

# The Royal Veterinary College

## Organisation and Arrangements for Managing Health and Safety

SD 00105b

Policy	✓	Organisation-wide	✓
Code of Practice			
Guideline		Local	
Procedure			

Comment / Changes	<ul style="list-style-type: none"> <li>• Replace reference to College with RVC</li> <li>• 1.2 Plan-Do-Check- Act – addition of section to provide context</li> <li>• 2.5.3 First Aid Response - remove the requirement of Emergency First Aider at Work training and clarify role and change review period of First Aid Needs Assessment from annual to two-yearly.</li> <li>• 3.1.9 Disabled Person – clarification of ‘impairment’ to include all impairments not just mobility.</li> <li>• 3.2.3 RPA &amp; 3.2.4 RWA – clarification that these are externally appointed roles.</li> <li>• 3.2.7 RPS &amp; 3.2.8 LSS – clarification of training requirements and method of appointment</li> </ul>
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# 1 Introduction to the RVC Health and Safety Management System

The Royal Veterinary College (hereinafter referred to as RVC) recognises its statutory duty under the Health and Safety at Work etc. Act (1974) to ensure, so far as reasonably practicable, the health, safety, and welfare of its employees and to protect others who may be affected by its activities.

The RVC health and safety management system is based on the HSE model, HSG 65<sup>1</sup>, that applies the 'Plan- Do-Check-Act' principle. This arrangement treats health and safety as an integral part of good business practice rather than a stand-alone system within an organisation. The model underpins ownership for activities where the people responsible for creating the risk are responsible for managing the risk. With this ethos in mind, the arrangements are focussed on developing and training people and processes to allow them to meet their safety responsibilities and legal requirements.

## 1.1 Scope of the arrangements

The scope of the arrangements covers the education, research, healthcare, training, and study activities carried out by staff, students, and visitors at the RVC on the Hawkshead campus, Camden campus and Boltons Park Farm.

The scope also is designed to cover operations both on-site and off-site where they are managed by the RVC employees.

## 1.2 Plan-Do-Check-Act

### 1.2.1 *Plan*

- Define acceptable performance and resources needed
- Communicate acceptable performance and resources needed

### 1.2.2 *Do*

- Identify and assess risk
- Identify controls
- Record and maintain process safety knowledge
- Implement and manage control measures

### 1.2.3 *Check and Act*

- Measure performance
- Review performance
- Learn from measurements and finding from investigations

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<sup>1</sup> <https://www.hse.gov.uk/pubns/priced/hsg65.pdf>

## 2 PLAN

### 2.1 Safety Policy

The statement of intent is contained in the associated document (Appendix 1) entitled 'Health and Safety Policy'.

The Policy will be renewed annually and signed by the Principal of the RVC and the Student Union President. The policy document states the health and safety objectives of the RVC and has been approved by the RVC Safety Committee (a committee that reports to the RVC Council) and the Council. The policy demonstrates clear commitment to a positive safety culture at the RVC. The current version of the Policy statement and arrangements will be made available on the Health and Safety Intranet site.

### 2.2 Safety Structure at the RVC

The diagram below (Figure 1) gives the overview of the structures in place for the management of health and safety.

The specific responsibilities within committees are detailed in Section 3.3.



Figure 1. H&S Committee Structure

## 2.3 Safety Objectives

To ensure that there is sufficient planning and resource in place to meet the Health and Safety objectives set out in the policy, progress will be reviewed by the RVC Safety Committee on a quarterly basis. The analysis will be collated from several sources including but not limited to:

- Setting and reviewing Key Performance Indicators (KPIs)
- Review of operational safety risk register for the organisation
- Incident and accident management reports (including action closure and root cause analysis)
- Departmental inspection reports
- Hazard identification
- Associated safety committee reports
- Audit reports
- Policy and guidance document review
- Legislative review and update
- External regulatory inspection findings

## 2.4 Risk Profiling

The risk profile of the RVC is identified and prioritised through the operational risk register. The risk profile will examine the:

- Nature and level of threats to the organisation
- Likelihood of the events occurring
- Costs associated with controls required for each type of risk
- Effectiveness of the controls required to manage those risks

The operational risk register for health and safety risks along with other identified Departmental risks feeds into the strategic RVC wide risk register.

The health and safety risk profile is reviewed and updated on a quarterly basis at the RVC Safety Committee and should include future risks to the organisation.

## 2.5 Emergency Preparedness

### 2.5.1 *Emergency planning*

The arrangements for emergency response and business continuity, including but not limited to fire, flood, power failure, security breaches, outbreaks of infectious disease are detailed in the business continuity plans.

They identify key emergency situations, address the associated risks, and include information on the following:

- Responsibilities, communication channels and means of escalation of information
- Procedures, instructions, and equipment
- Exercises to test effectiveness
- Staff training for those with key responsibilities

### 2.5.2 *Fire evacuation and drills*

Planned evacuation drills will be carried out throughout the year across both campus sites to test

the effectiveness of the fire safety systems. They offer the opportunity to identify gaps in fire safety training and to ensure compliance with fire safety requirements.

The mechanisms to support and manage fire safety at the RVC are identified in the Fire Safety Policy SD 6002.

### **2.5.3 First Aid Response**

The level of first aid cover required at the RVC will be identified through the first aids needs assessment (FANA) (SD 9066). This document identifies the level of risk through hazard identification, activities, location, and accident history. It will be reviewed and updated on a two-yearly basis.

The RVC manages the provision of first aid cover through the provision of a three-day First Aider at Work course, with requalification every three years, via an external provider, to suitable persons across all department and hospitals ensuring that there is sufficient cover daily. First Aiders are contacted via TEAMS, telephone or via radios depending on location.

The FANA will also include the provision of the HSE recommended basic skills update training on an annual basis. The management of the training for first aiders will be carried out by the First Aid Officer, who will also co-ordinate the location and provision of supplies for first aid kits and AEDs at the RVC.

## **2.6 Contractor Management**

There is a process for the contractor procurement that ensures compliance with legal requirements. There is a contractor management policy (SD 9062) and guidance documentation in place that sets out the requirements for procurement, selection, training, risk assessment and monitoring of contractors at the RVC.

## **2.7 Change Management**

The management of changes in an organisation is an important aspect of safety management. Change such as the introduction of new technology, equipment or activities, organisational restructure or major project or site development may introduce new hazards and risk to the organisation.

Such changes should be managed through the process of hazard identification and risk management with the co-operation and communication of stake holders. The process of change should be monitored to ensure gaps are identified and feedback analysed.

# **3 DO**

## **3.1 Organisation, Roles, and Responsibilities**

### **3.1.1 Overview**

Responsibility for health and safety flows through the organisation from the Council to everyone. Responsibilities are allocated based on the principle that you are responsible for your work, the people under your management and for those people whose safety may be affected by your work.

