the task to be undertaken on our premises?

#### **Permit to Work Systems**

A Permit to Work is a formal written system used to control certain types of work that are potentially hazardous. It is not simply permission to carry out the work, but an essential part of the procedure itself, which provides instruction on how a potentially dangerous job can be carried out safely. The issue of a permit does not in itself make a hazardous job safe.

The decision whether a permit to work is required shall be made by the Executive Director of Administration or their nominated deputy, or the Health and Safety Adviser, either or both of whom should have a knowledge of the environment and hazards present in that working environment.

It shall be the duty of the Executive Director of Administration or their nominated deputy to arrange with the Health and Safety Adviser, the appropriate Head(s) of Department, the Maintenance Workforce and Contractors a site meeting to discuss the safety implications of all major building and maintenance work on the College's premises.

A permit to work shall be required when two or more individuals or groups of persons, perhaps for different tasks, or departments have to co-ordinate their activities to ensure the safe completion of their work, e.g. where mechanical plant has to be worked upon by a fitter, but where electrical connections are involved.

The following 'high risk' activities or work conditions are automatically subject to a permit to work:

- Hot Work e.g. tar boilers etc.
- Demolition.
- Excavation.
- Asbestos removal.
- Work in Confined spaces

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- Electrical work above 240v.
- Working at heights.
- Any other work specified by the Executive Director of Administration or their nominated deputy in consultation with the Health and Safety Adviser.

### **3.2.8. GOOD (CHEMICAL) LABORATORY PRACTICE**

#### **Introduction**

Preventing exposure to chemicals in the laboratory can be achieved by using good laboratory technique, sound apparatus and paying careful attention to personal hygiene. The purpose of this Code of Practice is to indicate the steps that should be taken in order to prevent or control exposure.

The hazards associated with the chemicals and techniques used must be ascertained before an experiment is undertaken, the risks to Health and Safety assessed and the appropriate precautions adopted.

Each individual in the laboratory is responsible for his or her own safety and for the safety of others affected by their work. This includes responsibility for:

- Assessing, planning and carrying out the experiment.
- Safe storage of chemicals.
- Emergency procedures.
- The ultimate safe disposal of reagents employed.

Overall responsibility for laboratory safety rests with the research and/or laboratory supervisor, and ultimately with the Head of Department.

The basic principle is to treat all chemicals as potentially dangerous and to prevent contact (exposure) between chemical and worker. This involves:

- Containing the chemical used; e.g. using closed systems, replacing tops on bottles, using fume cupboards etc.
- Protecting the worker, e.g. wearing personal protection such as gloves, eye protection, laboratory coat, etc.

#### **General Guidelines for Safe Use of Chemicals**

- Do not attempt to use an unfamiliar experimental technique without first having had the technique explained, and if necessary, demonstrated.
- If there is ever any doubt about the use of a particular substance or technique, consult your supervisor before progressing.
- Read and observe the container label warnings and take the precautions indicated. Further information can be obtained from suppliers' material safety data sheets, specific websites and from published reference material.
- Substitution should always be considered – always use the least toxic or flammable chemical compatible with the procedure.
- The scale of the operation should be as small as possible.

#### **Techniques**

Good housekeeping is vital. Always ensure:

- Benches are kept tidy and free of unnecessary substances and equipment.
- Gangways and exits are kept clear.
- Experimental equipment is secured and carefully laid out (e.g. no trailing leads).
- Substances and apparatus are returned to the proper place after use.

All containers shall be kept clean and clearly labelled with the name of the reagent and any hazard warning if appropriate.

The College has adopted a policy of no naked flames in laboratories outside of fume cupboards. Gas flames inside fume cupboards shall not be left unattended. Flames from items of analytical equipment (e.g. atomic absorption spectrophotometers, or flame photometers) shall be vented using local exhaust hoods.

Always carry containers of reagents correctly. Winchester's should be supported in Winchester carriers. Containers of strong acids or alkalis should be stored and transported in secondary containment. Never hold a bottle solely by its neck, always support its base as well.

Work in such a way as to prevent or contain spillage – i.e. use a tray or double containment.

