

## OCCUPATIONAL HEALTH, SAFETY & TRAINING ADVISORY GROUP

38<sup>th</sup> meeting

10 Oct 2011

Present	Professor Nalin Thakkar, Chair Dr Tanya Aspinall, UCU Mr Steve Blatch, Unite Mr Paul Dixon, Head of STDU Dr Melanie Taylor, Head of Safety Services
In attendance	Dr David Barker, Head of Risk & Compliance Mrs Linda Coulston, USC Ms Catherine Davidge, USC Mr Simon Holden, Unite Shadow Mr Trevor Humphreys, Deputy Director of Estates Mrs Janet Makin, First Aid Co-ordinator Mr Andrew Morris, USC Mr Andy Pollitt, USC Dr Patrick Seechurn, USC Mrs Rachel Valentine, STDU Dr Linda Green, Shadow UCU
Apologies	Mrs Daniele Atkinson, Occ Health Services Manager Mr Anthony Cassidy, USC Mr Gareth Dawson, Unison Mrs Karen Morgan-Tallents, Compliance & Risk Officer Dr Susan Robson, Director of Occupational Health

### 1. Minutes of the meeting held on 25 July 2011

*Confirmed:* Minutes of the 37th meeting were approved, subject to a correction to the job title in item 3(f) to read North West Ambulance Service Community Resuscitation Manager.

### 2. Matters arising not covered elsewhere

*Received:* a summary of actions taken since the last meeting and work completed or in progress. The following matters were discussed in more detail:

#### 2.1 Communications between Estates and building occupiers (actum 2.1)

*Reported:* by Mr Humphreys, that the pilot for the Chemistry Building was for the major refurbishment project to replace windows and would take several more months to complete. He had also recently met with the Head of School for CEAS and proposed to run a second pilot in the Mill looking at access arrangements for day-to-day reactive maintenance visits.

## **2.2 Use of ResourceLink to record health & safety training, and to link training statistics to training need (actum 2.2)**

*Reported:* by Prof Thakkar, Dr Barker and Mr Dixon, that significant progress had been made on discussions to use e-prog as the main programme to record health & safety training needs and achievements, rather than ResourceLink. A summary paper was due to go to Health & Safety Committee on 14 October, and a demonstration of the software followed (see item 3).

## **2.3 Guidance for schools re occupational health monitoring (actum 3(ii))**

*Reported:* by Dr Barker, that discussions were continuing about how best to deliver appropriate guidance to schools on the circumstances in which they needed to ensure staff and students were referred to Occupational Health, and the final guidance would be risk-based.

## **2.4 Development of University guidance on fieldtrips (actum 4(i))**

*Reported:* by Prof Thakkar, that a meeting was being arranged with the Study Abroad Unit to look at their existing arrangements for recording Erasmus student whereabouts, and the potential for linking this to risk assessments and widening it to include other parties on fieldwork trips.

## **2.5 School of Nursing stabbing incident (actum 4(ii))**

*Reported:* by Prof Thakkar, that he had discussed this incident with the Head of School, Prof Karen Luker. Dr Seechurn confirmed that improvements had been made within the school to ensure all incidents were reported in good time to the school health & safety committee.

## **3. Demonstration of e-prog by Davina Whitnall, FLS**

*Reported:*

- (a) by Ms Whitnall that e-prog had been developed in-house by herself and colleagues in FLS (equivalent of approx 1 FTE project manager) as a tool for PG students and their supervisors to track progress and milestones during their research. After 2 years, it was now a University-wide platform, and being used by research staff as well as PGRs.
- (b) as demonstrated by Ms Whitnall, it contained all the functionality required to record and track (health and safety) training and extending it for this purpose would present no undue technical difficulties.
- (c) Mr Dixon had had discussions with the Director of HR about its use by STDU, for health and safety, and for other purposes such as P&DRs.
- (d) Discussions were taking place with colleagues steering the strategic Manchester Working Environment (MWE) about the needs of PSS staff. The current priorities were associated with academic needs, but this allowed time to reflect on what administrative staff wanted from the MWE, to inform and refine any development specifications.

- (e) Dr Green reported that she is starting to use e-prog in FLS as part of an on-line system for delivering training material to staff and students,

*Agreed:* Members fully supported the move away from ResourceLink and towards using e-prog as the platform for achieving a more cohesive and comprehensive system for recording (h&s) training needs, achievements and progress.

#### **4. Review of OSHTAG membership and terms of reference**

*Received:* Paper OHST 34/2011 with 2010/11 membership and terms of reference.