### **3.1.2 RVC Council**

RVC Council owns the ultimate responsibility for the health, safety and welfare of staff, students, and visitors. RVC Council receives and acts upon, where necessary, periodic reports from the

Safety Committee, which is a committee of Council.

It will also receive an annual report from the Safety Committee on the RVC's health and safety performance. RVC Council will also arrange for the review of organisation and arrangements for health and safety, as may be necessary, in light of new legal requirements or guidance.

### **3.1.3 The Principal**

The RVC Principal is responsible for:

- The management of health and safety (including provision of sufficient resources) and the implementation of the RVC Health & Safety Policy, codes of practice and guidance.
- Reporting to the RVC Council issues relating to the management of the health, safety, and welfare of the RVC.
- Delegating responsibility for the discharge of his duties to the members of the RVC Executive Committee (CEC).

### **3.1.4 RVC Executive Committee**

As an integral part of their management responsibilities, members of the CEC will be responsible for assisting the RVC Principal in:

- The implementation of the RVC Health & Safety Policy.
- The management of health and safety within areas under their control and the health and safety of staff, students, and visitors.
- Bringing to the attention of the RVC Principal any part of the Health & Safety Policy where it is considered that revision or amendment is necessary.

### **3.1.5 Directors, Heads of Department, Departmental Safety Supervisors and Principal Investigators**

Are responsible for assisting the RVC Principal in:

- Adopting and implementing the RVC Health & Safety Policy within their area of responsibility and the development of a Departmental Safety Manual, which will describe the arrangements, procedures and local rules relating to health, safety, and welfare within their Directorate/ Department.
- Appointing a Departmental Safety Supervisor (DSS) and in consultation with their DSS and Corporate Health and Safety appoint suitable members of staff as Area Safety Supervisors (ASS) and Radiation Protection Supervisors (RPS) as appropriate.
- Ensuring risk assessments are carried out and that safe systems of work are in operation and followed by staff and students within areas under their control.
- Ensuring that in the procurement process for equipment (including but not limited to pressure vessels, X-ray generating equipment and lifting equipment, biological agents, and chemicals), that all risks are assessed or considered prior to importation or purchase. This assessment should involve advice from relevant competent persons and/ or CHST.
- Ensuring that when the RVC shares workplaces (whether on a temporary or permanent basis), that there is full co-operation with each other to comply with their respective health and safety considerations. Each employer needs to take all reasonable steps to co-ordinate the measures they adopt to fulfil those obligations. They also need to tell the other employers about any risks their work activities could present to their employees, both on- and off-site. This process of co-operation should include (but is not limited to) the use of contracts, due diligence questionnaires, risk assessments and shared workplace

agreements.

- Developing effective channels of co-operation and communication to ensure that staff, students, and their safety representatives are aware and informed of developments in health, safety, and welfare in their department and/or Directorate.
- Ensuring sufficient information, supervision, instruction, and training is provided to staff and students to ensure that they operate in a manner which safeguards their health and that of others affected by their activities.
- Ensuring in conjunction with their DSS that areas over which they have control are inspected at least annually and monitored frequently to ensure operational compliance.
- Reporting accidents, near misses and hazardous incidents promptly via the RVC's accident/incident reporting procedure.
- Ensuring sufficient resources are available to implement this health & safety policy and bringing to the attention of the RVC principal any part of the health & safety policy where it is considered that revision is necessary.

### **3.1.6 RVC employees, visiting workers and students**

All employees, students, visiting workers and others with a contractual arrangement with the RVC must:

- Take reasonable care for their own health and safety and that of others who may be affected by their activities.
- Comply with safe systems of work and any other safety instruction that will safeguard them and other fellow employees, students, and other users of the RVC.
- Report to their immediate supervisor/line manager any defects in plant, machinery, equipment, building fabric, slip/trip hazards or systems of work.
- Make use and take proper and reasonable care of protective/safety equipment, tools, plant, and equipment.
- Notify the relevant DSS, ASS and their line manager or supervisor before any significant hazards are introduced or newly identified.
- Attend training where their line manager or supervisor identifies it as necessary for health and safety.
- Attend health surveillance or referral to occupational health when required.
- Report accidents, near misses and hazardous incidents promptly via the RVC's accident/incident reporting procedure.
- Not intentionally or recklessly interfere with, or misuse anything provided in the interests of health, safety, or welfare.

All visitors are expected to take reasonable care for their own health and safety and others who may be affected by their activities and follow any instruction or information provided by the RVC.

### **3.1.7 Corporate Health & Safety Team**

The Corporate Health & Safety Team has a central coordinating role in relation to health and safety matters and is responsible for:

- Development of a Health & Safety Strategy, Health & Safety Management System, Safety Policy, Guidance, and procedures that reflect safe operating procedures at the RVC.
- Provision of advice, guidance, and support for the RVC to ensure compliance with the health and safety legislative requirements of the RVC's undertaking.



- Monitoring, auditing, and enhancing safety standards throughout the RVC.
- Provision of advice on safety training requirements for RVC activities.
- Working closely with the Health & Safety personnel of the RVC (specialist safety advisers, Departmental Safety Supervisors (DSS), Area Safety Supervisors (ASS), First Aiders and Fire Marshals).
- Reporting to Safety Committee and associated Committees on the health and safety performance of the RVC.
- Acting as the RVC's first point of contact with all statutory and other external agencies dealing with health and safety matters and reporting to such agencies as legally required.

### **3.1.8 Contractors**

All contractors working on RVC premises are expected to take reasonable care for their own health and safety and others who may be affected by their activities and follow any instruction relating to their health and safety.

All contractors are expected to complete RVC induction training (including refresher training) and to submit risk assessments and method statements for contractor activities undertaken. They are expected to co-operate with RVC staff to ensure the continued safety of all parties.

### **3.1.9 Disabled Persons**

Staff, students or visitors who are disabled or other impairment (even when it is a temporary condition) should ensure that Heads of Department, DSS, ASS, the Corporate Health and Safety Team or other responsible persons are aware of their condition, as far as it is relevant to their emergency planning or escape, for example, their escape from a building in the event of a fire. The RVC can only discharge its duty of care and make reasonable adjustments if they are made aware of any relevant conditions.

## **3.2 Specialist Safety Roles**

### **3.2.1 Biological Safety Officer (BSO)**

The RVC shall appoint a Biological Safety Officer to provide guidance and advice on all aspects of biological safety (including genetically modified organisms) and to ensure compliance with all relevant legislation.

All contact and liaison with the licensing and enforcing authorities on matters relating to biological safety should be through the Biological Safety Officer. The BSO will undertake statutory notifications for work with wild type pathogens and for work with genetic modified organisms.

The BSO should have experience in working with biological agents within a containment laboratory and a working knowledge of the assessment of risks for work with genetically modified organisms. The BSO must be conversant with legislation for work with biological agents.

The BSO should as a minimum hold a biosafety qualification that qualifies them to act as a Biosafety Practitioner.