Prevent the inhalation of hazardous substances by minimising:

- The production of aerosols and dusts.
- Gas leakage.
- Vapour evolution.

Prevent the ingestion of hazardous substances by following good hygiene techniques (Section 3.1.3.).

Prevent skin contact by taking care when pouring liquids or manipulating solids and gases, and by wearing gloves when appropriate.

Prevent puncture wounds by the correct use and disposal of sharp instruments. Do not use damaged or broken glassware.

### **Use of Fume Cupboards**

All operations, which are liable to produce hazardous or obnoxious concentrations of gas or vapour, shall be conducted in a fume cupboard.

Fume cupboards shall not be regarded as convenient disposal routes for toxic or flammable waste gases and vapours. Wherever possible recourse shall be made to removing noxious effluent as an integral part of the experiment, e.g. by scrubbing, refluxing or the use of chemical absorbents etc.

Fume cupboards used for experiments shall not contain any unnecessary stored substances or apparatus.

Fume cupboards do not provide total containment. For work requiring total containment, a glove box, glove bag or similar must be used. It is not normal procedure for the College to undertake work requiring total containment. Permission must be sought from the Health and Safety Adviser in such circumstances.

Fume cupboards shall be maintained, serviced and certificated at least every 14 months in order that they comply with sash face airflow velocities required by prevalent legislation. This shall normally be at least  $0.5\text{ms}^{-1}$  and up to  $1.0\text{ms}^{-1}$  in the case of very toxic materials.

Care shall be exercised when placing equipment in a fume cupboard so as not to interrupt or impede the airflow (at least 150mm from the sash, on blocks to allow air circulation). Notwithstanding the College's policy on naked flames, the use of gas burners in fume cupboards shall be kept to the minimum compatible with the aims of experiments.

- Do not lean on the front edge of a fume cupboard.
- Work with the sash as low as possible
- Check that the fume cupboard is operational prior to use.

- ❑ The glass in the sash is not a blast screen. If an experiment is particularly dangerous, screens must be provided, subject to Risk Assessment.

The materials of construction of the fume cupboard shall be compatible with the substances handled. Especial consideration must be given to fume cupboards in which hydrofluoric or perchloric acids, or large quantities of any acid are to be used.

Portable (filtered, re-circulated air) fume cupboards are considered by the College to be unsatisfactory. The Health and Safety Adviser must be consulted prior to the acquisition and/or use of any such device.

### Personal Protection

Wear a clean, fastened cotton laboratory coat. Laboratory coats **MUST NOT** be worn in refreshment areas, libraries, etc.

Wear footwear that adequately covers the feet. Open-toed sandals **ARE NOT** acceptable.

Eye protection must be worn when handling chemicals unless personnel can demonstrate that adequate protection is provided by other means.

VISITORS TO AN ACTIVE CHEMISTRY OR BIOCHEMISTRY LABORATORY MUST WEAR LABORATORY COATS AND WHERE APPLICABLE, EYE PROTECTION.

Appropriate gloves must be worn when handling substances that may be absorbed through the skin, or that are corrosive, harmful, irritant or otherwise deleterious to the skin. Do not wear contaminated gloves outside the laboratory.

Respirators are not acceptable for laboratory use except in cases of emergency, e.g. spillages, leaks etc.

### Hygiene

Avoid directly or indirectly transferring chemical contamination to the mouth. In particular:

- DO NOT pipette by mouth, use a pipetting aid
- DO NOT eat, drink, chew gum, apply cosmetics or bite fingernails in the laboratories
- DO NOT smoke
- DO NOT lick labels

All items of food and drink for human consumption **MUST** be excluded from all areas of the laboratory, unless they are an integral part of an experimental procedure, and a Risk Assessment for their use has been conducted.

Hands must be washed immediately after leaving the laboratory and before and after using the lavatory. Similarly, gloves worn to protect the hands should be washed prior to their removal, and prior to touching door handles, light switches, telephones, keyboards etc. Gloves should be removed using surgical technique.

Cuts and grazes to the skin should be adequately covered by suitable dressings.