*Reported:*

- (a) The Chair's details required updating.
- (b) There was a proposal to formalise arrangements about who was invited to attend this OHSTAG to give their expert advice. This included Mrs Atkinson, Occ Health Services Manager; Mrs Makin, First Aid Co-ordinator; Mrs Valentine, Health and Safety Training Advisor; and Mrs Morgan-Tallents, Compliance and Risk Officer.
- (c) The purpose of this advisory group was to scrutinise reports and proposals, and provide assurances that the Board could have confidence in. This was best achieved by having a range of contributions from relevant services.

*Agreed:*

- (i) The proposal to extend the list of those invited to attend was accepted.
- (ii) The Secretary would contact the UMSU to encourage them to send their representative.

#### **5. Report of the Director of Occupational Health**

*Received:* Paper OHST 35/2011 prepared by Dr Robson and Mrs Atkinson, which included the first aid report by Mrs Makin.

*Reported:*

- (a) Dr Peter Oliver had started work as an Occupational Health Physician based on the north campus and currently working 1 day per week.
- (b) Dr Barker was considering options about reducing waiting times to see an Occ Health Physician.
- (c) Automated external defibrillators (AEDs) were being deployed in accordance with advice from the Ambulance Service, and will be on Security vehicles from 24 October 2011. Announcements will be made in Staff Update. The deployment was in advance of completing a training programme because the devices included simple instructions designed to be used by anyone without formal training, and could not harm the patient.

#### **6. Report of the Head of Safety Services**

*Received:* Paper OHST 36/2011, prepared by Dr Taylor

*Reported:*

- (a) The HSE had agreed proposals to change the RIDDOR reporting requirement from "over 3 day absences" to "over 7 day absences", which tied in with the fit note requirement. Reports would need to

be sent within 15 days. The changes were likely to come into effect from 1 April 2012.

- (b) HSE were consulting on proposals to issue revised regulations on the Control of Asbestos at Work, to implement an EU reasoned legal opinion about low risk exemptions. Estates already take a precautionary approach to asbestos, and the implications of the proposed changes are not thought to be significant.
- (c) School of Chemistry had organised a chemical waste amnesty over the summer, resulting in over 3.5 tonnes of waste going for disposal. A similar amnesty in MIB had also been carried out. The accumulation of chemicals was thought to be due largely to PIs and research staff moving or retiring, and not vacating their laboratories in accordance with existing University procedures (which include a signing off certificate). Members described various efforts for holding PIs accountable. MIB require departing PIs to leave an open grant code for any waste disposal charges; Materials require a formal sign-off from students that they have cleared their benches before issuing any certificates. MIB have also removed card access authorisations as a disciplinary matter, in one case.
- (d) Accumulations of unwanted chemicals have health & safety and cost implications, as they increase the overall fire loading and potential for accidental spillage or exposure; they take up physical storage space; labels become defaced or lost, and almost inevitably, deferred costs of disposal are greater.
- (f) After 10 years with Safety Services, Andy Pollitt was taking up the new post as safety advisor for MACE and EEE.

- Agreed:*
- (i) Good inventory control went beyond health & safety, and further consideration would be given to improving PI exit processes and procurement.
  - (ii) OHSTAG thanked Andy Pollitt for his work and wished him well in his new appointment.

## **7. Report of the Director of Staff Training & Development Unit**

*Received:* Paper OHST 37/2011

- Reported:*
- (a) by Mr Dixon, that he had sought and obtained Karen Heaton's agreement to develop e-prog as the platform for recording P&DRs and other functionalities, and that talks would now take place with a range of training providers, including ITS and Mrs Makin.
  - (b) work to build the staff training content for the H&S e-learning project was due to start w/c 10 October.

## **8. Health & Safety Performance Monitoring Reports**

*Received:* Tabled Paper OHST 38/2011, the Health & Safety Annual Monitoring Report for Estates for the period July 2010 to June 2011, presented by Trevor Humphreys and prepared by Dave Massey, Estates Health & Safety Officer.

- Reported:*
- (a) The year had been very busy, and had seen the successful delivery of many projects with no reported accidents.

- (b) Estates had employed additional health and safety consultants in response to Mr Massey's planned absence on health grounds and also to the workload. This had been successful.
- (c) The policy of setting a minimum standard of health and safety competency (the NEBOSH Construction Certificate) for unit managers and other posts had increased safety awareness within this group, and seen real improvements in day-to-day practice. However, it had also revealed a gap between the approach now adopted by in-house staff and external designers and construction (management and design) co-ordinators. Estates are now looking at ways of requiring designer practices to have NEBOSH qualified staff when working on University projects, as a way of embedding client expectations.
- (d) Mr Humphreys is planning to run workshop(s) on CMDC and designer performance.
- (e) The template used for the report was an older version and omitted the question on first aid provision.
- (f) Other monitoring reports had been delayed, and 4-5 were now due to be submitted to the next meeting.