The RVC must be satisfied of the competence and experience of the BSO, and the post holder should be appointed in writing.

The duties of the BSO may include,

- Ensuring, in collaboration with the Heads of Department and DSS, that RVC policy and, guidance and procedures of the RVC relating to work with biological agents are fully implemented in the establishment

- Ensuring that consent as required by the relevant legislation is obtained from the Health and Safety Executive for all work proposed with Class 2 and above projects with genetically modified organisms
- Ensuring that licences as required by the relevant legislation (Specified Animal Pathogen Order) are obtained from the proper authorities for work proposed with specified animal pathogens
- Ensuring, with the other members of the local GMSC, that all notifications of work with genetically modified organisms are made at the appropriate times
- Advising on risk assessments for proposed work with biological agents and the development and implementation of codes of practice
- Advising on waste disposal policy and arrangements
- Provision of advice on disinfection policy
- Advising on the codes of practice and emergency arrangements for staff and students at Containment Level 3 to ensure sufficient response is available
- Preparing contingency plans for action following accidents and incidents involving biological agents
- Advising and assisting with investigations following accidents and incidents involving biological agents
- Carrying out periodic inspections of containment facilities
- Assisting in assessing training needs for those working with biological agents

### **3.2.2 *Dangerous Goods Safety Adviser (DGSA)***

A person, who has obtained the national vocational qualification, is appointed to:

- advise on the transport of dangerous goods and to monitor practice, training, and procedures for the transport of dangerous goods.
- ensure an annual report is prepared on the scope of the RVC activities
- investigate serious incidents and accidents involving dangerous goods
- monitor the RVC security plan for dangerous goods

The DGSA should as a minimum hold a vocational qualification that permits them to act as a DGSA. The RVC must be satisfied of the competence and experience of the DGSA, and the post holder should be appointed in writing.

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

The RPA is a statutory appointment to assist the RVC comply with the Ionising Radiations Regulations 2017 (IRR17). RPA are externally appointed.

They are also responsible for advising on all other matters of radiation protection including:

- The implications of other relevant statutory provisions
- Radiation risk assessments and project approval
- Design and commissioning of new or modified radiation facilities
- The safe use of radioactive substances in veterinary practice and research
- The restriction of staff exposure to ionising radiation to levels that are As Low as Reasonably Practicable, and radiation monitoring of staff and the environment to demonstrate this
- The appropriate designation of controlled and supervised areas
- The preparation of reports and audits as required on the RVC activities involving ionising

radiations

- The RPA should as a minimum hold the qualifications that permits them to act as an RPA

The RVC must be satisfied of the competence and experience of the RPA and the post holder should be appointed in writing.

#### **3.2.4 Radiation Waste Adviser (RWA)**

The RWA is a specialist in radioactive waste disposal and environmental protection who has demonstrated competence in the RWA syllabus. As the RVC has a permit under the Environmental Permitting Regulations (2010) to accumulate and dispose of radioactive waste it is legally required to appoint an RWA. RWAs are externally appointed.

The RWA should as a minimum hold the qualifications that permits them to act as an RWA. The RVC must be satisfied of the competence and experience of the RWA, and the post holder should be appointed in writing.

#### **3.2.5 Departmental Safety Supervisors (DSS)**

Departmental Safety Supervisors are appointed by Heads of Departments (HoD) in consultation with the Corporate Health & Safety Team (CHST).

DSSs assist the Head of Department/ Director in the discharge of their responsibilities and perform a range of duties outlined in Appendix 2.

The training required to carry out their role is commensurate with the level of risk in their department.

#### **3.2.6 Area Safety Supervisors (ASS)**

ASSs are appointed by DSSs, in consultation with the HoD and Corporate Health and Safety, to support the DSS by supervising all activities within a defined area, for example, a workshop, a suite of offices, a laboratory, or a small group of laboratories.

It is essential that the person appointed works in, and is entirely familiar with, all activities taking place within the area of supervision.

They perform a range of duties outlined in Appendix 3.

#### **3.2.7 Radiation Protection Supervisors (RPS)**

RPSs are appointed by HoD in consultation with the Corporate Health & Safety Team for defined areas.

They perform a range of duties outlined in Management of Work with Radiation (SD2000).

They must be appointed in writing and hold appropriate training as an RPS.

#### **3.2.8 Laser Safety Supervisor (LSS)**

A laser safety officer is appointed in accordance with SD2900 Safe Use of Lasers to provide local guidance in the use of laser equipment and to monitor laser safety management systems.

They will ensure that the Policy is updated and reviewed (as required) and will provide advice on user risk assessments.

They will oversee a log of lasers at the RVC. Prior to procurement, end users must communicate with the Laser Safety Officer and notify of their intent to purchase lasers.

The Laser Safety Supervisor should receive appropriate training on the management of laser safety and be appointed in writing.

### 3.2.9 First Aid Officer

A First Aid Officer is appointed to co-ordinate the first aid training provision for the RVC, to provide the stocks and equipment required, to inspect the stocks on a regular basis and to ensure the requirements of the First Aids Needs assessment (SD 9066) are met.

## 3.3 Reporting Structures: Health and Safety Committees

### 3.3.1 Safety Committee

The Safety Committee has been established by the Council, and this Committee is responsible for monitoring the effectiveness of the Health & Safety Management System and for improving health and safety performance.

All Terms of Reference are detailed in Appendix 4. There are a number of associated sub-groups that feed into the Safety Committee as outlined in Figure 1.

All sub- groups are chaired by a member of the CEC (unless a chair with specialist knowledge is appropriate) who also attend the Safety Committee.

The description of the sub-groups are as follows:

<b>Animal Handling and Clinical Activity Safety Group</b>	To advise and promote safe interactions between livestock, staff, students, and visitors.
<b>Genetically Modified Organisms Safety Committee</b>	To advise and ensure compliance with the Genetic Manipulation (Contained Use) Regulations 2014 in contained facilities.
<b>Infection Control and Biosecurity Group</b>	To advise on all aspects of biological health and safety and biosecurity in relation to RVC premises, employees, students, and animals.
<b>Radiation and Chemical Safety Group</b>	To advise on the safety of ionising and non-ionising radiations and hazardous chemicals.
<b>Infrastructure Services Group</b>	To monitor and review the application of Safety Policies and Codes of Practice in relation to the operation of the Estate and the use of RVC premises by all Departments.
<b>Staff Health and Wellbeing Group</b>	To examine and recommend to Safety and CEC any evidence, issues, strategies, and actions to promote good practice in supporting health and wellbeing within the RVC.

## 3.4 Union Appointed Health and Safety Representatives

The RVC recognises the vital contribution that recognised Trade Union safety representatives make towards improving health and safety standards at work and will work in partnership with them to ensure that standards are met.

Trade Union safety representatives are encouraged to carry out their defined functions for the colleagues they represent and to report issues to the appropriate manager for action in the first instance.

