Health and Safety

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Oldham College

1. Authority & Context

1.1 This is the statement of general policy at Oldham College and University Campus Oldham (UCO) describing the commitment to manage Health and Safety effectively, and the necessary organisational responsibilities and arrangements to achieve the aims set out within this policy regarding the safety and health at work of its employees whilst on the College/UCO premises, undertaking College/UCO activities in the community or placed/working with other companies/organisations for the purposes of educational and occupational training.

1.2 This Policy also describes the College's/UCO's responsibilities regarding the safety and health of learners/students, the public, visitors and contractors on its premises and on those premises not under the control of the College/UCO.

1.3 The specific assessment of risk and supporting written operational policies and procedures describe the health and safety arrangements, which the College/UCO will implement. These policies and procedures seek to eliminate, control or reduce risks to staff, learners/students, visitors and external clients so far as is reasonably practicable.

1.4 The policy is aligned with key stakeholder's policies and procedures. This includes the Education & Skills Funding Agency (ESFA) and The European Social Fund (ESF).

2. Scope

2.1 The College/UCO will ensure, so far as is reasonably practicable, the health, safety and welfare of its employees at work and of others who may be affected by their undertakings, and to comply with the Health and Safety at Work etc Act 1974 and other relevant legislation as appropriate. It is the responsibility and duty of all staff, learners/students and others to co-operate with the College/UCO and to comply with the requirements of this policy and its arrangements, procedures and codes of practice which apply.

2.2 Definitions – As used within this policy.

- Contractor - Any company that is employed to undertake work on College premise or premises the College manages.
- Delivery sub-contractor - A consultant/company that delivers on behalf of the College.
- Emergency Controller – Person/ Services in-charge of an emergency situation.
- Employee/ Staff – All Staff (including agency staff)
- Health and Safety Team – Heath, Safety and Environment Manager and Health and Safety Coordinator
- Learner/Student - All customers engaged in services provided by the College.
- Learning and Development (L&D) Coordinator – HR Coordinator responsible for training.
- Line Management – Individual directly managing and overseeing their employees or teams e.g., a Programme Lead is line management of their programme, similarly the Catering manager is

line management for catering section, Director of Finance is line management for finance department and Principal is line management for Principalship.

- Line Manager – Individual directly managing an employee.
- Site - Any building/land utilised by the College.
- Stakeholders - Any interested party.
- Subsidiaries - Any companies, holdings, affiliates of the College.
- Supplier - Any business that supplies goods or services to the College.
- The College - Oldham College (including the UCO).

3. Policy Content

3.1 Policy Statement

3.1.1 The Oldham College is committed to ensure the health, safety and welfare of its learners, employees, partners, visitors, contactors, and all others that may be affected by its activities. The Oldham College, endeavours to maintain high standards of health and safety across all aspects of its operations including UCO.

3.1.2 The Oldham College recognises its legal, social and moral responsibilities and in order to achieve compliance with the statement of its policy and procedures, the college is committed to:

a) Identifying, assessing and adequately controlling all potential and foreseeable risks encountered during (or generated as a result of) its operations that are likely to affect the health, safety or welfare of its learners, employees, partners, contractors and the general public in order to prevent accidents and work-related ill health.
b) Providing Safe Learning and Working environment and maintaining welfare facilities to reasonable standards.
c) Encouraging Involvement of learners and employees, through effective communication and consultation to promote a positive health and safety culture.
d) Providing suitable information, instruction, training and supervision for all learners and employees as necessary to ensure that all tasks and undertakings are safe and they understand the relevant procedures and their role in achieving them.
e) Ensuring provision of sufficient resources to effectively implement the health and safety management system and ensuring learning and work equipment are suitable and safe for intended purpose.
f) Conducting planned and periodic review of the Health and Safety management system, ensuring that its continuously aligned to the College activities and comply with legislation and college procedures.
g) Recording and investigating all accidents and incidents and taking all reasonable action to prevent recurrence.

3.1.3 All the learners and staff must observe health and safety policy and its procedures. Learners and staff must be aware that they are responsible through their actions for their own safety and safety of others at the Oldham College. We encourage, all employees to take positive measures to improve anything which they feel is unsafe and put themselves or others at risk.

3.1.4 The overall accountability for Health and Safety lies with the Board of Governors and the Principal. This policy will be subjected to regular review and amendment as may be appropriate.

Simon Jordan (Principal)
On Behalf of Board of Governors

Table of Content

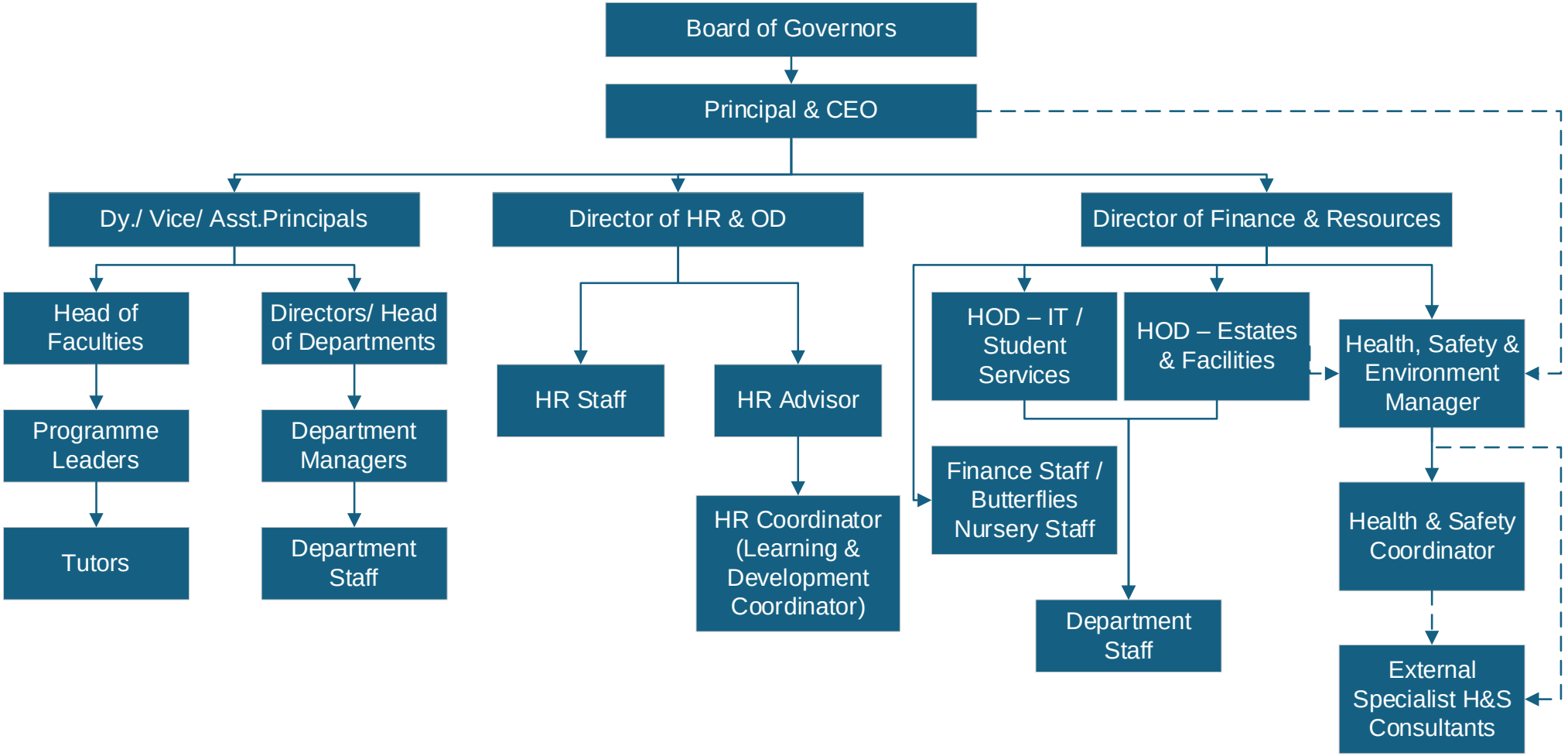
1. Authority & Context
2. Scope
3. Policy Content
- **3.1 Policy Statement**
- **3.2 Organisational Chart**
- **3.3 Responsibilities**
  - **3.3.1The Board of Governors**
  - **3.3.2 The Principal and Chief Executive**
  - **3.3.3 Deputy Principal, Vice Principals and Assistant Principals**
  - **3.3.4 Director of HR & OD**
  - **3.3.5 Director of Finance & Resources**
  - **3.3.6 Directors, Head of Departments (HODs) and Head of Faculty (HOFs)**
  - **3.3.7 Health, Safety and Environment Manager**
  - **3.3.8 Learning and Development Coordinator**
  - **3.3.9 Line Management**
  - **3.3.10 Health and Safety Coordinators**
  - **3.3.11 Safety Representatives**
  - **3.3.12 Individual Staff**
  - **3.3.13 Learners**
  - **3.3.14 Contractors, Sub-Contractors and Visitors**
- **3.4 Health and Safety Arrangements**
  - **3.4.1 Statutory Compliance and Legislative Updates**
    - **3.4.1.1 Review of Statutory Requirements**
    - **3.4.1.2 Continued Professional Development and Legal Updates**
    - **3.4.1.3 Professional Memberships and Industrial Awareness**
    - **3.4.1.4 Policy and Procedure Review**
    - **3.4.1.5 Amendments and Communication**
    - **3.4.1.6 Legal Register Maintenance**
    - **3.4.1.7 Review of Legal Register**
  - **3.4.2 Health and Safety Management System (HSMS)**
    - **3.4.2.1 Health and Safety Management Framework Implementation**
    - **3.4.2.2 Digital Tools for HSMS Implementation**
    - **3.4.2.3 Health and Safety Team Oversight**
    - **3.4.2.4 Document and Policy Manual**
  - **3.4.3 Risk Profiling**
    - **3.4.3.1 Integration of Health and Safety Management Strategy**
    - **3.4.3.2 Risk Assessment Process**
    - **3.4.3.3 Compliance with Legislation and Regulations**
    - **3.4.3.4 Identification of Further Control Measures**
    - **3.4.3.5 Risk Assessment Criteria**
    - **3.4.3.6 Reduction of Significant Risk**
    - **3.4.3.7 Departmental Responsibility for Risk Assessments**
    - **3.4.3.8 High-Risk Activities and Validation of Control Measures**
    - **3.4.3.9 Safe System of Work for High-Risk Activities**
    - **3.4.3.10 Reviewing and Updating of Risk Assessments**
  - **3.4.4 Leading and Managing Health and Safety**
    - **3.4.4.1 Leadership Commitment to Health and Safety**
    - **3.4.4.2 Senior Leadership's Role in Health and Safety**
    - **3.4.4.3 Health, Safety and Environment Manager**
    - **3.4.4.4 Promoting Collaboration and Open Communication**
    - **3.4.4.5 Responsibilities of Line Management**
    - **3.4.4.6 Training and Development for Health and Safety Leadership**
  - **3.4.5 Training Awareness and Competence**
    - **3.4.5.1 Responsibility for Training and Competence**
    - **3.4.5.2 Requesting and Arranging Specific Training**
    - **3.4.5.3 Designing Training Programmes**

3.4.5.4 Additional Training for New Responsibilities or Increased Risk
3.4.5.5 Ongoing Health and Safety Updates
3.4.5.6 Standard Health and Safety Training for All Employees
3.4.6 Consultation, Communication and Involvement
3.4.6.1 Consultation and Involvement in Health and Safety Matters
3.4.6.2 Regular Consultation and Communication Methods
3.4.6.3 Health, Safety and Welfare Briefings for Learners and Employees
3.4.6.4 Health and Safety Committee
3.4.7 Planning for Health and Safety
3.4.7.1 Integration of Health and Safety in Operational and Strategic Planning
3.4.7.2 Informed Health and Safety Planning
3.4.7.3 Embedding Health and Safety in Project and Activity Planning
3.4.7.4 Emergency Preparedness and Response Planning
3.4.8 Plan and Do
3.4.8.1 Adverse Weather
3.4.8.2 Air Monitoring
3.4.8.3 Asbestos Management
3.4.8.4 Children and Young Person
3.4.8.5 Construction on Site
3.4.8.6 Contacting External Services
3.4.8.7 Control of Infection and Transmission of Disease
3.4.8.8 Dangerous Substances and Explosive Atmosphere
3.4.8.9 Disabled and Vulnerable Person
3.4.8.10 Display Screen Equipment
3.4.8.11 Document Control
3.4.8.12 Driving for Work
3.4.8.13 Educational Trips and International Travels
3.4.8.14 Electrical Safety
3.4.8.15 Emergency Planning
3.4.8.16 Fire Safety
3.4.8.17 First Aid
3.4.8.18 Food Safety
3.4.8.19 Health and Safety Culture
3.4.8.20 Health Surveillance
3.4.8.21 Legionella Management
3.4.8.22 Lifting Operations
3.4.8.23 Lone Working
3.4.8.24 Management of CCTV for Health and Safety
3.4.8.25 Management of Hazardous Substances – COSHH
3.4.8.26 Managing Contractors
3.4.8.27 Manual Handling
3.4.8.28 Mental Health and Wellbeing
3.4.8.29 New and Expectant Mothers
3.4.8.30 Noise
3.4.8.31 Occupational Health
3.4.8.32 Personal Protective Equipment
3.4.8.33 Pressurised Systems
3.4.8.34 Provision and Use of Machinery and Work Equipment
3.4.8.35 Racking and Storage
3.4.8.36 Specialist Consultants
3.4.8.37 Vibration and Vibrating Tools
3.4.8.38 Work Experience Placement/ Apprenticeship
3.4.8.39 Work Related Violence
3.4.8.40 Working at Height
3.4.8.41 Working from Home
3.4.8.42 Working within a Confined Space and Management
3.4.8.43 Working with Stakeholder, who speaks English as their Second Language
3.4.9 Check (Measuring Health and Safety Performance)