- Agreed:*
- (i) OHSTAG thanked Mr Humphreys and Mr Massey for preparing the report and for all their work over the past year.
  - (ii) Mr Humphreys would submit an addendum to the signed report covering the 1<sup>st</sup> aid question on current pro formas.
  - (iii) the Secretary would explore ways of storing monitoring reports (and other papers) in a shared electronic medium so that they are available to members as they are received, rather than sending out bulky reports close to the meeting date.

## **9. Policy and procedure documents**

### **9.1 Slips & Trips Strategy**

*Received:* Paper OHST 39 & 39A/2011 "Strategy for reducing slips, trips and falls" and draft action plan.

*Reported:*

- (a) the main strategy paper included minor amendments suggested by Prof Maynard Case and others since the last OHSTAG meeting, and completed case studies, and was ready for launching.
- (b) the draft action plan picked up all the proposals in the strategy and assigned them to Estates (mainly) and Safety Services. Timescales had not yet been agreed and it would take some time to assess resource implications.

*Agreed:*

- (i) The strategy document should be forwarded to the Health & Safety Committee.
- (ii) An updated action plan with assigned target dates would be presented to the next OHSTAG meeting.

### **9.2 Storage of CMR records**

*Received:* Paper OHST 40/2011 prepared by Dr Patrick Seechurn

*Reported:*

- (a) Dr Seechurn had been asked to bring recommendations to OHSTAG in relation to medium and long term storage of records such as risk

- and COSHH assessments, training, etc where CMRs are used, to complete the University's procedure on CMRs.
- (b) Long term (40 year) storage of records associated with loss of containment of a CMR were reasonably established and triggered by an incident report. All investigation documentation is kept on the Safety Office's events database (currently stored in Livelink).
  - (c) For routine use of CMRs without incident or exposure, the University's Records Retention Schedule requires storage of documentation for 5 years beyond final use. Current arrangements vary between schools, and include paper records and electronic files set up by PIs. These are generally not easily searched, and are easily mislaid.
  - (d) A pilot study in FLS is using the Manchester Working Environment and e-prog to store records such as COSHH and risk assessments (and other h&s related applications and assessments) linked to the PI or researcher. The data is embedded in the faculty's intranet. This is expected to give the option of searching all the documents for a particular CMR or chemical requiring a compliance return.

*Agreed:* Pending the outcome of the FLS pilot, Dr Taylor would send a Safety Circular explaining the requirement to keep records, and outline options currently used by schools.

### **9.3 Laboratory Access and Passport Schemes**

*Received:* Paper OHST 41/2011 prepared by Dr Patrick Seechurn

- Reported:*
- (a) Following receipt of the 2010/11 annual monitoring report from School of Pharmacy, Prof Case had asked Dr Seechurn to investigate existing arrangements for lab access and to suggest priorities for implementing any recommendations.
  - (b) Most buildings had the potential for operating the equivalent of a passport system, and could introduce one if HoSs chose to do so. Generally speaking, this meant there were at least 2 levels at which access could be controlled by swipe card (two of: main entrance, floor entrance, corridor entry, sub-unit and laboratory door).
  - (c) Exceptions were the Chemistry Building and the Mill. Both these buildings had open access during the day and centrally time-tabled facilities, and variable access controls on corridors or occupied areas.

*Agreed:* That Dr Barker would discuss access arrangements in Chemistry Building and the Mill in more detail with HoSs, prioritising those areas known to use or store chemicals subject to statutory controls (ie chemical weapons and drugs precursors, radioactive substances used for nuclear weapons development).

## **10. HASMAP**

*Received:* a verbal progress report from Andrew Morris

- Reported:*
- (a) Paper OHST 42/2011 had been prepared by Mr Morris but in error had not been circulated to members.

- (b) Mr Morris drew attention to one recurring issue with one of the HASMAP indicators, that required managers to demonstrate that health and safety was integrated into P&DR or similar processes. The absence of a formal University policy on this was preventing schools reaching level 3 for this indicator.
- (c) Members thought that the current position on P&DRs is that they are not mandatory and parts of the University have not implemented them. In other areas, for example in clinical practice, they are mandatory and well established.

*Agreed:* The Secretary would ask the Director of HR for a formal position statement about the status of P&DRs and any references or commitments to incorporating health & safety into guidance on carrying them out.

#### **11. Any other business**

*None*

#### **Additional papers received for information:**

*None*

#### **Dates of next meetings**

28 November 2011, 12 March 2012, 14 May 2012