Trade Union safety representatives are invited to attend the RVC Health and Safety Committee. A list of currently recognised Trade Unions is maintained and updated as necessary by Human Resources.

### **3.5 Occupational Health Service**

The RVC ensures the provision of competent advice for staff and students on occupational health matters by contracting an external, competent provider. The service includes a specialist Occupational Health Physician and Occupational Health Nurses. They provide the RVC staff and students with:

- Statutory health surveillance where risk assessments have identified residual risks and where appropriate health surveillance measures are available.
- Assessment of the health of staff and students for their fitness to work or study.
- Monitoring the effectiveness of health and safety controls through surveillance.
- Completion of quarterly reports to the RVC
- The provision of immunisation and advice to protect against work-related infectious disease. The arrangements for this service are outlined in the Occupational Health Policy SD 5005.

### **3.6 Health and Safety Risk Management**

#### **3.6.1 Risk Management**

It is the responsibility of Heads of Departments to ensure that all activities with significant hazards arising out of those activities in their area have a suitable and sufficient risk assessment in place prior to work commencing. There should be measures identified to control the risk to as low as reasonably practicable to staff, students, visitors, members of the public and contractors.

In practice responsibility for the implementation on a day-to-day basis lies with Managers and Supervisors who must ensure that risk assessments of operations under their control are undertaken and authorised by a competent person. Care should be taken when assessing work for students who may be inexperienced.

The arrangements for general Health and Safety risk assessments in the RVC are described in SD0526 General Risk Assessment guidance document.

There should also be risk assessments in place for non-routine activities such as visits by school parties, temporary alterations to working environments, contractor works, social or student social events or extreme weather conditions.

#### **3.6.2 Fire Risk Assessment**

Fire risk assessment is central to the fire safety management process. A fire risk assessment should be carried out by a competent person and should be in place for every building and written in accordance with the requirements of the standard Public Available Specification (PAS 79). The fire risk assessments will consider the hazards, the activities in the buildings and the fire precautions in place. The assessments will contain an action plan for identified areas for improvement that are required to be completed to maintain or improve the level of risk.

The frequency of risk assessments carried out by a competent person will be determined by the hazards and activities in the building. For example, sleeping accommodation or areas containing higher quantities of flammables or buildings with high occupancy levels will require to be assessed more frequently. Where formal risk assessments are less frequently required, the CHST will ensure the assessments are reviewed on an annual basis. They will also request initial assessments or a

review of assessments when new buildings are in place, or when activities substantially change in the area.

The CHST will co-ordinate the assessment programme and will review the actions with all relevant parties e.g. ISD, DSS, local managers.

The management of fire safety at the RVC is detailed in the Fire Safety Policy SD 6002.

### **3.6.3 Risk Registers**

Strategic and operational risk registers are maintained by the RVC. An operational risk register for health and safety details the risks raised during the risk management process.

The risk register for safety issues will be reviewed by the Safety Committee on a quarterly basis.

## **3.7 Training and Competence**

It is a requirement for new staff and post graduate students to complete a safety induction. This is comprised of a local safety induction and an e-learning based CHST safety induction.

Contractors and visitors to the RVC must receive a local induction but do not have to receive a Corporate safety induction. It is the responsibility of the person hosting the visitor or contractor to ensure they are trained as required.

Fire safety training comprises of an induction module that is delivered in person or through an e-learning module. There is also a requirement for staff to complete an e-learning fire safety refresher and assessment every three years. Students should receive fire safety training through e-learning or training as soon as possible on arrival at the RVC.

A training matrix has been developed to identify the core safety training requirements of staff and the individual safety training required is determined by the role and responsibilities. The evaluation of training and competence is managed in a variety of ways:

- Monitoring the percentage of people who attend safety training
- Completion of safety training feedback forms
- Review of assessments through use of question sets to establish understanding
- Monitoring of staff behaviour or work activity to ensure practical competence

Each Line Manager is required to identify the training requirements of the staff under their control in conjunction with the Departmental Safety Supervisor. The Line Manager must ensure that each member of staff has a record of their training.

## **3.8 Communication, Consultation and Co-operation**

### **3.8.1 Internal Communication**

Health and Safety Communications are provided through a variety of different routes.

- The intranet including the Health and Safety page, the Safety Blog, Message of the Day.
- SafetyNet for reporting, management and actioning incidents and accidents.
- Emails to all staff and students as appropriate.
- Safety Committee forums including publication of minutes on the intranet.

### **3.8.2 External Communication**

The RVC communicates with external regulatory bodies and professional safety forums. The contact with enforcing regulatory bodies includes the HSE, Department of Food, Environment and Rural Affairs (DEFRA) Environment Agency (EA), Fire Authority, and the Police Service (including the

National Counter Terrorism and Security Office).

Any person requiring liaison with or approached by any of these regulatory bodies, should contact the Corporate Health and Safety Team to ensure that they have sufficient advice and support and to facilitate any outcomes or requirements arising from the contact.

The contact with external safety forums includes, but is not limited to, the University Safety and Health Association (USHA), Institute of Safety in Technology and Research (ISTR), National Examination Board for Occupational Health and Safety (NEBOSH) and the Institute of Occupational Safety and Health (IOSH).

### **3.8.3 Consultation**

The arrangements for consultation with recognised trade unions is described in section 3.4.

## **3.9 Co-operation**

The RVC will ensure as far as is reasonably practicable that:

- Third party contractors are competent to carry out work on its behalf.
- There are arrangements in place to ensure co-ordination of activities including the exchange of information on risks and controls.
- There are arrangements in place for suitable levels of supervision and monitoring.
- There are suitable arrangements in place for shared workplaces.

## **3.10 Operational Safety: Specific Hazards**

### **3.10.1 Fire Safety Management**

The management of fire safety is founded on a risk-based approach. Key elements are co-ordinated by the Corporate Health and Safety Team and includes the provision of induction and refresher training, the training for fire marshals by a competent person, co-ordination of fire drills and the co-ordination of fire risk assessment programme.

The Infrastructure Services Department are responsible for the provision of fire safety signage and fire extinguishers (including their annual testing). They are also responsible for the testing and maintenance of associated fire safety systems such as detection systems, emergency lighting, fire doors, fire exit maintenance and fire damper testing. It is also the responsibility of fire marshals and all employees to ensure that deficiencies or changes in work activities that may affect the risk of fire safety are brought to the attention of ISD or the Corporate Safety Team as soon as possible.

The Fire Safety Policy SD 9066 outlines full details of the organisation and responsibilities.

### **3.10.2 Biosafety Management**

The management of biological safety with respect to importation, handling, transportation, and disposal is met through adherence to the Biosafety Policy SD 4044. This policy also advises on the use of genetically modified organisms (GMO) and their contained use at the RVC.