3.4.9.1 Health and Safety Audits
3.4.9.2 Health and Safety Inspections
3.4.9.3 Reporting and Investigating Accidents, Incidents, Ill-health and Dangerous Occurrences
3.4.10 Act (Measuring Health and Safety Performance)
3.4.10.1 Learning Lessons and Improvement
3.4.10.2 Mobilizing Improvement Actions
4. Accountabilities
5. Associated Documentation
5.1 Emergency Procedures in the event of a Fire/ Explosion or Evacuation
5.2 Fire Emergency Plan
5.3 First Aid Need Assessment Template
5.4 Gas Leak Emergency Plan
5.5 Hazardous Material Release Emergency Plan
5.6 Incident Investigation Form
5.7 Learner Visits – Assessment & Approval Form
5.8 Learner Visits – Foreign Visit Travel Form
5.9 Learner Visits – Information & Single Visit Parental Consent Form
5.10 Learner Visits – Information and Parental Annual Consent Form
5.11 Learner Visits – List of Staff and Learners
5.12 Legal Register
5.13 LOLER Risk Assessment Template
5.14 Natural Hazard Emergency Plan
5.15 Permit to Work
5.16 PPE Provision Log Template
5.17 PUWER Risk Assessment Template
5.18 Structural Failure Emergency Plan
6. Related Policies and Procedures

Change History Record

3.2 Organisational Chart



This organisational chart is for illustrative purpose only to understand the context of this policy under roles & responsibilities. For accurate and up to dated organisational chart, please visit “Org Chart” in iTrent or contact HR Department.

3.3 Responsibilities

This Health and Safety Policy Manual identifies the following roles and responsibilities for the promotion of a positive health and safety culture and to minimise the risk of accidents, incidents and instances of ill-health that may arise from the activities undertaken by the Oldham College.

3.3.1 The Board of Governors

3.3.1.1 The Board members are committed to the importance of establishment of effective policies, procedures, and training, along with suitable review processes, to ensure the effective management of health and safety across the College and its activities.

3.3.1.2 The Board will receive an annual report, along with regular updates on health and safety performance, presented to the Resources Committee for strategic oversighting of the Health and Safety Management System.

3.3.2 The Principal and Chief Executive

3.3.2.1 The Principal and Chief Executive has overall responsibility for ensuring compliance with legislative requirements. This includes, as far as reasonably practicable, ensuring compliance with relevant duties.

3.3.2.2 Ensuring provision of adequate resources and finance to allow the effective implementation of a health and safety management system along with its policies and procedures, whistle ensuring the commitment and consultation of learners and employees within the College.

3.3.2.3 Ensuring a competent person is appointed to advise the College on health and safety management issues.

3.3.2.4 Promoting a positive health and safety culture within the College by setting a strong example. Determining the organisational structure through with this policy is implemented and delegating the responsibility for implementation of this policy.

3.3.2.5 Ensuring the development and maintenance of health, safety, and welfare management systems, which involves effectively planning, organising, controlling, monitoring, and reviewing the necessary preventative and protective measures to minimise and manage those risks.

3.3.2.6 Ensure the college develop and adopt a Health and Safety Management Strategy aligned with the principles outlined within HSG65.

3.3.3 Deputy Principal, Vice Principals, and Assistant Principals

3.3.3.1 Support the Principal in fulfilling their responsibilities by leading through an example for Health and Safety at the College.

3.3.3.2 Regularly discuss Health and Safety in meeting at Senior Leadership Level to ensure that purpose of the safety measures is disseminated to the wider team.

3.3.3.3 Consider Health and Safety when appointing senior managers to ensure that Health and Safety is considered in their job roles.

3.3.3.4 Develop assessment and performance of the health and safety arrangements of partners, key suppliers, contractors and sub-contractors.

3.3.3.5 Where required, develop a separate departmental health and safety sub-committee based upon the departmental meeting, requests, etc.

3.3.3.6 Take part in relevant health and safety training and ensuring health and safety leadership responsibilities are understood by them.

3.3.3.7 Encourage and negotiate consultation with learners and employees via health and safety representatives, meetings, staff voice forums and other platforms for learners and employees' consultation.

3.3.4 Director of HR & OD

3.3.4.1 Support the Colleges H&S obligations in relation to staff, welfare, compliance and leadership responsibilities. Ensure that the H&S policy and relevant procedures are integrated with HR policies (e.g., Stress Management, absence, wellbeing, etc.)

3.3.4.2 Ensure that health and safety responsibilities are clearly outlined and included in the job contracts of all employees, making them accountable for adhering to workplace safety standards.

3.3.5 Director of Finance & Resources

3.3.5.1 Overseeing Health and Safety arrangements via Head of Facilities and Estate and in coordination with Health, Safety and Environment Manager as well as Health and Safety Coordinator.

3.3.5.2 Ensure that all required statutory insurances are in place and compliant to meet the legal and operational needs of the College, providing coverage for learners, employees and the institution.

3.3.5.3 Oversee the development of procurement standards for goods, equipment, and services to ensure that they align with health and safety regulations, preventing the introduction of items that may pose a risk to workplace safety.

3.3.6 Directors, Heads of Department (HODs) and Heads of Faculty (HoFs)

3.3.6.1 Ensure Health and Safety issues are incorporated into the planning of their departmental operations, where required the communication shall be established with Health, Safety and Environment Manager as well as Health and Safety Coordinator for guidance.

3.3.6.2 Oversee health and safety management systems within their department, implement and enforce health and safety controls identified via risk assessments.

3.3.6.3 Plan, Organise, Control and Review preventive measures required to eliminate, reduce, prevent or control risks within their department(s).

3.3.6.4 Ensure line management is aware of their responsibilities for the health, safety and wellbeing of their learners, employees and others that may be affected by the activities being undertaken by their department(s).

3.3.6.5 Ensure suppliers, contractors and sub-contractors are aware of health and safety procedures and practice these along with health and safety legislation and approved code of practice.

3.3.6.6 Review the health and safety performance of their department(s), to ensure that operational procedures are compliant to health and safety procedures.

3.3.6.7 Ensure that health and safety matters are a part of the agenda of the senior managers meetings.

3.3.6.8 Develop and Promote a positive Health and Safety culture within their department(s).

3.3.6.9 Directors shall ensure that HoFs/ HoDs are fulfilling their responsibilities and will provide leadership support where required by HoFs/ HoDs to fulfil their duties.

3.3.7 Health, Safety and Environment Manager

3.3.7.1 Report into the principalship via Director of Finance and Resources and in close junction with Head of Facilities and Estates to help them ensuring health and safety compliance along with relevant legislative requirements.

3.3.7.2 Support Directors, HODs, HOFs and line management to promote health and safety culture.

3.3.7.3 Coordinate and support staff with assessment of risks, developing policies, procedures, processes, strategic improvement, implementation, safe operational procedures and strategic documents where requested.

3.3.7.4 Serve as the management representative for all health and safety matters, ensuring that the organisation's health and safety policies are effectively communicated and implemented across all levels.

3.3.7.5 Report of any reportable incidents in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), following all necessary protocols and legal requirements.

3.3.7.6 Provide Oversight and conduct regular audits for the college and departments to provide guidance for continuous improvement of the health and safety management system and act as Lead Auditor to support the Health and Safety Coordinator with Health and Safety Audits.

3.3.7.7 Act as a primary source of contact for the Health and Safety Enforcing authorities, such as Primary Authorities, Secondary Authorities, Combined Authorities, HSE, Fire and Rescue Services, etc. to ensure effective coordination and seeking guidance for the improvement of health and safety management system.

3.3.7.8 Act as a Lead Accident Investigator to support Line Management with accident investigations, where requested.

3.3.7.9 Act as a competent person to advise the Oldham College on the matters of Health and Safety to ensure effective implementation of the Health and Safety Management system.

3.3.8 Learning and Development Coordinator

3.3.8.1 HR Coordinator for Learning and Development will coordinate with Health and Safety team to ensure that training meets the regulatory requirements.

3.3.9.2 Monitor participation and follow up of trainings to ensure full compliance.

3.3.9 Line Management

3.3.9.1 Ensure practical implementation of health and safety policy and procedures through effective supervision of their learners and staff.

3.3.9.2 Record the suitable and sufficient risk assessment considering all foreseeable hazards and controls of the areas under their control. Ensure the review of risk assessments periodically or subjected to significant change.

3.3.9.3 Ensure the area under their control are subjected to regular inspections and any actions identified through these inspections are timely implemented.

3.3.9.4 Ensuring that their staff are competent for their role, are provided with adequate equipment and are issued with necessary materials to undertake their work activities.

3.3.9.5 Ensuring that all accidents, incidents and near misses, within their area of responsibility, are reported, reviewing all such reports and conducting, where appropriate, that a full investigation is carried out and appropriate remedial action taken, where necessary. The learning outcomes for such investigations shall be communicated to relevant stakeholders to help improving health and safety practices.

3.3.10 Health and Safety Coordinator

3.3.10.1 Assist the Health, Safety, and Environment Manager in fulfilling their responsibilities by providing support in the implementation, monitoring, and enforcement of health and safety policies and procedures across the organisation.

3.3.10.2 Act as the deputy for the Health, Safety, and Environment Manager in their absence, taking on the responsibility of overseeing health and safety matters, and ensuring compliance with relevant policies and procedures.

3.3.10.3 Conduct regular departmental audits to provide guidance for continuous improvement of the health and safety management system.

3.3.10.4 Monitor and track safety-related accidents, incidents and near misses, ensuring accurate records are maintained and reports are generated for review by the Health, Safety, and Environment Manager.

3.3.10.5 Provide administrative assistance in compiling, maintaining, and updating documentation related to health and safety policies, procedures, and reports.

3.3.11 Safety Representatives

3.3.11.1 Safety representatives appointed by unions recognised by the Oldham College will perform their responsibilities in line with The Safety Representatives and Safety Committees Regulations 1977 (as amended); and The Health and Safety (Consultation with Employees) Regulations 1996 (as amended).

3.3.11.2 Ensure communication of health and safety policies and procedures within their work areas and encourage effective and positive involvement in health and safety matters to promote a positive health and safety culture.

3.3.11.3 Attend regular Health and Safety committee meetings and carry out periodic inspections in conjunction with line management to ensure the effective improvement of health and safety at the college.

3.3.11.4 Assist relevant parties with risk assessments and accident investigation and consult health, safety and environment manager or Health and Safety Coordinator on health and safety issues.

3.3.11.5 Representatives of staff voice forum may assume the responsibility of safety representative for departments which doesn't have safety representative to ensure effective consultation.

3.3.12 Individual Staff

3.3.12.1 Co-operate in implementing the requirements of all health and safety legislation, related approved codes of practice and safety instructions outlined in this policy and supporting policies, procedures and guidance.

3.3.12.2 Refrain from undertaking activities that constitute a danger to themselves or others.

3.3.12.3 Immediately bring to the attention of their line management/supervisor any situations or practices which may lead to injuries or ill health.

3.3.12.4 Ensure that all equipment issued to or under the responsibility of the individual is visually inspected before use, used in accordance with proper procedures, and stored correctly when not in use. Any equipment found to be defective should be removed from service, clearly marked, and reported to your line manager or supervisor. Where required line managers/ supervisors shall report it further to relevant department.

3.3.12.5 Demonstrate good housekeeping by practicing "clean as you go." This involves consistently cleaning and organizing your workspace and department throughout the task to maintain a safe and efficient environment.

3.3.12.6 Report all accidents, incidents, dangerous occurrences and near misses and support line management in further investigation.

3.3.12.7 Notify their line manager/ supervisor and/or HR team of any ill health or other factor(s) likely to affect their safety at work or that of any other person or party covered by this policy.

3.3.12.8 Regularly participate towards a positive health and safety culture by hazard observation and taking actions towards the management of health and safety.