### Storage

The College shall only keep the minimum stock of substances necessary for the work in hand in the laboratory, and shall avoid bulk storage wherever possible. Chemicals shall be stored in dedicated locked facilities to deny casual access.

Substances (especially liquids) shall not be stored:

- ❑ Above chest height

- ❑ Where they can be struck by doors, trolleys etc.
- ❑ On the floor unless protected by toe-boards

Incompatible reagents (e.g. cyanides and acids, oxidising agents and flammables) shall not be stored together.

### **Disposal of Reagents**

All waste chemicals must be adequately contained, clearly labelled and disposed of in accordance with local environmental health regulations.

### **Emergency Procedures**

#### **IN CASE OF FIRE:**

- Activate the College's Fire Plan and evacuate the building following Fire Drill procedures.

#### **LIMITED SPILLAGE WITHOUT PERSONAL CONTAMINATION:**

- Seek the advice of the Laboratory Superintendent and/or the Health and Safety Adviser.

#### **PERSONAL CONTAMINATION:**

- Wash the affected area with copious quantities of cold water.
- Seek the advice of the Health and Safety Adviser.
- Seek first aid and obtain medical advice in all cases of eye contact.

#### **MAJOR RELEASE OF GAS OR VAPOUR:**

- Activate the College's Fire Plan and evacuate the building following Fire Drill procedures.

#### **FAILURE OF FUME CUPBOARD:**

- Terminate the experiment.
- If it is safe to do so, contain the substances involved by (e.g.) covering open containers, replacing stoppers, closing the sash etc.
- If adequate containment cannot be maintained in the fume cupboard, open laboratory windows and evacuate: (i) the laboratory, or in the case of toxic compounds (ii) the building following Fire Drill procedures.

#### **CHEMICAL INCIDENTS NOT INVOLVING FIRE**

Spillage of hazardous chemicals shall be dealt with according to published hazard information data. Measures may include all or any of the following: the construction of sand or earth berms to contain the spillage; absorption or adsorption of the spilt chemicals by (e.g.) Fuller's Earth or other inert material; the packaging of spilt material in suitable disposal containers; disposal in accordance with local authority regulations. If the College has reason to believe that spilt chemicals have entered its drains or watercourses, the local authorities, including the Fire Brigade in the case of flammables, shall be notified immediately.

### **3.2.10 Radiation Protection**

The College is committed to a policy of restricting exposures to ionising radiations in accordance with the ALARP principle, and will effect this through the existing organisational arrangements for Health and Safety within the organisation, in addition to clearly defined operating procedures and the involvement of senior staff.

Overall responsibility for ensuring that a radiation protection programme is implemented and reviewed will lie with the Director of Clinic, working through the Radiation Protection Committee, which itself shall be a sub-committee of the College's Health and Safety Committee.

Responsibility for the task of supervising the work with radiation, and ensuring it is carried out in accordance with 'local rules' will lie with the Radiation Protection Supervisor (RPS). The College will appoint the RPS in writing, and ensure they have allocated to them the necessary resources for them to carry out their functions.

Responsibility for the task of advising managers, departmental heads and staff, and the public on radiation matters will lie with the Radiation Protection Adviser, appointed in writing by the College.

Responsibility for the task of ensuring that radiation risk assessments are performed and reviewed, and the findings acted upon, will lie with the Health and Safety Adviser.

Responsibility for the justification and optimisation of each diagnostic procedure will lie with the individual duty holder clearly identified in the employer's procedures.

Individual workers are required to work with radiation in such a way that they:

- Exercise reasonable care and follow all relevant local rules.
- Use, as instructed, any protective equipment and personal dosimeters provided by the employer.
- Report to the Head of Clinic and RPS any defect in such equipment and dosimeters.
- Undertake any training deemed necessary by the employer.
- Comply with the employer's procedures and protocols for diagnostic exposures.
- Report immediately to the RPS any incident occurring in which a patient may have received a radiation exposure significantly greater than intended, or any other incident in which a person is unintentionally exposed to radiation.
- Do not recklessly endanger the safety of others.