The process for risk assessment and approval for wild type and GMO work is defined in the Biosafety Policy and advice is available from the DSSs, the Chair of the GMSC, the BSO and the Chair of Infection Control Group to ensure the process for approval is co-ordinated and in proportion to the level of risk.

The highest biological hazard work permitted at the RVC is contained within the Containment Level 3 suites at the Hawkshead campus, where work with ACDP HG 3, GM Class 3 and SAPO 3 organisms is carried out.

As the regulatory requirements are higher for these organisms, there are higher standards required for security, storage, and use, in addition to a higher level of training for staff working with these pathogens.

### **3.10.3 Radiation Safety**

The safe use of ionising and non-ionising radiation is managed in conjunction with the RPA, the RWA, the CHST and the RPSs as defined in the Management of Work with Radiation SD 2000 to ensure compliance with legislation including Ionising Radiation Regulations 2017 and Environmental Permit Regulations 2010.

The use and disposal of radioactive material are recorded in the RVC database system, and the annual Pollution Inventory returns are made to the Environment Agency by the CHST.

Disposal of radioactive waste is managed locally by the RPS.

### **3.10.4 Chemical Safety**

It is the responsibility of each Head of Department to ensure that the risks associated with the storage, use, handling, and disposal of chemicals has been evaluated and controlled using the RVC COSHH assessment form (SD 3002) and associated Guidance document (SD 3001).

### **3.10.5 Asbestos**

All RVC buildings undergo assessment for the presence of asbestos containing material with the purpose to prevent exposure and to manage materials in accordance with their risk to health.

A nominated person has specific responsibility for the management of asbestos-containing materials at the RVC in accordance with the Policy on the Management of Asbestos (SD 3200).

### **3.10.6 Electrical Safety (Fixed wiring testing and portable appliance testing)**

ISD is responsible for the routine maintenance and checking of the fixed wiring throughout the RVC. It is also responsible for the routine testing of portable appliance testing (see SD 0601 for further information).

### **3.10.7 Legionella**

The RVC has nominated a Legionella Responsible Contractor who, liaising with a nominated ISD representative, is responsible for statutory requirements regarding the control of Legionella. ISD are responsible for the management of controls relating to this risk within the water supply network throughout the RVC.

A regime of testing, temperature monitoring and flushing is in place in accordance with the risk assessment for each building. The testing is carried out by a competent contractor and the regime of flushing is carried out by ISD in accordance with the Legionella risk assessment requirements.

### **3.10.8 Lifting Gear**

ISD have overarching responsibility for organising the statutory testing of lifting gear throughout the RVC to ensure compliance with the Lifting Operations and Lifting Equipment Regulations (1998).

It is the responsibility of each Department to ensure that all procured equipment is made available for statutory testing and that all faults or issues with lifting equipment are reported as soon as possible.

### **3.10.9 Pressurised Vessels**

The responsibility for maintenance and servicing of pressure vessels is dependent on the ownership



of the equipment. This responsibility also includes the requirement to co-ordinate statutory inspections for insurance purposes by a competent person (a written scheme of examination). Records of statutory tests are retained on a portal managed by the current insurers and access to this portal is available on request to ISD.

It is the responsibility of the Head of Departments to ensure there are procedures in place to identify pressurised vessels used, to ensure compliance with maintenance and inspection requirements and that there are procedures in place to ensure that vessels are fit-for-purpose and are only used by appropriately trained staff and students.

Prior to procurement, end users should communicate with ISD and notify of their intent to purchase pressure systems or pressure vessels. This will ensure that they are subject to the statutory examinations and comply with pressure systems and pressure vessels regulations.

### **3.10.10 Lifting Operations and Lifting Equipment**

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) place duties on people and companies who own, operate, or have control over lifting equipment. This includes all businesses and organisations whose employees use lifting equipment, whether owned by them or not. In most cases, lifting equipment is also work equipment so the Provision and Use of Work Equipment Regulations (PUWER) will also apply (including inspection and maintenance).

All lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised, and carried out in a safe manner.

LOLER also requires that all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic 'thorough examination'. Records must be kept of all thorough examinations and any defects found must be reported to both the person responsible for the equipment and the relevant enforcing authority.

The responsibility for maintenance and servicing of lifting equipment is dependent on the ownership of the equipment. This responsibility also includes the requirement to co-ordinate statutory inspections for insurance purposes by a competent person (thorough examination). Records of statutory tests are retained on a portal managed by the current insurers and access to this portal is available on request to ISD.

It is the responsibility of the Head of Departments to ensure there are procedures in place to identify lifting equipment, to ensure compliance with maintenance and inspection requirements and that there are procedures in place to ensure that equipment is fit-for-purpose and is only used by appropriately trained staff and students.

Prior to procurement, end users should communicate with ISD and notify of their intent to purchase lifting equipment. This will ensure that they are subject to the statutory thorough examinations and comply with LOLER.

### **3.10.11 Construction Management and Contractor Control**

The management of construction projects and the control of contractors is documented in the Management of contractors Policy SD 9062 to ensure compliance with Construction and Design Management Regulations (2015).

Although ISD have key roles in the management of contractors at the RVC, any employee bringing contractors onto site to carry out works that fall under the scope of this policy have a duty for their safety and to ensure that contractor works do not adversely affect the safety of others.

Where there are higher hazard activities such as working in confined spaces, hot works, work at height, etc. these are controlled by the permit to work process managed by the ISD.

### **3.10.12 Shared Workplace Management**

Where RVC buildings are occupied by a third party for business purposes (whether temporary or permanent), there is a requirement to have in place a shared workplace checklist / agreement to ensure that ownership for key safety responsibilities are identified and met (SD 9067).

This is in addition to business contracts and Due Diligence Questionnaires (as appropriate).

### **3.10.13 Safe Place of Work**

ISD are responsible for providing the RVC with buildings of sound construction, for safe access and egress routes, for building maintenance and co-ordination of refurbishment. They also have responsibility for the maintenance of the roads and pathways (except where these are public roadways).

Employees and students have a responsibility to bring any defects in these areas to the attention of the ISD through use of the online Service Desk Portal.

### **3.10.14 Safe Plant and Equipment**

Key plant and equipment which is an integral part of the RVC infrastructure, is the responsibility of the ISD. This equipment includes (but is not limited to) boilers, generators, lifts, and security access systems. There are other items that are fixed installations such as local exhaust ventilations (microbiological safety cabinets, fume cabinets, down draft tables), that are the responsibility of Departments or may be shared between Departments.

In these cases, and where there is locally owned responsibility for lifting equipment and pressure equipment, the Department must ensure that there are procedures in place for managing the risks and for the required statutory inspection and testing by a competent person.

### **3.10.15 Safe Systems of Work**

When any activities are carried out at the RVC, that expose employees or students to hazards, it is essential that the risks are assessed, and controls are implemented. In addition to general risk assessments, there may be additional requirements such as microbiological assessments, GMO, pregnancy or COSHH assessments, training, and the need for written procedures. This holistic approach to risk provides a safe system of work.