3.3.12.9 Undertake mandatory health and safety trainings as required as well as collaborate and coordinate with their line management on risk assessments related to their areas.

3.3.13 Learners

3.3.13.1 All learners at the Oldham College shall adhere to Health and Safety legislation, H&S guidance as well as H&S policies and procedures that are specific to their areas within Oldham College.

3.3.13.2 Immediately bring to the attention of their tutor/ programme leader any situations which may lead to injuries or ill health.

3.3.13.3 Report all accidents, incidents, dangerous occurrences and near misses to their tutor or any available member of staff.

3.3.14 Contractors, Sub-Contractors and Visitors

3.3.14.1 All contractors, sub-contractors and visitors at the Oldham College shall adhere to Health and Safety Legislation, H&S guidance as well as any specific policies and procedures related to health and safety that are in place at the Oldham College.

3.3.14.2 Contractors, Sub-contractors and visitors shall report all accidents, incidents, dangerous occurrences and near misses to their college contact to ensure that it is recorded and investigated to prevent reoccurrence.

3.4 Health and Safety Arrangements

This section outlines the specific measures that organisation will establish to ensure the effective implementation and enforcement of the Health and Safety Policy. These arrangements will encompass all levels of operation and ensure that appropriate actions are taken to maintain a safe and compliant working environment.

3.4.1 Statutory Compliance and Legislative Updates

3.4.1.1 Review of Statutory Requirements

a) The College will ensure that regular and systematic reviews of all statutory and regulatory requirements related to Health and Safety are conducted.
b) These reviews will be undertaken to ensure that the institution remains compliant with all relevant aspects of Health and Safety legislation.
c) The Health, Safety and Environment (HSE) Manager, in coordination with the college leadership, will monitor legislative frameworks and initiate reviews as required.

3.4.1.2 Continued Professional Development and Legal Updates

a) To maintain awareness and understanding of legal changes and best practices, the HSE Manager will attend Continuing Professional Development (CPD) events, seminars, webinars, and legal update sessions provided by recognised bodies such as the Institution of Occupational Safety and Health (IOSH), the Health and Safety Executive (HSE), and other professional health and safety forums.
b) Records of CPD attendance, topics covered, and learning outcomes will be maintained by the HSE Manager via appropriate CPD recording platforms of relevant memberships.

3.4.1.3 Professional Memberships and Industrial Awareness

a) The HSE Manager shall maintain active professional membership(s) with relevant health and safety bodies to stay informed of evolving industry standards, legislative amendments, and health and safety best practices.
b) These memberships facilitate access to newsletters, professional networks, and legal briefings that support continual compliance and strategic planning.

3.4.1.4 Policy and Procedure Review

a) In collaboration with the Health, Safety and Environmental Manager, College management will conduct periodic reviews of internal Health and Safety policies, procedures, and protocols.
b) These reviews will be conducted at least annually or as needed in response to legal updates, significant incidents, or changes in organisational activities.
c) All policy changes shall be documented and subject to approval through appropriate governance channels.

3.4.1.5 Amendments and Communication

a) Amendments to the College's Health and Safety Management System (HSMS) resulting from changes in legislation or the identification of industry best practices will be communicated to all affected learners, employees and stakeholders.
b) Communication channels may include team briefings, meetings, email notices, policy updates, or formal training sessions depending on the nature and urgency of the change.
c) The implementation of changes will be tracked to ensure effective integration into operational practices.

3.4.1.6 Legal Register Maintenance

a) The Health and Safety Team will establish and maintain a comprehensive Legal Register that captures all applicable Health and Safety legislation, Approved Codes of Practice (ACOPs), and regulatory obligations relevant to the College's operations.
b) The Legal Register will serve as a reference tool for ensuring institutional compliance and be readily accessible to relevant staff and auditors.

3.4.1.7 Review of Legal Register

a) The Legal Register will be reviewed on a regular basis, at least annually, and more frequently if:
    - There are significant legislative changes
    - Relevant industry practices evolve
    - The College's activities, facilities, or risk profile significantly change
    - It is deemed necessary by the Health and Safety Team based on internal assessments or external recommendations.
b) Updates and revisions to the Legal Register will be communicated to relevant departments to ensure alignment across the organisation.

3.4.2 Health and Safety Management System (HSMS)

3.4.2.1 Health and Safety Management Framework Implementation

a) The college will implement the guidelines of the Health and Safety Management System (HSMS) as outlined by the HSE in HSG65, following the Plan, Do, Check, Act (PDCA) cycle. This process will ensure a continuous cycle of planning, execution, checking, and improving health and safety practices across the college.

b) The PDCA cycle will be applied to all aspects of health and safety management, and each phase will be executed according to the following principles:

- **Plan**
  - Determining Health and Safety Policy
  - Planning for implementation of policy, procedures and plans
- **Do**
  - Profiling Health and Safety Risk
  - Organising for health and safety controls
  - Implementing Health and Safety Plans
- **Check**
  - Measuring Health and Safety Performance
  - Investigating Accidents and Incidents
- **Act**
  - Reviewing Health and Safety Performance
  - Taking actions on lessons learnt from review for continuous improvement

3.4.2.2 Digital Tools for HSMS Implementation

a) The college will utilise Smartlog as the primary digital tool to manage health and safety documentation, incidents, and risk assessments. Smartlog will provide a platform for reporting, tracking, and monitoring actions related to health and safety management.

b) Evolve will be used for recording trips and visits to ensure that the safety of learners, employees, and relevant stakeholders is actively managed. All safety protocols for off-site activities regarding trips and visits will be incorporated into this system.

c) The use of any alternative digital systems outside of Smartlog and Evolve will require approval from the College Leadership and the Health & Safety Team to maintain consistency and transparency across the health and safety management framework.

3.4.2.3 Health and Safety Team Oversight

a) The Health and Safety Team will be responsible for overseeing the implementation, monitoring, and continuous improvement of the Health and Safety Management System (HSMS).

b) This team will ensure that all health and safety risks are systematically managed and will coordinate with relevant departments to maintain a safe working and learning environment.

c) The Health and Safety Team will conduct regular audits, and evaluate health and safety performance to identify areas for improvement. The team will work with college leadership to ensure that the HSMS is aligned with both legal requirements and best practices.

3.4.2.4 Document and Policy Manual

a) The Health and Safety policy manual, along with its associated documentation, related policies and procedures, will form the Plan section of the HSMS. The policy manual will detail:

- The College's Health and Safety policy statement

- Risk assessment processes and safety controls
- Roles and responsibilities for health and safety within the institution
- Procedures for the Management of Health and Safety

b) The policy manual will be reviewed regularly to ensure that it remains relevant and up-to-date, reflecting changes in legislation, HSE guidance, and the college's operational practices.

c) All amendments to the policy manual will be communicated to all staff through appropriate channels, ensuring that all staff are familiar with the most current policies and procedures. The manual will be easily accessible for staff reference.

3.4.3 Risk Profiling

3.4.3.1 Integration of Health and Safety Management Strategy

a) The Principal will ensure that the College develop and adopt a Health and Safety Management Strategy, aligned with the principles outlined in HSG65, which integrates health and safety management into the overall risk management framework of the institution.
b) This strategy will focus on continuous improvement and will aim to reduce the risk of injuries and ill health across the College by implementing relevant policies and procedures.
c) The strategy will also emphasize the proactive identification of hazards and the implementation of control measures to prevent accidents and manage risks effectively.

3.4.3.2 Risk Assessment Process

a) The College will conduct comprehensive risk assessments to identify and manage risks associated with all activities undertaken. This includes reviewing current activities, facilities, and processes to document foreseeable risks.
b) For dynamic tasks—those that involve changing conditions or variables—a Dynamic Risk Assessment (DRA) will be conducted to account for immediate or evolving hazards.
c) This approach ensures that all risks are continually assessed and appropriate measures are taken to mitigate them in real-time.

3.4.3.3 Compliance with Legislation and Regulations

a) All risk assessments will be conducted in accordance with the general requirements of the Management of Health and Safety at Work Regulations 1999.
b) Additionally, specific risk assessments will be carried out to meet the requirements of other relevant legislation such as those related to Control of Substances Hazardous to Health (COSHH), Manual Handling, Expectant Mothers, Display Screen Equipment, Young Persons, Fire Safety, and other applicable regulations.
c) This ensures that the College's risk assessments remain comprehensive and legally compliant, addressing the full spectrum of potential hazards.

3.4.3.4 Identification of Further Control Measures

a) The risk assessment process will identify whether additional control measures are necessary to reduce or maintain risks at an acceptable level.
b) These measures must, as a minimum, ensure compliance with regulatory standards required by current health and safety legislation, and will be applied across all relevant activities and areas.
c) If required, further steps will be taken to ensure risks are controlled effectively and to prevent any safety breaches or hazards from affecting staff, students, or visitors.

3.4.3.5 Risk Assessment Criteria

a) Risk levels will be assessed by considering both the likelihood of a hazard occurring and the potential severity of its consequences. These two factors will be used to determine the significance of the identified risks.
b) In line with the Health and Safety Executive (HSE) framework for risk assessment, the existing control measures will be reviewed periodically.
c) Any additional controls necessary to reduce the risk will be identified and integrated into the risk management process.

3.4.3.6 Reduction of Significant Risk

a) Where significant risks are identified, the College will ensure that these risks are reduced to the lowest level reasonably practicable.
b) This will be accomplished through the application of suitable and sufficient control measures, considering the cost and feasibility of implementation, in line with the hierarchy of controls as outlined in the Management of Health and Safety at Work Regulations 1999.
c) This approach ensures that the College effectively manages risks in a way that balances safety and operational needs.

3.4.3.7 Departmental Responsibility for Risk Assessments

a) Each department within the College is responsible for ensuring that appropriate and sufficient risk assessments are conducted for all foreseeable risks related to their specific activities.
b) Line Management will ensure that these risk assessments are properly documented and recorded in the Smartlog system, facilitating easy access and tracking of risk management actions.
c) By ensuring departmental ownership, the College fosters accountability and ensures that health and safety risks are properly managed at all levels.

3.4.3.8 High-Risk Activities and Validation of Control Measures

a) When a high-risk activity is identified, the risk assessor will raise it via Smartlog for validation by the Health and Safety team for identified control measures.
b) The line management will be responsible for reviewing the risk assessment with their respective Director, HoF or HoD and identifying any additional control measures necessary to further minimise the risk.
c) This process ensures that high-risk activities receive the appropriate level of scrutiny and are managed effectively to protect all individuals involved.

3.4.3.9 Safe System of Work for High-Risk Activities

a) For activities deemed high-risk, the risk assessor will develop and document a Safe System of Work (SSoW) to ensure proper safety procedures are followed.
b) The SSoW will include detailed instructions on how to conduct the activity safely and outline the control measures required to mitigate identified risks.
c) The effectiveness of these control measures will be reviewed regularly by the risk assessor to ensure continued compliance and effectiveness in reducing risk.

3.4.3.10 Reviewing and Updating of Risk Assessments

a) Risk assessments will be reviewed regularly according to the following schedule:
    - **High Risk:** Every 6 months
    - **Medium Risk:** Every 12 months
    - **Low Risk:** Every 24 months
b) However, the risk assessor may review the risk assessments earlier than the defined intervals if required, based on factors such as significant changes in operations, new legislative requirements, or incidents that occur.
c) In the event of a significant accident, incident, or near miss, or any other significant change, the risk assessments will be reviewed promptly to address any newly identified hazards or necessary changes to control measures.

3.4.4 Leading and Managing Health and Safety

3.4.4.1 Leadership Commitment to Health and Safety

a) The College is dedicated to ensuring that strong leadership and management structures are in place to support effective health and safety practices across all areas of the institution.
b) To achieve this, the College will implement clear lines of accountability, conduct regular monitoring of health and safety performance, and foster a culture that prioritises health and safety at all organisational levels.
c) This leadership commitment will help guide the development and maintenance of a safe working and learning environment.

3.4.4.2 Senior Leadership's Role in Health and Safety

a) Senior leaders, including the Principal, Deputy Principals, Vice Principals, Assistant Principals, Directors, Heads of Departments (HoDs), and Heads of Faculties (HoFs), will actively demonstrate their commitment to health and safety.
b) They will lead by example, regularly reviewing health and safety performance and ensuring that safe practices are integrated into strategic planning, decision-making, and day-to-day operations.
c) Senior leaders will communicate the importance of maintaining a safe and healthy environment and will ensure resources are allocated to support health and safety initiatives.

3.4.4.3 Health, Safety and Environment Manager

a) The College will designate a Health, Safety, and Environment (HSE) Manager, who will have the necessary authority and resources to lead and oversee health and safety within the college.
b) The HSE Manager will collaborate with senior leadership and staff to support the implementation of health and safety practices and to help foster a positive health and safety culture across the College.
c) The HSE Manager will play a key role in ensuring that health, safety, and environmental policies and procedures are effectively communicated and adhered to.