#### **Employer**

The Anglo European College of Chiropractic

#### **Director of Clinic**

Dr. N. Osborne

#### **Radiation Protection Adviser (RPA)**

Andrew Hunt,  
Dr Cat Dixon,  
Imaging Radiation Instrumentation Services (IRIS)  
Medical Physics Department  
Poole Hospital NHS Trust  
Longfleet Road  
Poole  
BH15 2JB

**Medical Physics Experts (MPE)**

Andrew Hunt,  
Dr Michael Brookes,  
Imaging Radiation Instrumentation Services (IRIS)  
Medical Physics Department  
Poole Hospital NHS Trust  
Longfleet Road  
Poole  
BH15 2JB

**Radiation Protection Supervisor (RPS)**

Mrs. A. Wood

**Health and Safety Adviser**

Dr. A. Tyler

**X-Ray Equipment Service Providers**

FujiFilm UK Ltd  
Medical Systems  
Unit 12 St Martin's Business Centre  
St Martin's Way  
Bedford  
MK42 0LF

Siemens Medical Solutions  
Imaging and Oncology Systems  
Sir William Siemens Square  
Frimley  
Camberley  
GU16 8DQ

Southex Services  
Unit 1 Enterprise Park,  
Blackmoor Road,  
Verwood  
Dorset  
BH31 6YS

QADOS  
Unit 8 Lakeside Business Park,  
Swan Lane,  
Sandhurst,  
Berkshire  
GU47 9DV

**3.2.11 DRIVING AT WORK**

**Procedures**

In order to comply with our legal duties, the College has introduced the following set of procedures which are to be adhered to by staff at all times:

- Where a fleet or company vehicle is provided, employees must always report any suspected vehicle defects to the Executive Director of Administration. In the event that a defect is suspected, staff should never take a risk and attempt to drive a faulty vehicle.

- If an employee uses their own vehicle, they will be required to maintain it in a roadworthy condition.
- Before embarking on a long journey, employees should always carry out basic checks, e.g. to check oil, water levels and tyre pressures.
- Staff should follow any advice given on route-planning. They should also ensure that sufficient breaks are built-in to prevent fatigue and allow for any bad weather or traffic congestion etc.
- Hand-held mobile phones should never be used whilst driving and calls should only be made or taken when it is safe to do so.
- Staff should always drive within speed limits and according to the prevailing weather conditions.
- Before driving, staff should familiarise themselves with the procedure to follow in the event of a breakdown.

#### **Documentation**

In order for the College to comply with its legal duties, those using their own vehicles will be required to produce basic documentation. Where this is necessary the Executive Director of Administration shall take responsibility for checking the following on an annual basis:

- The employee's driving licence.
- If the car is more than three years old, the current MOT certificate.
- Insurance documents.

#### **Employees' Duties**

Section 7 of the HSWA also places a responsibility on employees to assist the College in complying with its legal duties. They are also required to be mindful of their own health and safety and that of others who may be affected by their activities. To this end, employees are expected to follow the procedures laid down in this policy and to:

- Keep their insurance up-to-date if using their own vehicle.
- Make available copies of the above documents annually when requested to do so.
- Inform the designated manager of any changes in circumstances, e.g. penalty points or a new vehicle.
- Have regular eye tests and ensure that any necessary glasses for driving are worn.
- Read any updates that the College may periodically issue on road safety matters. These will include information on good practice as well as forthcoming legal changes which affect those who drive for work.

#### **III-Health and Driving.**

Employees are responsible for ensuring that they are physically fit to drive. Should this change, their line manager must be informed as soon as possible. Drivers should also remember that some prescription drugs can cause drowsiness and affect their ability to drive safely. In the event that medication is necessary, employees should check with their GP or pharmacist before driving, even short distances. As research suggests that a journey time of more than four hours could carry a risk of Deep Vein Thrombosis (DVT), those who drive regularly for long distances should advise us of any family history of DVT, or if they have ever experienced problems with blood clotting. Where this is the case, they will be referred to their GP in order to ensure that they are able to drive safely and without risk to their health and safety.