## **4 CHECK**

### **4.1 Measuring Performance**

#### **4.1.1 Monitoring**

The RVC has procedures for measuring and monitoring its health and safety performance on a routine basis. The performance monitoring process consists of proactive and reactive measures. Proactive measures include, for example, workplace inspections, safety suggestions, hazard identification, internal audits, occupational health surveillance and safety training uptake, whilst reactive measures include accident reports or other losses such as damage to property.

The following are examples of performance measures reported on a quarterly basis to the Safety Committee:

##### **4.1.1.1 Workplace Inspections**

Inspections of each area are carried out on an annual basis by the local DSS and are supported by the CHST. The inspections include a review of the premises, work environment, procedures,

plant, and equipment.

The results of the Departmental reports are presented to the Safety Committee and detail the highest three Departmental risks, areas of concern, incident statistics, actions undertaken, and lessons learned.

#### *4.1.1.2 Key Performance Indicators (KPIs)*

A set of KPIs with respect to Health and Safety are identified and include leading and lagging indicators. These KPIs are published in the Health and Safety Strategy document.

#### *4.1.1.3 Internal Audits*

Internal audits are carried out on an annual basis by the CHST. The topics for audit are decided on a risk-based approach and identified in the Safety Strategy document. The topics for audit vary but may include compliance with changes in legislation, biosafety assurance (especially in areas of higher risk) and third-party performance. A summary of audit findings is included in the CHST report to Safety Committee.

#### *4.1.1.4 Health Surveillance*

Health surveillance requirements will be defined through identification of risks to employees or students through risk assessments (including COSHH assessment) and on review of the requirements for the job role or the study, prior to exposure to the hazard, wherever possible. The surveillance of health through suitable means should be evaluated by the occupational health provider. The level of uptake, the effectiveness of the controls and the implementation of any control measure changes required are reported to the Safety Committee.

#### *4.1.1.5 Risk Register Review*

A summary of risks from the operational risk register will be submitted to the Safety Committee on a quarterly basis for review to ensure that actions are completed or that measures to reduce risk are underway and new risks are captured.

#### *4.1.1.6 External Audit and Inspection*

The RVC is audited and inspected on occasion by regulatory bodies such as the HSE, Fire and Rescue Service, Environment Agency, and the Police Service.

Reports and findings from statutory inspections or visits will be reported to the Safety Committee for awareness and action.

#### *4.1.1.7 Accident and Incident Management*

It is the responsibility of managers and supervisors to ensure that all accidents, incidents and near misses in areas under their control are reported using the online SafetyNet incident reporting system as soon as possible after the event. The level of investigation should be proportionate to the level of risk and should identify the immediate, underlying and root causes of the incident. The investigations should recommend action plans to prevent recurrence and action plans should be completed in a timely manner. The findings from the collated data are reported via the HoD to the Safety Committee. The CHST will compile overarching incident reports for Safety Committee.

The reports and investigations are not only about personal injury but include damage to buildings, fire alarm activations, road traffic incidents, flood, and environmental incidents.

The collation of data on near misses is an important part of incident management as they are important indicators to ensure that injury or damage does not occur in the future. There is a well-known mathematical relationship between the proportion of near misses and serious incidents. Therefore, the number of near misses should be monitored to ensure that such information is

captured at an appropriate level.

Under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) (2013) the RVC has a statutory obligation to report certain types of incidents and accidents associated with their activities, to the HSE. These may include fatalities, specific serious injuries, injuries resulting in an over 7-day absence from work, certain diseases and other dangerous occurrences that may not have resulted in injury but may have the potential to cause significant harm.

All reports to the HSE are made by the CHST.

## **5 ACT**

### **5.1 Reporting and Review of Performance**

#### **5.1.1 Departmental Safety Reports**

Departmental reports are presented on a rotational basis to the Safety Committee and include information on inspections, incident statistics, safety training, identification of three highest risks, lessons learned, safety improvements and actions closure (for incidents and inspection findings).

#### **5.1.2 Safety Subgroup Reports to Safety Committee**

Reports on the activities of the Safety sub committees as identified in Appendix 4 are submitted on a rotational basis.

The reports include incident and accident reports, lessons learned, revised or new Policy or Guidance document review, safety initiatives and impact of new legislation (when appropriate).

#### **5.1.3 Corporate Safety Reports**

Corporate Safety reports are submitted to the Safety Committee and contain information on trend analysis, risk register update, safety initiatives, internal and external audit findings, reportable incidents, KPI review, regulatory interaction, and updates on relevant safety legislation.

#### **5.1.4 Annual Safety Report by CHST to Council**

The annual report to Council provides an overview on safety performance, continuous improvement review, summary of accident and incidents and impact of changes in legislation.

#### **5.1.5 Learning Lessons and Continuous Improvement**

The review process and actions should feed into the continuous improvement cycle for the management system as a whole and should include the review and integration of the following:

- Review of Health and Safety objectives for the RVC
- Results of performance measurements (e.g. KPI review, risk register)
- Recommendations arising from incident investigations
- Changes in national law
- Results in health protection and/ or promotion programmes
- Recommendations for improvement from committees
- Recommendations for improvement from individuals (students, or employees)

## 6 Appendices

### 6.1 Appendix 1 Policy Statement

#### Health and Safety Policy Statement

Founded in 1791, the Royal Veterinary RVC (RVC) has a unique heritage with over two hundred years of innovation and leadership in veterinary medicine and science and in the provision of high-quality education.

#### The Health and Safety Commitment

The RVC is committed to providing a healthy and safe environment for work and study. This is central to the management of risk and the control of workplace hazards. All employees and students are committed to creating a healthy and safe workplace at the RVC and acknowledge that health and safety is everyone's responsibility. The senior leadership at the RVC lead by example and fully commit to communicate and promote this Policy in addition to seeking continuous improvement in Health and Safety performance.

#### Health and Safety Objectives

This policy statement commits the RVC, as far as is reasonably practicable, to the following objectives. The RVC will.

- support a positive health and safety culture where everyone is aware of and meets their responsibilities for the safety and health of themselves and others.
- ensure mechanisms are in place to prevent work related injury and ill health and to support those at work with health conditions or disabilities.
- define the health and safety responsibilities of all employees and students of the RVC.
- ensure that all staff have the information, instruction, training, and competence they need to meet their individual and collective responsibilities.
- provide competent specialist advice to support good decision making.
- maintain, document, monitor the implementation of and continually improve an effective health and safety management system, including the encouragement of near miss reporting to facilitate improvements.
- involve, consult, and communicate with all staff and students on health and safety issues.
- work with recognised Trade Unions to secure workplace improvements.
- work in partnership with other employers where there are shared facilities or activities.
- measure, monitor and review health and safety performance; and
- provide the resources necessary to meet the RVC's Health and Safety obligations

This statement will be reviewed, revised, and authorised annually, as appropriate and will be made available on the RVC intranet and internet.