3.4.4.4 Promoting Collaboration and Open Communication

a) The College will emphasize a collaborative approach to managing health and safety, encouraging open and transparent communication between employees, learners, and management.
b) Regular consultation will occur to gather feedback, identify potential safety concerns, and suggest improvements to enhance the health and safety of all stakeholders.
c) This approach will help foster a sense of shared responsibility for health and safety across the College community.

3.4.4.5 Responsibilities of Line Management

a) Line Management will be responsible for ensuring that health and safety remains a top priority within their areas of responsibility.
b) They will provide necessary information, resources, and support to ensure the safety of staff, learners, and visitors. This includes ensuring that health and safety standards are met in daily operations, including classrooms, workshops, and other learning environments.

3.4.4.6 Training and Development for Health and Safety Leadership

a) The College will provide appropriate and sufficient training for the Principal, Deputy Principals, Vice Principals, Assistant Principals, Directors, Heads of Departments (HoDs), Heads of Faculties (HoFs), Programme Leaders, and Line Managers.
b) This training will focus on managing health and safety responsibilities effectively, understanding health and safety regulations, and fostering a positive health and safety culture within their teams.
c) The College will ensure that all senior leaders and managers are equipped with the skills and knowledge to lead by example and drive continuous improvements in health and safety practices.

3.4.5 Training, Awareness and Competence

3.4.5.1 Responsibility for Training and Competence

a) The College recognises its duty to provide all employees with appropriate information, instruction, and training to ensure they are competent in performing their roles safely and effectively.
b) The L&D Coordinator will coordinate the delivery and management of training activities across the College.
c) Line Management are responsible for ensuring that staff in their areas have the necessary training, awareness, and competence to carry out their roles and responsibilities safely and in line with college policies.
d) Line Management will assess and address training needs within their teams and collaborate with the L&D Coordinator to arrange appropriate sessions.

3.4.5.2 Requesting and Arranging Specific Training

a) Where specific training is required for staff members to meet health, safety, or operational standards, Line Management are responsible for raising a request to the L&D Coordinator.
b) This request should include details about the required training and the number of employees who need to participate. The L&D Coordinator will then work to arrange the necessary training sessions for staff members in a timely manner.

3.4.5.3 Designing Training Programmes

a) Training programmes will be designed to ensure that staff gain a clear understanding of the relevant health, safety, and operational procedures specific to their duties and responsibilities.
b) The training needs of each individual will be assessed based on their specific roles, responsibilities, associated risks, and any legal or regulatory requirements that apply to their position.
c) By conducting these assessments, the College ensures that all employees are equipped with the appropriate knowledge and skills to manage the health and safety aspects of their work.

3.4.5.4 Additional Training for New Responsibilities or Increased Risk

a) Additional training will be provided whenever an employee takes on new responsibilities, when new systems, equipment, or technologies are introduced, or when an increased risk is identified in the employee's duties.
b) Line Management are responsible for notifying the L&D Coordinator of such needs as they arise so that training can be arranged accordingly. Following trainings may be requested by Health & Safety team for assignment in Smartlog:
    - WEEE (Waste Electrical and Electronic Equipment)
    - Environmental Awareness
    - Managing Safety
c) This ensures that the College remains proactive in addressing emerging risks and ensuring staff are adequately prepared for any changes in their roles.

3.4.5.5 Ongoing Health and Safety Updates

a) Employees will receive regular updates on health and safety issues through internal training sessions, briefings, or toolbox talks.
b) These updates will address relevant health and safety policies, any changes in procedures, and updated working practices, including emergency arrangements and the College's response to potential risks.

c) Additionally, all new employees will undergo a formal induction programme upon joining the College, covering essential health and safety information and the College's procedures for maintaining a safe working environment.

3.4.5.6 Standard Health and Safety Training for All Employees

a) All employees will receive standard health and safety training upon joining the College, with the following key areas being refreshed regularly as part of ongoing professional development:
   - Awareness of Health and Safety (Refreshed every year)
   - Display Screen Equipment (Refreshed every 2 years)
   - Fire Safety Training (Refreshed every year)

b) The **Awareness of Health and Safety** training will cover a wide range of basic safety principles, including:
   - General health and safety legislation
   - Responsibility for Health and Safety
   - Hazard identification and risk assessments
   - Prevention of slips, trips, and falls
   - Manual handling techniques
   - Safe use of work equipment
   - Working at height
   - Fire safety procedures
   - Mental health and wellbeing awareness
   - Lone working protocols
   - COSHH (Control of Substances Hazardous to Health)

c) This regular training and its periodic refreshers ensure that staff remain up-to-date with health and safety regulations, procedures, and best practices.

3.4.6 Consultation, Communication and Involvement

3.4.6.1 Consultation and Involvement in Health and Safety Matters

a) The College is committed to ensuring that all learners and employees are actively consulted on relevant aspects of health and safety within the institution.
b) The College will foster a culture of involvement by encouraging both staff and students to participate in health and safety matters through individual consultations with Line Management, Senior Management, etc. or by engaging with representative bodies such as the Staff Voice Forum, Student Forum, Health and Safety Meetings, etc.
c) This inclusive approach ensures that health and safety concerns are raised and addressed collaboratively, promoting a safer and more engaged community.

3.4.6.2 Regular Consultation and Communication Methods

a) Regular consultation and communication will be maintained through both formal and informal staff meetings, briefings, and discussions.
b) These meetings will focus on current health and safety performance, as well as the effectiveness of existing arrangements, policies, and working procedures.
c) By facilitating open discussions about health and safety, the College will identify key areas for improvement, address potential risks, and refine safety measures to better protect all individuals. This ongoing dialogue ensures that health and safety remain a priority and evolves in response to emerging needs and issues.
d) Line Management shall ensure that Health and Safety is an agenda item in departmental meetings.

3.4.6.3 Health, Safety and Welfare Briefings for Learners and Employees

a) Learners and employees will be regularly briefed on any health, safety, or welfare issues that are relevant to them, ensuring that they are well-informed and equipped to maintain a safe environment.
b) A variety of communication channels will be used to ensure that all individuals are kept informed, including the College website, intranet, meetings, emails, one-on-one discussions, smartlog, and other appropriate methods.
c) This multi-channel approach ensures that information is accessible and reaches all members of the College community, enabling them to take informed actions regarding health and safety matters.

3.4.6.4 Health and Safety Committee

a) Health and Safety Committee meetings will be held on a quarterly basis. Any health and safety concerns arising from departmental meetings, consultations and communications will be presented to the committee for consideration. The committee will consist of the following members:

- Chair – Director of Finance (On Behalf of Principalship)
- Director of HR & OD
- Assistant Principal – HE and Higher Skills
- Vice Principal – Student Experience & Inclusion
- Director or Head of Faculty (from each Faculty)
- Head of Estate & Facilities
- Health and Safety Manager
- Health and Safety Coordinator
- A Management Rep. from Each Department (No less than a manager)
- Designated Safeguarding Officer
- Safety Engagement Manager

- Union Safety Representatives
- ALS representative

b) The minutes of the Health and Safety Committee meetings will be recorded. The agenda for Health and Safety Committee meeting will include the following items:
    - Review of Previous Meeting Minutes and any Open Agenda
    - Updates of Incidents in Last Quarter
    - Updates on Health and Safety Performance
    - Review of any Legal and Regulatory Updates
    - Open Forum for Health and Safety Concerns

3.4.7 Planning for Health and Safety

3.4.7.1 Integration of Health and Safety in Operational and Strategic Planning

a) The College will ensure that health and safety planning is integrated into both its operational and strategic planning processes.
b) This integration will apply to both short-term and long-term planning activities, ensuring that health and safety is not treated as an isolated aspect but rather as a core part of overall development of the college.
c) The College's health and safety plans will be aligned with its commitment to continuous improvement, ensuring compliance with legal and regulatory obligations and promoting a proactive approach to safety.

3.4.7.2 Informed Health and Safety Planning

a) Health and safety planning will be informed by a variety of sources, including risk assessments, incident investigations, audits, inspections, and ongoing consultation with staff and learners.
b) The outcomes of these activities will be used to guide the prioritisation of health and safety actions, ensuring that the most pressing risks are addressed first.
c) This data-driven approach will also enable the allocation of appropriate resources to effectively manage identified risks, ensuring that safety measures are both practical and well-supported by the necessary infrastructure.

3.4.7.3 Embedding Health and Safety in Project and Activity Planning

a) Health and safety considerations will be embedded into the planning of all new projects, activities, equipment purchases, and facility changes.
b) This early integration will allow the College to identify potential risks at the earliest stages, giving ample opportunity to implement control measures and mitigate hazards before they materialize.
c) By incorporating health and safety into project and activity planning from the outset, the College ensures that safety is prioritised alongside other operational goals, reducing the likelihood of safety incidents or oversights during execution.

3.4.7.4 Emergency Preparedness and Response Planning

a) The College will regularly review and test its emergency preparedness and response plans to ensure that they remain effective in managing unforeseen incidents.
b) These plans will cover a wide range of potential emergencies, including fires, medical emergencies, and other crisis situations.
c) Regular testing of emergency procedures—such as fire drills and first-aid training—will ensure that staff, learners, and other stakeholders are well-prepared and capable of responding appropriately in case of an emergency. The aim is to maintain a high level of readiness and ensure that all emergency response measures are efficient, clear, and effective.

3.4.8 Plan and Do (Profiling Risk, Organising Health and Safety and Implementing Plan)

At Oldham College, we are firmly committed to ensuring the health, safety, and wellbeing of all individuals who engage with us, including our learners, employees, partners, visitors, contractors, and other key stakeholders. We recognise that a safe environment is essential not only for the smooth operation of the College but also for the physical, mental, and emotional wellbeing of everyone who is part of our community. This section outlines the approach we take to manage health and safety across the College, following a structured and systematic approach based on the Plan and Do framework.

The Plan and Do framework are a proactive model that allows us to effectively manage health and safety risks. We begin by profiling risk — identifying, assessing, and understanding the various risks present within the College environment. This includes evaluating physical hazards (such as fire, electrical, and equipment-related risks), as well as environmental and psychological risks that may affect the wellbeing of our learners, staff, and visitors. By thoroughly assessing these risks, we ensure that we can take informed and appropriate action to mitigate potential harm.

Once the risks are identified, the next step in the framework involves organising for health and safety. This involves the establishment of clear roles, responsibilities, and reporting structures across the College. All staff and key stakeholders are made aware of their specific duties related to health and safety, ensuring that everyone is engaged and accountable. This also includes the development of health and safety policies and procedures. Effective communication and training are critical components of this process, ensuring that everyone is well-equipped to recognise hazards and follow safe working practices.

We focus on the implementation of our health and safety plans. This is where we put into practice the strategies that we have developed in the planning phase, ensuring that the appropriate control measures, procedures, and policies are followed across all areas of the College. From routine safety checks and maintenance to emergency response protocols and incident reporting, our approach is both proactive and responsive, allowing us to address any issues promptly and effectively.

Through the continuous application of the Plan and Do framework, we aim to foster a safe, supportive, and sustainable environment where both learning and work can thrive. We believe that health and safety is not a one-time effort but an ongoing commitment to improving the environment for everyone at Oldham College. By prioritising health and safety and taking a structured, collaborative approach, we are confident that we can provide the best possible environment for academic and personal growth.

This comprehensive strategy is designed not only to meet regulatory requirements but also to promote a culture of care and respect for the wellbeing of all individuals within the College community. Through proactive risk management, clear responsibilities, and practical implementation strategies, we aim to continuously improve and strengthen the health and safety framework at Oldham College.

3.4.8.1 Adverse Weather

i. Purpose

a) The Oldham college is aware of their responsibilities to protect their learners, employees and other stake holders during adverse weather conditions, such as snow, ice, or severe storms, to ensure safety and operational continuity.
b) Oldham College aims to provide a clear process for assessing risks, making timely decisions, and communicating effectively to reduce impact on employees, particularly those who arrive early, such as the Facilities Management (FM) team.

ii. Roles and Responsibilities

a) The Head of Estates and Facilities is responsible for monitoring weather conditions, assessing site safety, and recommending actions to the Principalship.
b) The Principalship holds the authority to approve site closures, delayed openings, or other necessary measures based on the information provided.

iii. Monitoring and Early Assessment

a) The Head of Estates and Facilities must monitor official weather forecasts and local travel conditions during periods where adverse weather is expected.
b) An initial assessment of site and travel conditions, shall be carried out by 6:00 AM, where safe to do so, on affected days to allow for early decision-making.
c) Head of Estates and Facilities may consider reports provided by caretakers, cleaning team, etc. to avoid the risk of travel, when caretakers, cleaning team, etc. is already on site.
d) Where possible, based upon weather warnings/ forecasts, news reports, etc. Principalship may chose to close the college before 6AM.

iv. Decision-Making

a) A recommendation regarding site status must be made by the Head of Estates and Facilities to the Principalship by 6:00 AM.
b) The Principalship must confirm the final decision by 6:30 AM to ensure that decision is communicated to relevant stakeholder in timely manner.

v. Communication of Decision

a) Once a decision is made, it must be communicated immediately to all learners, employees and relevant stakeholders through website and social media pages.
b) The communication must clearly state whether the site is open, closed, or has a delayed opening, and outline any expectations for staff during the disruption.
c) All communication must be posted by 7:00 AM to avoid unnecessary travel by the learners, employees and other stakeholders.
d) All employees shall work from home in such scenario.

vi. Site Reopening and Recovery

a) The Facilities Management team must inspect and confirm the safety of the site before it is reopened following an adverse weather event.
b) Any hazards identified during or after the weather event must be addressed before reopening the campus.

3.4.8.2 Air Monitoring

i. Requirement for Air Monitoring

a) Air monitoring must be conducted in workplaces where there is a potential for exposure to airborne contaminants, including dusts, fumes, vapours, gases, or biological agents.
b) The need for air monitoring shall be determined based on a suitable and sufficient risk assessment, which evaluates the potential hazards in the work environment.

ii. Competence and Equipment

a) All air monitoring activities must be carried out by a competent service provider who has the necessary expertise to perform accurate and reliable measurements.
b) Monitoring must be carried out using calibrated and appropriate equipment, in compliance with relevant standards and regulatory requirements.

iii. Record Keeping

a) Results from air monitoring must be securely retained and stored within Smartlog in a manner that allows for easy access and audit.
b) These records must be used to inform health risk assessments and control strategies, and should be available for review by relevant stakeholders.

iv. Action Following Monitoring Results

a) Where air monitoring identifies that airborne contaminant levels exceed occupational exposure limits or action levels, immediate action must be taken to investigate the source of the exposure.
b) Control measures, such as engineering controls, changes to work practices, or the use of personal protective equipment (PPE), must be implemented to reduce exposure and protect employees.

v. Communication and Follow-up

a) Line Management must ensure that all employees are informed of air monitoring activities, the results obtained, and any necessary protective or corrective actions that arise from the findings.

vi. Review of Air Monitoring Protocols

a) Air monitoring protocols and schedules must be reviewed regularly to ensure they remain effective.
b) These reviews should take into account any changes in work processes, materials used, or new legislation and guidance to ensure continuous improvement in exposure control.

3.4.8.3 Asbestos Management

i. Asbestos Risk Management and Legislative Compliance

a) Oldham College recognises the health hazards posed by asbestos-containing materials (ACMs) and will manage all ACMs in accordance with the Control of Asbestos Regulations 2012.
b) All reasonably practicable steps will be taken to identify, record, monitor, and manage ACMs on campus to prevent exposure to students, staff, visitors, and contractors.
c) The Facilities Management Team is responsible for ensuring compliance with Control of Asbestos Regulations 2012, Regulation 4 (Duty to Manage), and other relevant health and safety legislation.

ii. Asbestos Management Plan

a) The survey report will form the part of Asbestos Management plan which shall outline the procedures for identifying, assessing, and reviewing ACMs on campus.
b) The plan includes five essential steps:
    - Identify ACMs and assess their condition.
    - Evaluate the risk of exposure to asbestos fibres.
    - Implement control measures and record procedures for managing risks.
    - Monitor and review the effectiveness of the control and update following audits or incidents.
    - Provide information on the presence and condition of ACMs to anyone who may disturb them.
c) The asbestos survey will form the asbestos register and associated documentation form a key part of the management plan and must be accessible to relevant personnel and contractors.

iii. Identification and Surveying of ACMs

a) Management surveys will be conducted for buildings to assess and document the location and condition of ACMs.
b) Refurbishment or demolition surveys will be completed prior to any invasive construction works.
c) Surveys must be undertaken by licenced asbestos consultants in accordance with HSG264.
d) Materials will be presumed to contain asbestos unless proven otherwise.

iv. Contractor and Worker Control Measures

a) Only licenced and competent contractors may carry out asbestos-related work, including removal, encapsulation, etc.
b) Prior to any work, contractors must be provided with the asbestos register and relevant documentation.
c) Contractors must supply method statements and risk assessments before work begins.
d) Work shall not be carried out without the issuance of permits to work.

v. Access Control and Area Management

a) Access to areas containing or suspected to contain ACMs will be restricted and controlled.

b) If suspect materials are discovered, the area must be evacuated and sealed until it is assessed by a licenced consultant.
c) Any confirmed asbestos disturbance requires clearance before reoccupation.

vi. Asbestos Removal and Disposal

a) All asbestos waste must be removed by a licenced contractor and disposed of at an authorised site with proper consignment notes.
b) For notifiable and non-notifiable non-licenced work, strict procedures and HSE guidance must be followed.
c) All asbestos work must be notified to the Enforcing Authority where required, including the submission of plans of work. If suspected materials are discovered, the area must be evacuated and sealed until it is assessed by a licenced consultant.

vii. Information and Awareness

a) Employees required to carry out maintenance work shall be provided with training and suitable and sufficient information and awareness associated with the risk of asbestos and controls. The training shall be reviewed on regular basis.
b) Contractors must provide evidence of competence and training prior to working on site.

viii. Information and Awareness

a) In the event of uncontrolled asbestos release, unprotected personnel must be evacuated, and the area sealed.
b) A licenced consultant must be engaged to assess and control the risk.
c) Exposed individuals must log the incident in their personnel file and notify their GP.
d) Emergency services must be provided with the up-to-date asbestos register if called to an incident.

3.4.8.4 Children and Young Person

i. Nursery Facility (Ages 6 Months – 5 Years)

a) Oldham College operates an on-site nursery facility that provides care for children aged 6 months to 5 years in a safe, purpose-designed environment.
b) Access to the nursery is restricted to authorised staff, registered children, and authorised guardians or carers.
c) The nursery area is securely enclosed, with access control measures in place to prevent unauthorised entry and to ensure child safety.
d) All nursery staff are subject to enhanced DBS checks, safeguarding training, and regular supervision.
e) The nursery environment is regularly inspected for health and safety compliance, and all equipment, furniture, and materials are age-appropriate and maintained to the highest standards.

ii. Young Person

a) Young persons may attend the site for official purposes such as College events. However, they wouldn't be allowed within high-risk areas e.g., workshops, etc. This shall be subject to risk assessment.
b) Unaccompanied young persons may not enter learning areas unless officially enrolled or participating in a supervised College programme.
c) For work experience placements, staff must complete and submit risk assessments to the College Health and Safety team prior to commencement.

iii. Access and Risk Controls

a) Risk assessments must be completed for any visit or presence of young person on campus while learners are present.
b) Risk Assessment shall consider activities planned to be carried out on site by young person, safeguarding and supervision.
c) Any identified risks must have clear mitigation measures and emergency procedures documented.
d) Visitors must be briefed on site rules, safeguarding policies, and reporting protocols before arrival.
e) Supervision must be maintained at all times in accordance with the risk assessment outcomes.
f) Risk assessments should be communicated to all relevant staff involved in the young person's visit or activities.
g) Any incidents or near misses during the visit must be recorded and reviewed to update future risk assessments.
h) Line Management shall raise request to Health and Safety team for assignment of Young Worker Risk Assessment employed within their department.
i) Any Actions highlighted in Young Worker Risk Assessment shall be addressed by Line Management in conjunction with Young Worker.

3.4.8.5 Construction on Site

i. Planning and Management of Construction Activities

a) Construction activities at the Oldham College must only be carried out after approval from Facilities Management Team.
b) Facilities Management Team will ensure that all construction activities conducted on site are appropriately planned, managed, and monitored in accordance with the relevant health and safety legislation, including the Construction (Design and Management) Regulations (CDM).
c) All construction activities must be carried out in a manner that minimises risks to the health, safety, and welfare of all individuals who may be affected by the works.

ii. Competency of Contractors

a) Only competent contractors will be permitted to undertake construction-related tasks on site.
b) Evidence of competence, such as CSCS cards or relevant certifications, must be verified prior to the commencement of any work.

iii. Contractor Approval and Documentation

a) All contractors and third-party service providers involved in construction activities must be approved by the Facilities Management team or Principal Contractor.
b) Contractors are required to comply with the College's health and safety policies and site rules.
c) Prior to granting access to the site, contractors must provide copies of relevant method statements, risk assessments, and insurance documentation.

iv. Demarcation of Construction Areas

a) All construction areas must be visibly and effectively demarcated using barriers such as fencing or hoarding.
b) This physical separation ensures that learners, staff, and visitors are kept away from potentially hazardous environments.

v. Access Control

a) Strict access controls will be implemented to prevent unauthorised entry into construction zones.
b) These controls may include locked gates, monitored entry points, security personnel, and identification checks for workers, as set in place by the principal contractor or contractor.

vi. Signage and Warning Information

a) Clear, visible, and informative signage must be placed at all entry points and along the perimeter of construction areas.
b) Signs should indicate restricted access, highlight the nature of hazards (e.g., heavy machinery, falling debris), and display emergency contact details.
c) Signage must comply with relevant standards and be understandable to all site users, including those with language or literacy barriers.

vii. Awareness of Construction Zones and Risks

a) Tutors and Line Management will ensure that all learners, employees, and other stakeholders are made aware of the presence of construction zones and the associated risks.

b) This information must be communicated effectively to prevent accidents and ensure the safety of all individuals in the vicinity of the construction activities.

3.4.8.6 Contacting External Services

i. Engagement with External Services

a) In situations where external services are required (e.g., emergency services, utility providers, specialist engineers), the Emergency Controller or Facilities Management Team will ensure that the appropriate service is contacted promptly and accurately.
b) Relevant details, including the nature of the issue, location, and any immediate actions taken, must be provided to facilitate a swift and efficient response.

ii. Documentation of Communication

a) All communication with external services shall be thoroughly documented.
b) The documentation will include the time of contact, name of the external service, the nature of the issue, and any actions taken. This record will be essential for future reference or further investigation, if needed.

iii. Emergency Response

a) In the event of an emergency, the health and safety of all personnel on site shall be prioritised above all other concerns.
b) External emergency services shall be contacted immediately based on the nature of the emergency, ensuring that appropriate assistance is on the way without delay.

iv. Communication with Enforcing Authorities

a) If contacted by enforcing authorities, such as the Health and Safety Executive (HSE), Fire & Rescue Services, Environmental Health, or Public Health authorities, the Health, Safety, and Environment Manager must be informed.
b) The Health, Safety, and Environment Manager shall act as the primary point of contact for enforcing authorities.
c) The Head of Facilities & Estate and Health, Safety & Environment Manager are the only authorised personnel to contact enforcing authorities if advice is needed for improving the health and safety management system.
d) Where advice related to Health and Safety is required, the Health and Safety team must be contacted to seek advice and, if necessary, the Health and Safety team will contact the relevant authorities for further guidance.

3.4.8.7 Control of Infection and Transmission of Disease

i. Identification of Infection

a) All employees, learners, and visitors should immediately report any symptoms of notifiable diseases to the appropriate authority (e.g., their supervisor, line management or head of department).
b) Any suspected infection must be promptly communicated to Health and Safety Team.
c) Anyone showing signs of symptoms shall avoid attending the College and shall visit their GP for further investigation.

ii. Identified Infection

a) Where infection had been confirmed via self-test e.g., for Co-Vid or by their GP or registered medical practitioner, the personnel shall not attend the college for the safety of others until they are symptom-free and have received medical clearance from registered healthcare professional.
b) They shall inform the confirmation of symptoms of infectious disease to appropriate authority e.g., their tutor, line management, etc.
c) Once confirmed, all reasonable precautions shall be taken to avoid spread of infection, this includes shutting down the access card to college premises, where reasonable.

iii. Risk Assessment

a) Where infection is suspected or identified, the relevant department will conduct a dynamic risk assessment to determine the likelihood of disease transmission in different settings (classrooms, common areas, office spaces, etc.).
b) This risk assessment will evaluate the risk of transmission to other personnel and determine the appropriate measures to reduce those risks (e.g., enhanced cleaning procedures, social distancing protocols, etc).
c) The risk assessment will consider vulnerable groups, such as children in nursery, individuals with pre-existing health conditions, and will ensure appropriate measures are in place to protect them.

iv. Control Measures

a) **Hygiene Protocols:** All personnel on the College campus will be expected to follow personal hygiene practices such as regular handwashing, covering coughs and sneezes, etc. Line Management is expected to ensure that the basic hygiene protocols are followed by their respective students and employees in case of identification of infection.
b) **Cleaning and Disinfection:** Class or Work area for infected personnel, High-touch surfaces, such as door handles, light switches, and shared equipment, will be cleaned on priority basis. Hygiene staff shall ensure proper use of PPE to avoid getting infected. The cleaning process shall be supervised in such scenario. Further cleaning will be carried out as per regular procedures.
c) **Personal Protective Equipment (PPE):** Where deemed necessary based on the risk assessment, the College will provide and encourage the use of PPE, such as face masks and gloves, etc. to prevent the spread of infectious diseases.
d) **Isolation:** In the event where an individual displays symptom of an infectious disease, they will be immediately isolated from others in suitable space and will be instructed to seek medical advice. They shall be allowed to attend college on receipt of clearance from registered medical practitioner.

v. Communication

a) Where identified, the College will regularly update learners, employees, and relevant stakeholders about infectious disease risks and the control measures and precautions to take.
b) Any updates related to infectious disease outbreaks e.g., Co-Vid, such as changes in government guidance, will be communicated promptly to relevant parties.

vi. Response to an Outbreak

a) In the event of an outbreak of an infectious disease at the College, the College will follow established procedures for containment, isolation, and treatment, in consultation with public health authorities i.e., Public Health Oldham Council.
b) The College will support affected individuals as far as reasonably practicable, ensuring that any students, staff, or visitors who are exposed to the disease are monitored and follow proper medical guidance by their GP or registered medical practitioner.

vii. Information and Awareness

a) Learners and Employees will be provided with guidance on report of symptoms and identified infection to relevant authorities.
b) Information will be provided to learners and employees as new guidance or best practices are identified.