Signed: Professor Stuart Reid, Principal, RVC

Date:

Signed: Student Union President

Date:

## 6.2 Appendix 2 Departmental Safety Supervisors

Departmental Safety Supervisors are appointed by Heads of Departments/Directors in consultation with the Corporate Health & Safety Team. Departmental Safety Supervisors assist the Head of Department/Director to discharge their health and safety responsibilities.

The duties and responsibilities are:

- a) In conjunction with the Head of Department, to advise on the appointment of Radiation Protection Supervisors (as required)
- b) To assist in the preparation of a Departmental Safety Manual or Code of Practice detailing operational procedures and local rules and risk assessments.
- c) To understand and apply the RVC Health and Safety Policy, its guidelines, and procedures, as well as the Departmental Health and Safety Manual.
- d) To liaise with the Head of Department, Corporate Health and Safety Team and other health and safety representatives.
- e) To review annually the Departmental Safety Manual or Code of Practice, local procedures and local rules and advise the Head of Department when changes are necessary.
- f) To ensure all new (and returning) staff and employees receive a health and safety induction and that records are kept.
- g) To ensure that staff are advised of the requirement for occupational health surveillance when appropriate and to assist with referring staff to the occupational health surveillance portal (if required).
- h) To monitor working practices, procedures, and standards of housekeeping.
- i) To assist the Head of Department in the preparation, review, and authorisation of risk assessments (including chemical, GMO, biological assessments) (as appropriate to the level of knowledge and as proportionate to the risk) for the activities taking place within the area supervised
- j) To distribute health and safety information and draw to the attention of staff particular areas of relevance to work procedures.
- k) To carry out peer review annual safety inspections as necessary in conjunction with the Corporate Health and Safety Team.
- l) To monitor the selection, use, maintenance, and replacement of personal protective equipment(PPE)
- m) To refer promptly to the Head of Department and the Corporate Health & Safety Team, any health and safety problems which cannot be resolved locally on a timescale appropriate to the level of risk
- n) To ensure that staff within their areas are familiar with accident procedures, fire precautions and first aid arrangements.
- o) To assist in the investigation, reporting and recording of all incidents and accidents in accordance with agreed procedures, the investigation and the taking of preventative or remedial action as necessary.
- p) To ensure that persons in charge of projects/activities are made fully aware of their responsibility for the health, safety and welfare of all staff working for them and report to the Head of Department any apparent shortfalls.

- q) To attend meetings of the Safety Committee (as required) and its working groups (as required) and to ensure, when he or she is unable to attend, that a suitable person (normally an ASS within their Department) deputises for him or her in their absence.
- r) To assist the Head of Department in identifying health and safety and welfare needs for staff and students.
- s) Ensure an inventory of chemicals and gases is maintained (as appropriate).
- t) Ensures that all contractor works under the management of the DSS and ASS in their Department are managed in accordance with the Contractor Policy.
- u) To ensure that all safety signage, safety information and hazard information is in place in their Department and kept up to date.
- v) Provide direction and advice on the receipt, shipment, packaging, importation, and exportation of hazardous goods (including biological agents and infectious material) as appropriate, in accordance with the Biosafety Policy and Dangerous Goods Policy and in conjunction with the BSO and Dangerous Goods Adviser.

### 6.3 Appendix 3 Area Safety Supervisors

Area Safety Supervisors (ASS) will be appointed by their DSSs, in consultation with the HoD and the CHST, to supervise all activities within a defined area, for example, a workshop, suite of offices, a laboratory, or a small group of laboratories. It is essential that the person appointed works in, and is entirely familiar with, all activity taking place within the area of supervision.

Their duties and responsibilities are:

- a) to be responsible to the Head of Department, via the Departmental Safety Supervisor, for safety within a defined area of a Department.
- b) to ensure that he or she can carry out the duties by becoming familiar with all potentially hazardous procedures taking place within the area supervised.
- c) to ensure that all local rules and procedures are complied with and that copies of all the necessary safety instructions, rules, procedures, and notices are brought to the attention of all persons working in the area supervised.
- d) to ensure that the Departmental Safety Supervisor is aware of all developments affecting safety within the supervised area, particularly with regard to potential hazards and risks during work.
- e) To ensure that all minor defects that may affect the health and safety of staff and students in their area are reported to the service desk portal for repair or maintenance.
- f) To ensure that all users are aware of their responsibility to report incidents and accidents in promptly on SafetyNet.
- g) To assist with Health and Safety inductions for new (or returning) staff and students as required by the DSS.
- h) To assist with the peer review inspection schedule and carry out inspections as necessary in conjunction with the Corporate Health and Safety Team.
- i) To assist with referring staff to the occupational health surveillance portal (if required).
- j) Understands, authorises, and retains risk assessments, (including chemical, GMO, biological assessments) (as appropriate to the level of ASS knowledge and as proportionate to the risk) for the activities taking place within the area supervised
- k) To maintain and review as required by the DSS the Health and Safety folder (hard copy or online) containing risk assessments and other safety information in their area of responsibility. (NB it is the responsibility of the Principal Investigator to ensure that there are suitable and sufficient risk and COSHH assessments for the work the group is undertaking.
- l) Undertakes general laboratory monitoring and ensures all local rules and procedures are complied with. (NB it is the responsibility of all lab users to maintain a safe, clean, and tidy working environment, it is not the responsibility of the ASS to clean and tidy laboratory areas, but to remind users of that requirement and report when necessary).
- m) Ensures maintenance of chemical lists (including gases), their correct storage and disposal.
- n) The ASS will carry out the disposal of hazardous chemicals (if required by the DSS).
- o) Assists in the monitoring of contractor works that are under the management of the DSS to ensure that all contractor works are managed in accordance with the Contractor Policy
- p) To ensure that all safety signage, safety information and hazard information (as appropriate) is in place and kept up to date in the area under their responsibility.



## **6.4 Appendix 4 Terms of Reference:**

### **6.4.1 Safety Committee**

- a) To promote co-operation and a culture of personal responsibility between management and staff in initiating, developing, and carrying out measures to ensure the health, safety, and welfare of persons at work and all other persons on the premises.
- b) To keep under review measures taken to ensure health, safety, and welfare of staff and to recommend any improvements to these.
- c) To consider reports provided by the Safety Consultants, the Inspectorate of the Health and Safety Executive and any other regulatory body and recommend actions in response to these.
- d) To consider any matters submitted by the Corporate Health and Safety Team, Safety Consultants, Radiation Protection Advisers and Safety Representatives and recommend actions in response to these.
- e) To keep under review safety training and communications within the RVC.
- f) To monitor the effectiveness of the Health & Safety Policy
- g) To monitor statistics of accidents and other untoward occurrences provided by the Corporate Health and Safety Team and to recommend any preventative measures that mitigate the most important risks.
- h) To recommend to RVC Executive Committee priorities for expenditure on measures to improve health, safety, and welfare.
- i) To invite such persons as are necessary to attend Safety Committee meetings to give specialist/expert advice on particular topics.
- j) To establish specialist sub-groups as are necessary to advise on specialist hazards and to determine the Terms of Reference and Membership of such groups and to receive action plans and reports from them.
- k) To recommend to the Principal the approval of the Safety Policy, or amendments thereof. Other subordinate Policies, Codes of Practice, Guidance and Local Rules as are necessary to secure safe working conditions will be made available to the Principal if required.
- l) To liaise with the Safety Committees of other occupants on RVC sites.