3.4.8.8 Dangerous Substances and Explosive Atmosphere

i. Compliance with Regulations

a) The College shall ensure compliance with the provisions of the Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR).
b) Where necessary, the College will engage a qualified specialist safety consultant to provide detailed advice and ensure adherence to the DSEAR requirements.

ii. DSEAR Risk Assessment

a) The Health and Safety Team will carry out suitable and sufficient DSEAR Risk Assessments to identify risks associated with explosive environments and dangerous substances.
b) The risk assessment will consider all relevant factors, including types and quantities of substances, potential ignition sources, and environmental conditions.
c) Line Management shall request assessment of risk, where explosive or dangerous environment is expected.

iii. Control Measures

a) Where a DSEAR Risk Assessment identifies fire or explosion risks, the College shall ensure the implementation of appropriate control measures.
b) Control measures will be documented, monitored, and reviewed in accordance with Approved Code of Practice (ACOP) L138 and guidance issued by the Health and Safety Executive (HSE).
c) Identified actions shall be implemented by relevant Line Management within an appropriate timeframe to mitigate risks.

iv. Emergency Planning

a) The Health and Safety Team shall assess the likelihood and potential impact of foreseeable incidents involving dangerous substances.
b) The College will develop comprehensive emergency plans and procedures to safeguard occupants and mitigate the consequences of such incidents.
c) Emergency procedures will be aligned with findings from the risk assessments and will include evacuation plans, communication protocols, and incident response actions.

v. Review of DSEAR Risk Assessment

a) DSEAR Risk Assessments shall be reviewed on an annual basis by Health and Safety team.
b) Risk Assessments may also be reviewed earlier in response to significant changes, incidents, legislative updates, or if deemed necessary by the Health and Safety Team.
c) All reviews and subsequent updates shall be recorded and communicated to relevant stakeholders.

vi. Information and Awareness

a) Relevant staff will receive sufficient information to ensure awareness of the hazards associated with dangerous substances and the appropriate control measures.

b) Information will be shared with relevant contractors, employees and relevant stakeholders where applicable, especially in areas where dangerous substances are used or stored.

vii. Further Guidance and Expert Advice

a) Where addition guidance is required, support may be sought from the Health and Safety Team.

b) The Head of Facilities and Estate Management and Health, Safety, and Environment Manager may contact Greater Manchester Fire and Rescue Service, HSE, Building Safety Regulator or other relevant experts for additional guidance or advice, where necessary.

3.4.8.9 Disabled and Vulnerable Person

i. Commitment to Accessibility and Inclusion

a) Oldham College is committed to ensuring that disabled and vulnerable persons can safely access and participate in college life, in compliance with the Equality Act 2010.
b) Reasonable adjustments will be made to physical access and safety arrangements to remove or reduce barriers.
c) All staff, contractors, and visitors must support the inclusive ethos of the College by ensuring dignity, safety, and respect in all interactions with disabled or vulnerable persons.

ii. Access to Facilities and Services

a) All College buildings must be accessible to persons with mobility, sensory, or cognitive impairments, including accessible entrances, lifts, toilets, and designated refuge points.
b) In areas where full accessibility is not yet achievable, alternative provision must be made, including remote access, relocation of activities, or staff escorts.

iii. Health, Safety and Welfare Provisions

a) All risk assessments must take into account the presence of disabled and vulnerable persons, particularly during events, construction activities, or evacuation planning.
b) Where standard procedures cannot ensure safe participation, an individual risk assessment must be completed. Health and Safety team shall be requested to assign individual risk assessment in Smartlog.
c) First aid provisions and welfare facilities must be accessible and staff made aware of any individual medical requirements, where permission is granted.

iv. Personal Emergency Evacuation Plans (PEEPs)

a) A PEEP will be created for any learner, employee or regular visitor with a disability or health condition that may affect their ability to evacuate during an emergency.
b) PEEPs for employees will be carried out in Smartlog. Health and Safety team shall be requested for assigning PEEP in Smartlog.
c) PEEPs for learners will be carried out by the Additional Learning Support (ALS) team.
d) PEEPs will be developed in consultation with the individual and relevant stakeholders.
e) PEEPs must:
    - Identify primary and alternative evacuation routes.
    - Define required assistance, equipment, and responsible persons.
    - Be rehearsed or reviewed as necessary to ensure feasibility.
f) PEEPs will be reviewed annually or when a change in condition, layout, or personnel occurs. Copies will be held securely and made accessible to designated staff in emergencies.
g) Staff responsible for creating or executing PEEPs must receive appropriate guidance, information and awareness.
h) Copies of PEEPs shall be made readily available for Fire Wardens.

v. General Emergency Evacuation Plan (GEEP)

a) A GEEP will ensure the safe and timely evacuation of all visitors, contractors, and other non-regular occupants during an emergency.
b) Upon arrival, all visitors will be informed of emergency procedures through clear signage and verbal briefings by reception or host staff.
c) In case of emergency, Fire Wardens shall assist visitors requiring help during evacuation, including mobility assistance and guidance.
d) If required, evacuation chairs or other evacuation means will be used to ensure the safety of the individual.
e) Fire Wardens shall receive suitable and sufficient information and guidance to maintain awareness of evacuation procedures, visitor assistance roles, and use of evacuation equipment.

vi. Emergency Planning and Incident Response

a) Disabled refuge points are available throughout the college and clearly signposted; they must be maintained and kept clear at all times.
b) In emergencies, nominated Fire Wardens will follow guidance in PEEPs.
c) Drills and real evacuations must account for individuals with specific needs and be followed up with debriefings to improve future readiness.

3.4.8.10 Display Screen Equipment (DSE)

i. Compliance with Regulations

a) Oldham College understand their responsibilities to keep DSE Users safe from the risk of DSE under the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002).
b) Oldham College ensures full compliance with the Health and Safety (Display Screen Equipment) Regulations by regularly conducting risk assessments, providing adequate training, and maintaining workstations for all DSE users.

ii. Identification of DSE Users

a) A DSE user is defined as an individual who:
   - Uses DSE continuously or near-continuously for an hour or more at a time.
   - Relies heavily on DSE to fulfil job responsibilities.
   - Transfers information rapidly to/from DSE or requires high levels of concentration.
b) All users must be identified and provided appropriate training.

iii. DSE Risk Assessment

a) All DSE users must complete a DSE self-assessment via the Smartlog as part of induction or upon changes to work arrangements.
b) The assessment covers workstation design, posture, screen use, lighting, noise, and surrounding environmental factors.
c) Reviews are required:
   - Every two years.
   - After workstation changes.
   - If the user moves desk or reports discomfort.
   - Following incidents or changes in regulations.
   - In the event of pregnancy.
d) Line Management shall ensure that the DSE users have completed DSE self-assessment and are trained for DSE.
e) The results of assessments may lead to referrals for:
   - Furniture adjustments – via FM Help Desk
   - Hardware/software issues – via IT Help Desk.
   - Health concerns – via HR for Occupational Health.
   - Environment (e.g., lighting/ventilation) – via FM Help Desk.
f) Temporary and agency workers using DSE must undergo the same assessment and training procedures as permanent staff.
g) Any Actions highlighted in DSE Assessment shall be addressed by Line Management in conjunction with DSE User.

iv. Training and Awareness

a) All DSE users will receive training on:
   - Correct workstation setup and posture.
   - Use of equipment (keyboard, mouse, monitor).
   - Common DSE-related health risks and control measures.
b) DSE Assessors will be trained by HR in conducting and reviewing DSE self-assessments.
c) Records of all training activities will be maintained by HR.

v. Eyesight Testing and Spectacles

a) Employees who are classified DSE users may request an eye test at college expense using a Specsavers voucher obtained through HR.
b) Reimbursement for DSE-specific glasses is limited to the amount stated in the voucher and does not apply retrospectively or to other prescriptions.

3.4.8.11 Document Control

i. Accessibility of Health and Safety Information

a) Documented health and safety information will be accessible to all employees through the staff intranet and Smartlog.

b) The Health and Safety Team will be responsible for ensuring that the information is regularly updated and maintained within the Health and Safety section of the Staff Intranet and Smartlog.

c) The Health and Safety Policy will be published on the College's website to ensure it is readily available to learners, contractors, partners, and other relevant stakeholders.

ii. Provision of Information to Staff and Learners

a) Line Management will ensure that all staff and new employees are provided with sufficient information to carry out their duties safely and effectively.

b) Additionally, Line Management will ensure that learners and employees are made aware of how to access the relevant health and safety information, ensuring their safety while at the College.

iii. Health and Safety Document Control Log

a) The Health and Safety Team will maintain a Health and Safety Document Control Log for all documents that are not directly created via Smartlog (e.g., Specialist Risk Assessments, etc.)

b) These documents will be reviewed and updated in a timely manner to ensure accuracy and compliance with current regulations and best practices.

iv. Supplementary Information Availability

a) Supplementary health and safety information will be communicated and made readily available via the following means:

- **Health and Safety Law Poster**: Line Management will ensure this is displayed in their area of responsibility, including information about representatives and other relevant contacts.
- **Health and Safety Policy**: Accessible via the College Website and Staff Intranet.
- **Emergency Procedure in Case of Fire**: Line Management will ensure this fire evacuation procedure is displayed within their area of responsibility.
- **Employer Liability Insurance Certificate**: Available on the Staff Intranet under the Finance Department.

3.4.8.12 Driving for Work

i. Compliance with Regulations

a) The College shall ensure compliance with all relevant legislation and regulations relating to driving for work, including the Road Traffic Act and applicable Health and Safety regulations.
b) The College will ensure that all individuals driving for work meet the necessary legal and safety requirements before being permitted to drive.

ii. Driving Requirements

a) Anyone required to drive for work shall ensure that they have valid Full UK Driving Licence and appropriate insurance to cover their driving for work.
b) The Line Management shall request assignment of Driver Risk Assessment to Health and Safety team to ensure that employees required to drive for work have completed risk assessment within Smartlog related to driving activities to identify hazards and implement control measures.
c) Risk assessments will consider driver competence, vehicle condition, journey risks, and environmental factors.
d) Drivers shall ensure that vehicle are maintained and checks are performed before the visit. Further, they shall ensure that there is sufficient fuel for the journey.
e) Journey shall be properly planned, drivers shall ensure that they can use sat-nav, if required.
f) Drivers shall also ensure that they have sufficient mobile battery and credit, if required to call anyone in case of the emergency.
g) Drivers shall not use mobile phone while driving. This includes using of earphones, Bluetooth, etc.

iii. Driving College Vehicle

a) Any individual required to drive a college vehicle, including the College minibus, must hold a valid Full UK Driving Licence and have undergone the relevant vehicle-specific training.
b) Driving the College minibus specifically requires the completion of MiDAS (Minibus Driver Awareness Scheme) training or equivalent to ensure driver competence and safety.
c) The L&D Coordinator will maintain records of all staff who have completed MiDAS or equivalent training and are authorised to drive College minibuses.
d) Drivers must ensure that College vehicles are used strictly for authorised purposes.
e) Regular maintenance, safety checks, and servicing of college vehicles shall be arranged and monitored by the Facilities Management to ensure roadworthiness.

iv. Accidents or Incidents

a) Any accidents or incidents involving College vehicles must be reported immediately to the Facilities Management team.
b) Staff using college vehicles must familiarise themselves with the breakdown and insurance cover in case of accident or breakdown.
c) Support and guidance will be provided to drivers involved in incidents to ensure their welfare and compliance with reporting obligations.

v. Information and Awareness

a) Line Management shall ensure that employees driving for work have received suitable and sufficient information for safe driving.
b) The information shall include but not limited to:
    - Required Vehicles checks.
    - Provision of First Aid Kit
    - Provision of Fire Extinguisher
    - Planning of Journey
    - Use of Sat-Nav
    - Use of Mobile phone.
    - Emergency Contact

vi. Further Guidance and Expert Advice

a) Additional advice or guidance regarding driving for work and vehicle safety may be sought from the Health and Safety Team.
b) The Head of Facilities and Estate Management and Health, Safety, and Environment Manager may liaise with external bodies such as the HSE, Driver and Vehicle Standards Agency (DVSA), local authorities, etc. to ensure best practices

3.4.8.13 Educational Trips

i. Commitment to Safe Trip Management

a) Oldham College is committed to ensuring all educational trips, including local, national, and international travel, are conducted safely and in compliance with relevant legislation and College policies.

b) All trips will be fully risk assessed by employee leading the trip prior to the visit or travel arrangements being made. These risk assessments must consider the safety, wellbeing, and inclusion of all participants, including disabled and vulnerable persons.

ii. Planning, Approval and Logging of Trips

a) All trips and visits must be logged and authorised via the EVOLVE system according to the following timeframes:
- 4 weeks prior to departure for local or UK non-residential visits.
- 12 weeks prior to departure for overseas, residential and adventurous activities/ visits.

b) If these deadlines cannot be met, clarification and approval must be sought from the Trip Organiser. This shall be added as a note within the Evolve form.

c) Foreign, Residential and Adventurous Trips shall form the part of business planning for the department.

d) All paperwork must be submitted and signed off on EVOLVE prior to any payments or bookings relating to the trip being made.

e) Residential and/or trips outside the Greater Manchester must accompany a first aider.

f) All trips shall have a first aid kit to support in case of emergencies.

g) Approval responsibilities are as follows:
- All Oversea Trips must be preliminary approved by the principal via “Foreign Travel Visit Form”.
- All Oversea, Residential and Adventurous trips must be informed to Deputy Principal via an email. Copy of the email shall be attached to the evolve form.
- Local trips require approval from the Head of Faculty/Department.
- Trip Organiser shall ensure that they inform the Duty Principal on duty aware of their arrival to/from the destination.
- All the trips should align with the relevant curriculum and shall identify the purpose of the visit e.g., visiting a hospital is relevant for health and social care, however, visiting a park or rides is not relevant for health and social care. Where a trip doesn’t align with the relevant curriculum, additional approval must be sought from SLT on non-educational trips e.g. Alton Towers, Christmas Markets, etc.
- Overseas, residential, and adventurous trips require initial approval from the Head of Faculty and relevant Director. Health, Safety and Environment (HSE) Manager as well as Management Accountant are required to comment on the Evolve form regarding risk assessment and financial allocation respectively. Once initial approval has been granted and all the relevant comments are added, final approval will be granted by Director of Finance.
  - Director of Finance – Approval of Insurance Documentation and Finances
  - Health, Safety & Environmental Manager – Approval for Risk Assessments
  - Head of Faculty – Approval of consent forms, including medical information, allergies and awareness for staff.

h) Trip Organiser shall ensure that there is suitable staff to learner ratio and effective supervision in line with national guidance.
i) Trip Organiser shall obtain appropriate consent by Principal, Head of Faculty, Parent, Guardian (as appropriate).
   - Learner Visits – Assessment & Approval Form
   - Learner Visits – Information and Parental Annual Consent Form
   - Learner Visits – Information & Single Visit Parental Consent Form
j) Trip Planning shall consider modes of informing parents and guardians via appropriate means such as via Evolve system, information letters, meetings or text messages. This information may consider changes to medical information, contact details, parental arrangements, drop-off locations, etc.
k) All Trips must have a base contact. The Trip organiser shall ensure that the base contact has a work phone and their contact details are shared with the parents/guardians.
l) Trip Planning shall also consider ensuring checking in/ out and regular head count.
m) Head of Faculty shall ensure that the Trip Organiser, Leaders, Staff and Volunteers have suitable and sufficient guidance, information and awareness for the management of trip.
n) Trip Organisers shall ensure that the volunteers assisting the visits have DBS check in place and shall be reviewed by Head of Faculty ahead of the visit.
o) Health and Safety team will share the monthly reports for trips with the Principal and Deputy Principal. This may accompany as a part of monthly H&S report.
p) All trips planned for coming months shall be discussed by relevant HoF within H&S Committee meeting.

iii. Risk Assessments and Safety Provisions

a) Risk assessments must be comprehensive and address all identified hazards associated with the trip, including travel, activities, accommodation, cultural impact, political situations, environmental factors, allergies (inc. food allergy), emergency measures, etc.
b) Risk Assessment must be completed in Smartlog and attached in Evolve for approval.
c) Particular attention must be paid to the needs of disabled and vulnerable participants to ensure safety and access are maintained at all times.
d) Emergency contact information and medical details of all participants should be held by trip organisers and accessible during the trip.

iv. Emergency Procedures and Incident Response

a) All trips must have clear emergency procedures, including communication plans, emergency contacts, and incident reporting protocols covered within the risk assessment.
b) In the event of an emergency, the safety and welfare of all participants is paramount, with appropriate assistance provided to disabled or vulnerable persons.
c) Incident reports must be completed promptly and reviewed to improve future trip safety and management.

3.4.8.14 Electrical Safety

i. Compliance with Regulations

a) The Oldham College will ensure compliance with the Electricity at Work Regulations 1989.
b) Electrical safety measures ensure both fixed and portable systems are maintained to prevent danger from electric shock, fire, or equipment failure.
c) EICR inspections are conducted in accordance with the Electricity at Work Regulations 1989 to ensure the integrity of fixed installations.
d) Portable electrical appliances owned by the College are PAT tested in line with HSG107 guidance.

ii. Fixed Wiring and EICR Compliance

a) All fixed electrical installations across college-owned or operated buildings will undergo an Electrical Installation Condition Report (EICR) at a maximum of every 5 years or as otherwise specified by a qualified electrical contractor.
b) Remedial works arising from EICRs will be prioritised by risk level and scheduled accordingly by Facilities Management team.
c) Only approved and qualified contractors will be used for inspection and repair of fixed installations.
d) Copies of EICRs and completion certificates for any remedial work will be retained by Facilities Management team for audit purposes.

iii. Portable Appliance Testing (PAT)

a) All portable appliances owned by the College must be tested on annual basis or earlier as advised by competent service provider, taking into account equipment type, usage, and environment.
b) Equipment will undergo:
    - User checks before use.
    - Combined inspection and testing, as applicable.
c) Equipment with visible defects or without a valid PAT label must not be used and should be reported to the Facilities Management team immediately.

iv. Personal Equipment (Employee/ Learner-Owned)

a) Personal electrical equipment (e.g., chargers, kettles, laptops) must not be used unless authorised for use by Head of Estate and Facilities, Health, Safety and Environment Manager, Facilities Manager or Facilities Team Leader for electrical safety.
b) Unauthorised equipment will be removed for use and held securely by Facilities Management team unless authorised for use or returned.

v. Responsibilities, Information and Awareness

a) Facilities Management team will maintain testing schedules, records, and manage contracts for EICR and PAT compliance.
b) Line Management will ensure:
    - All equipment used in their areas has a valid PAT or EICR clearance.
    - Employees and Learners in their area of responsibility are informed of reporting procedures and responsibilities.
c) All users of electrical equipment must conduct pre-use checks and report defects.

3.4.8.15 Emergency Planning

i. Identification of Emergency Situations

a) The Oldham College shall assess and identify potential emergency situations that may arise from its activities.
b) These include, but are not limited to, fire, gas leaks, hazardous material release or spillage, structural failures, natural disasters and adverse weather conditions.
c) Effective emergency plans and response procedures shall be established to address each identified scenario.

ii. Testing and Communication of Emergency Procedures

a) Emergency plans and procedures shall be tested through regular drills and exercises to ensure their effectiveness.
b) Outcomes from drills will be reviewed, and improvements will be implemented where necessary to strengthen preparedness.
c) Clear and effective communication channels will be maintained to disseminate emergency procedures to all affected parties.

iii. Awareness and Training

a) Tutors, and/or Line Management shall ensure that all learners, employees, and relevant stakeholders within their area of responsibility are made aware of the applicable emergency procedures.
b) This includes the location of emergency exits, evacuation points, alarm signals, and actions to take during different types of emergencies.

iv. Business Continuity Planning

a) A Business Continuity Plan will be maintained to ensure that critical operations, particularly teaching and learning activities, can continue or resume promptly following a disruptive incident.
b) The plan shall include measures for resource recovery, communication strategies, and roles and responsibilities during recovery operations.

3.4.8.16 Fire Safety

i. Identification of Fire Hazards

a) All employees, learners, and visitors should immediately report any signs of fire hazards or unsafe conditions (e.g., smoke, electrical issues, faulty equipment) to the appropriate authority (e.g., their supervisor, line management, or head of department).
b) Any suspected fire hazard must be promptly communicated to the appropriate authority (e.g., building manager, facilities management team, etc.)

ii. Confirmed Fire

a) In the event of a confirmed fire, all personnel must evacuate the premises immediately using the nearest safe exit and proceed to the designated assembly points.
b) *"Emergency Procedure in the Event of a Fire/ Explosion or Evacuation"* shall be followed in case of confirmed fire or drill.
c) Once confirmed, all reasonable precautions shall be taken to prevent further risk to life and property, including calling emergency services and ensuring the fire alarm is activated and evacuation is underway.

iii. Risk Assessment

a) The assessment of fire risk will be carried out by Health and Safety Team to comply with The Regulatory Reform (Fire Safety) Order 2005.
b) The Risk Assessment will take into account the relevant guidance published by HM Government.
c) This risk assessment will evaluate the risk of fire hazards to personnel and determine the appropriate measures to reduce those risks (e.g., maintenance of fire extinguishers, proper storage of combustible materials, electrical safety protocols, etc.).
d) The risk assessment will consider vulnerable groups, such as individuals with mobility impairments or other special needs.
e) Any identified actions from fire risk assessment shall be actioned by relevant parties within adequate timeframe at the earliest.
f) Fire Risk Assessments shall be reviewed on an annual basis. The risk assessor may review the risk assessments earlier than the defined time scale, where required. Subjected to significant change, legislative changes, significant accident, incident or near-misses the risk assessments will be reviewed earlier.

iv. Control Measures

a) All personnel on the College campus will be expected to follow fire prevention practices, such as not blocking fire exits, ensuring clear access to fire extinguishers, and avoiding the use of faulty electrical equipment.
b) Line Management shall ensure that fire safety protocols are communicated to their respective learners and employees.
c) Information regarding site Fire Emergency Procedures shall be provided to all contractors and visitors by personnel attending them.
d) Facilities Management Team shall ensure that fire safety equipment, such as extinguishers, alarms, dry risers, emergency lighting, are properly maintained through competent service provider and internal planned preventive maintenance.

e) In the event of a fire or suspected fire, individuals will immediately follow the "*Emergency Procedure in the Event of a Fire/ Explosion or Evacuation"* and Fire Emergency Plan will be activated for communication.
f) Facilities Manager will prepare and keep to hand the location of fire alarm panels, emergency shut off points for utilities and floor plans.
g) Smoking is not allowed at the College.

v. Communication Regarding Fire Safety

a) The College will regularly update learners, staff, and visitors about fire safety risks and the control measures in place.
b) Any updates related to fire safety, such as changes in evacuation procedures or fire safety regulations, will be communicated promptly to relevant parties.

vi. Response to a Fire Incident

a) In the event of a fire on campus, the College will follow established fire emergency plan for evacuation and emergency response in support and coordination with emergency services.
b) The First Aiders will support affected individuals, ensuring that any learner, staff, or visitors are safely evacuated and receive any necessary medical attention if affected by smoke inhalation or fire-related injuries for emergency response before the provision of support by emergency services.

vii. Training and Awareness related to Fire Safety

a) The Building Managers, Deputy Building Managers, Fire Wardens, Safety Engagement Team and all relevant parties involved in fire emergency plan and supporting emergency evacuation will be provided with relevant training to ensure effective implementation of the plan.
b) Learners and staff will be provided with guidance on fire prevention, evacuation procedures, and the importance of reporting fire hazards.
c) Necessary information will be provided for staff and learners as new fire safety protocols or best practices are identified.
d) Building Managers in conjunction with Facilities Management Team will conduct periodic drills (minimum 2 each year) to ensure preparedness to fire emergency.
e) The response from fire emergency drill and learnings will be recorded and communicated to relevant parties by facilities management team. The full fire drill will be carried out in case of false alarm and shall be recorded as fire drill.

viii. Further Guidance related to Fire Safety

a) Where required, further guidance may be sought from the Health and Safety Team.
b) The Head of Facilities and Estate Management and Health, Safety, and Environment Manager may contact Greater Manchester Fire and Rescue Service, Building Safety Regulator or other relevant fire safety experts for additional guidance or advice.