### **6.4.2 Genetically Modified Organisms (GMO) Safety Committee**

- a) To advise the Safety Committee and Heads of Departments on the measures necessary to comply with the statutory requirements and codes of practice in connection with genetic modification procedures.
- b) As a statutory role - to review in detail and in a systematic manner, every risk assessment involving genetic modification and advise on the risk assessment, as described in the SACGM Compendium of Guidance.
- c) To ensure that the risk assessments are up to date by contacting PIs on an annual basis, requesting updates regarding the activity status and the main features of the risk assessment.
- d) To consider whether the containment category proposed agrees with that indicated in the relevant Guidance, and that the appropriate containment is available.

- e) To advise on and where applicable to provide safety training requirements for work involving genetic modification.
- f) To monitor the effectiveness of the Safety Policy in respect of genetic modification by receiving and analysing accident reports where appropriate, and by periodic safety audits and inspections of the workplace in accordance with the level of risk.
- g) To advise on the drawing up of local rules to cover work involving genetic modification.
- h) To prepare and maintain a searchable data base of projects.
- i) To provide reports to the Health and Safety Committee as requested by the committee.
- j) To invite such persons as are necessary to attend the Genetic Modification Safety Committee meetings to give specialist/expert advice on particular topics

#### **6.4.3 Infrastructure Services Committee**

- a) To comment on proposed safety policies, Guidance, or other documents in relation to the operation of the RVC Infrastructure and the use of premises by all Departments.
- b) To monitor and review the application of safety policies in relation to the operation of the RVC and the use of premises and to seek to identify and resolve problems of implementation, reporting as necessary to the Safety Committee.
- c) To act as a means of communication and a vehicle for the identification and resolution of health and safety issues in relation to the operation of the RVC and the use of premises, considering, those issues noted at Departmental and Section/Unit level, and by individual employees and students.
- d) To review information from accidents and incidents in relation to the operation of the Infrastructure of the RVC. This includes the use of RVC premises by all employees, students, contractors, and visitors and to determine appropriate action where necessary to prevent recurrence.
- e) To review reports from external audit or inspections carried out by regulatory bodies, where this has an impact on the RVC infrastructure.
- f) To review any changes in legislation that may affect the operation of the RVC Infrastructure.

#### **6.4.4 Radiation and Chemical Safety Group**

- a) To advise and regularly report to the Safety Committee on all aspects of chemical, ionising and non-ionising radiation safety.
- b) To review policies and procedures related to the use of chemicals, ionising and non-ionising radiation on a regular basis.
- c) To receive and action as required reports from the audit and inspection of the RVC's radiation facilities. (Reports to include internal and external regulatory inspection findings) and that the findings are reported to the Safety Committee.
- d) To liaise with Radiation Protection Supervisors, Departmental Safety Supervisors and Principal Investigators in approving new risk assessments and applications for work with ionising radiation or chemicals.
- e) To regularly receive reports relating to accidents and incidents with chemicals, ionising and non- ionising radiation and to ensure lessons are learned to prevent re-occurrence.
- f) To liaise with the Training Group to ensure that appropriate training (including refresher training) is available for workers handling chemicals and radiation.

- g) To advise and discuss any changes in chemical radiation or legislation.

#### **6.4.5 Infection Control and Biosecurity Group**

- a) To develop policies and procedures in biological safety, where deemed necessary, and as requested by the Safety Committee. To ensure that such policies are reviewed at least every five years
- b) To consider and advise on safe systems of work for existing and new clinical, diagnostic, or experimental procedures involving infectious organisms.
- c) To ensure that infection control systems are maintained and regularly monitored, evaluated, and reviewed.
- d) To liaise with Departmental Safety Supervisors and Research Office in approving new applications and registration for work with human pathogens classified in ACDP Hazard Group 2, or higher.
- e) To receive reports from human Infection Control incidents and ensure that suitable action has been taken to determine causes and prevent a re-occurrence.
- f) To establish and maintain links with relevant agencies and other organisations to achieve best practice.
- g) To liaise with the Training Group to ensure that suitable corporate training is available on safe working with or in close proximity to human and zoonotic pathogens.
- h) To undertake horizon scanning with respect to epidemiological advice on current predicted disease threats to the United Kingdom.
- i) To design and implement contingency plans in the event of an outbreak or threatened outbreak of a notifiable disease.

#### **6.4.6 Animal Handling and Clinical Activities Group**

To advise on and promote safer interactions between animals and staff, students and visitors arising from the RVC's activities, specifically through:

- a Strategic:
  - The development of relevant RVC health and safety policies for clinical and animal handling activities and to advise the RVC Safety Committee on key issues/recommendations for safe practice
- b Operational:
  - Regularly reviewing accident and incident data to determine areas for improvement
  - Reviewing health and safety training requirements for those engaged in clinical and animal handling activities
- c Delivery
  - Reviewing new and existing projects as required, including the risk assessment for such and to advise on best practice.

#### **6.4.7 Staff Health and Wellbeing Group**

- a) To evidence, develop and recommend health & wellbeing strategies to enhance and maintain staff wellbeing.
- b) To recommend to Safety Committee and then CEC an annual programme of actions (plans)

to support health & wellbeing strategies for staff.

- c) To ensure that plans support the delivery of the Corporate strategy and its sub-strategies as well as the daily operations and legal, regulatory, and moral obligations of the RVC.
- d) To ensure that the plans deliver value for money.
- e) To ensure that proposed strategies or plans are measurable in terms of the delivery and impact.
- f) To ensure that any proposed strategy or plan is harmonised with student health & wellbeing initiatives, concepts, and frameworks or vice versa as appropriate.
- g) To receive regular reports, updates, and recommendations from its membership, and from appropriate staff or student representatives on the operational delivery of the RVC's health & wellbeing strategies and supporting plans.
- h) To monitor its own agreed actions and outcomes and to communicate its work clearly and effectively to the RVC.
- i) To embed consideration of the RVC's commitment to Equality and Diversity and staff and student well-being in all its work.
- j) To report from each meeting to the Safety Committee and thence to CEC.
- k) To report regularly on progress with the annual programme of actions to CEC and to Safety Committee.