3.4.8.17 First Aid

i. Compliance with Regulations

a) Oldham College will ensure compliance with its legal obligations under the Health and Safety at Work etc. Act 1974 and the Health and Safety (First Aid) Regulations 1981 to provide adequate and appropriate first aid equipment, facilities, and personnel.
b) First aid provision supports the College's responsibilities to protect the health and wellbeing of all learners, employees and relevant stakeholders.
c) The College also adheres to data protection requirements when recording or processing personal or sensitive health data arising from first aid incidents.

ii. Provision of First Aid

a) First aid is the initial management of illness or injury and does not include diagnosis or the administration of medication.
b) First Aid shall be administered by trained first aiders.
c) The requirement for first aid shall be determined via suitable and sufficient first aid need assessment by the Health and Safety Team.
d) Line Management shall ensure that learners and employees have suitable and sufficient information on how to obtain first aid assistance.

iii. First Aid Equipment and Consumables

a) First aid kits must be stocked in line with HSE INDG347 and checked weekly by the Safety Engagement Team.
b) Each building shall have a minimum of one first aid kit. Line Management is responsible to ensure that their employees are aware of the location of the first aid kit.
c) Inspection records for first aid kits shall be maintained by Safety Engagement team for audit purposes.
d) Departmental first aiders are responsible for requesting consumables through the Safety Engagement Team Leader.
e) Non-standard items those are not in line with the HSE INDG347 require approval from Health, Safety and Environment Manager.

iv. Use of Defibrillators

a) Where required under the critical cardiac medical emergency, defibrillators shall be used.
b) Safety Engagement team shall ensure that defibrillators are checked on regular basis and batteries and pads are in date.

v. Training and Competency

a) To become a college approved first aider, an employee must hold a valid First Aid Course organised by the HR team.
b) Approved qualifications are:
    - First Aid at Work (FAW) – 3 days course
    - Emergency First Aid at Work – 1 day course
    - Paediatric First Aid Course – 2 days
c) Practical session of the training shall not be carried out via eLearning or online classes.
d) Where a new employee is engaged by the College and starts with an existing first aid certificate, recorded evidence must be provided to HR before they are allowed to practise first aid procedures within campus.

e) Appropriate training records and list of current first aiders will be recorded and maintained by HR.
f) Refresher and re-certification training are coordinated through HR.
g) All first aiders must inform HR, Health and Safety as well as Safety Engagement team if they cease to act in that capacity or change roles.

vi. Emergency First Aid Needs

a) In case of an emergency, departmental first aider shall be contacted for administration of first aid.
b) Where departmental first aider is not available at the time of an emergency, Safety Engagement team shall be contacted via 0161 785 4129 or channel 1 at the radio.
c) The first person at the scene must:
    - Stay with the casualty.
    - Administer aid (if trained).
    - Record the accident on Smartlog.

vii. Emergency First Aid Needs

a) Under 18s must be accompanied to hospital by a staff member or guardian.
b) Over 18s must be accompanied until safely registered with medical services.
c) Personal vehicles must not be used to transport casualties.

viii. Dealing Major Emergencies

a) When considering hospital transfer, first aiders should weigh the injury's severity, potential impact on learning or work, and A&E wait times. While caution is important, decisions should be proportionate, avoiding unnecessary transfers for minor injuries to reduce pressure on A&E and support its use for more serious cases.
b) Where treatment had been administered by the hospital, this shall be reported to the Health and Safety team at the earliest convenience.
c) Where Major injuries had been identified such as fractures, amputation, crush injuries, burn injuries, loss of eye-sight, loss of consciousness by head injury, etc. this shall be reported to the Health and Safety team at the earliest.

3.4.8.18 Food Safety

i. Identification of Food Safety Hazards

a) All employees, learners, and stakeholders must immediately report any signs of food contamination, unsafe food handling practices, pest sighting or food equipment malfunctions to the catering manager.
b) The Catering Manager will take appropriate measures to investigate the reported information for further measures.

ii. Confirmed Food Safety Incident

a) In the event of a confirmed food safety incident (e.g., foodborne illness, contamination, allergic reaction), immediate measures must be taken to isolate affected food items and prevent further exposure.
b) All affected individuals will be supported, and if necessary, medical attention shall be sought from their GP.
c) An investigation will be conducted to determine the source and cause of the incident, and corrective actions will be implemented.

iii. Risk Assessment

a) The Catering Manager shall ensure that there is suitable and sufficient risk assessment in place in line with the Food Safety Act 1990, Food Hygiene Regulations, and associated UK legislation and guidance.
b) Assessments will evaluate potential risks related to food storage, preparation, handling, and serving.
c) Appropriate control measures will be recommended to mitigate identified risks.
d) Special consideration shall be given to vulnerable individuals (e.g., those with allergies, dietary restrictions, or weakened immune systems).
e) Where events are placed for food preparations, Event organiser shall ensure that food safety measures are in place and risk assessment is carried out by them.

iv. Control Measures

a) All food-handling staff must follow hygiene protocols, including wearing appropriate protective clothing, maintaining hand hygiene, and properly storing and labelling food items.
b) Allergen information must be clearly displayed and communicated to consumers where applicable.
c) The catering team will ensure that all food safety equipment (e.g., refrigerators, dishwashers) are regularly cleaned.
d) Cleaning schedules must be adhered to in all food preparation and service areas.

v. Information and Awareness

a) Catering Manager shall ensure that catering staff and others involved in food handling had received suitable and sufficient information and awareness appropriate to their role.
b) Refresher training will be provided periodically or when changes to policies or processes occur.
c) Food safety inspections will be carried out regularly to ensure ongoing compliance.
d) Results and lessons learned from food safety inspections will be shared with relevant team members to improve future responses.

vi. Further Guidance Related to Food Safety

a) Further food safety guidance can be sought from the Catering Manager or Health and Safety Team.

b) The Head of Facilities & Estate Management, Health, Safety & Environment Manager and Catering Manager may consult with external experts, including Environmental Health Officers or the Food Standards Agency, for specialised advice, where required.

3.4.8.19 Health and Safety Culture

i. Commitment to Health and Safety Culture

a) Oldham College is committed to positively promoting health and safety to its learners, employees, partners, visitors, contractors, and other stakeholders who may be affected by its activities.
b) This commitment will be achieved through continuous engagement, training, communication, and the consistent application of Health and Safety policies and practices, ensuring the safety of all involved.

ii. Promoting Health and Safety Awareness

a) The College will actively promote health and safety awareness across all levels, ensuring that all individuals are informed of their responsibilities and the measures in place to ensure their safety.
b) This includes promoting active involvement, consultation, feedback, and suggestions to ensure the continuous improvement of the health and safety culture within the College.

iii. Embedding Health and Safety into Daily Operations

a) Oldham College aims to foster a safety-focused culture, making health and safety a core part of daily operations, rather than just a compliance requirement.
b) This will be achieved by recognising safe practices, embedding health and safety into the College's values, and encouraging proactive participation from all individuals.
c) All staff are expected to contribute regularly towards hazards observations and take appropriate action to reduce associated risks, contributing to a culture of safety. Hazard observations and actions shall be recorded in Smartlog.

iv. Inclusive Health and Safety Practices

a) The College will ensure that its health and safety practices are inclusive and accessible to everyone, considering the diverse needs of learners, staff, and other stakeholders.
b) Adaptations will be made, where necessary, to accommodate disabilities or other special requirements, ensuring that all individuals can participate in and benefit from the College's health and safety culture.

3.4.8.20 Health Surveillance

i. Requirement for Health Surveillance

a) Health surveillance must be conducted where there is a known risk of exposure to hazards such as hazardous substances, biological agents, or other work-related health risks.

b) The need for surveillance will be determined through a suitable and sufficient risk assessment, which evaluates potential health risks in the workplace.

ii. Competence and Confidentiality

a) All health surveillance activities must be carried out by a competent occupational health provider who is qualified to assess and manage the risks involved.

b) Records of health surveillance must be maintained securely and confidentially, in compliance with data protection regulations and best practices.

iii. Information and Communication

a) Line Management must ensure that affected employees are informed about the purpose and process of health surveillance.

b) Employees must be made aware of their right to access the results of surveillance and be informed about any follow-up actions or medical assessments that may be required.

iv. Action Following Health Surveillance Results

a) Where health surveillance identifies a potential or actual adverse effect on an employee's health, immediate steps must be taken to investigate the cause of the issue.

b) A review of the existing risk assessment must be conducted, and necessary control measures must be implemented to prevent further harm to the affected individual or others.

v. Review and Updates of Health Surveillance Arrangements

a) Health surveillance arrangements must be regularly reviewed and updated to ensure they remain effective.

b) Reviews should take place in response to changes in work activities, updated legislation, or guidance issued by regulatory bodies, ensuring ongoing protection of employee health and wellbeing.

3.4.8.21 Legionella Management

i. Compliance with Regulations

a) Oldham College is committed to ensure compliance with the Health and Safety at Work etc. Act 1974, the Control of Substances Hazardous to Health Regulations (COSHH) 2002, and the Approved Code of Practice (ACoP) L8 – *Legionnaires' disease: The control of legionella bacteria in water systems*.

b) The College is committed to ensuring that water systems are maintained and operated to prevent the proliferation of Legionella bacteria, which may pose health risks to learners, employees, contractors, and other stakeholders.

ii. Identification and Risk Assessment

a) A detailed risk assessment and identification of legionella risk will be carried out by an approved and competent contractor appointed by the Facilities Management team.

b) The Risk Assessment will define the required checks and frequency to ensure the risk is adequately controlled.

c) The assessment will be reviewed:
   - Every 2 years, or sooner as determined by service provider.
   - If system changes occur.
   - Following any incident or suspected case of Legionella.

iii. Control Measures

a) The Facilities Management team shall ensure monitoring, maintenance and record keeping of following to maintain robust control systems to prevent Legionella growth in appropriate frequency in line with the L8, risk assessment, guidance from service provider or as deemed suitable:
   - Temperature monitoring of hot and cold-water systems.
   - Written Scheme of Control.
   - Flushing of infrequently used outlets.
   - Showerhead cleaning and descaling.
   - Inspection and maintenance of calorifiers and water tanks.
   - Maintenance of Water temperatures
   - System Inspection

b) Any deviations from these control thresholds are logged and acted upon immediately.

c) Records shall be considered for review during audits.

iv. Information and Awareness

a) Line Management shall ensure that the relevant staff especially caretakers and Facilities Management team have suitable and sufficient information and awareness regarding the risk of legionella and control.

b) Contractors involved in water system maintenance must provide evidence of competence in Legionella control.

v. Incident Reporting and Response

a) In the event of a suspected or confirmed Legionella case, following shall be implemented:
   - Isolation of affected system.
   - Notifying relevant authorities via Head of Estate and Facilities or Health, Safety and Environment Manager.

- Initiate Emergency Sampling

b) A full incident investigation and risk assessment review will be conducted following any event.

3.4.8.22 Lifting Operations

i. Compliance with Regulations

a) The College shall ensure full compliance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
b) All lifting operations must be properly planned, supervised, and carried out in a safe manner by a competent and qualified person.
c) Responsibility for ensuring compliance lies with Line Management within their areas of control.

ii. Planning and Risk Assessment

a) All lifting operations shall be subject to a suitable and sufficient risk assessment in LOLER Risk Assessment form by Line Management to identify potential hazards and implement appropriate control measures.
b) Line Management shall ensure that lifting activities are coordinated and planned in accordance with best practices and legal requirements.
c) The level of planning and complexity of the lift shall be proportionate to the level of risk involved.
d) The Risk Assessment will be shared with Health and Safety team for review and recording in the Smartlog for documentation.
e) Risk Assessments shall be reviewed on annual basis or due to legislative changes, significant changes, following an accident/incident. If advised by the health and safety team.
f) The risk assessment shall consider the controls highlighted under section for Provision and Use of Machinery and Work Equipment.

iii. Equipment Use and Load Limits

a) Lifting equipment shall only be used for its intended purpose and within its specified safe working load (SWL).
b) Line Management shall ensure that all lifting equipment is clearly marked with its safe working load and that these limits are not exceeded.
c) Equipment shall not be modified, adapted, or used in an unsafe or unauthorised manner.

iv. Inspection and Thorough Examination

a) All lifting equipment shall be subject to pre-use checks and periodic thorough examinations as required under LOLER and associated guidance.
b) Inspections must be carried out by competent individuals, and valid certification of thorough examination must be available and maintained.
c) Lifting equipment must not be used if a valid certificate of thorough examination is not in place or if any faults or defects are identified.
d) All inspection records and certificates shall be retained and made available for review.

3.4.8.23 Lone Working

i. Compliance with Regulations

a) Oldham College recognises its duties under the Health and Safety at Work etc. Act 1974 to ensure the safety, health, and wellbeing of employees, students, contractors, and visitors, including those who work alone.
b) Lone working shall be managed in accordance with HSE guidance and risk-based principles, ensuring suitable control measures are in place to minimise risk.

ii. Definition of Lone Working

a) A lone worker is someone who works by themselves without close or direct supervision. This may include:
    - Staff working early mornings, evenings or weekends
    - Off-site visits, home working, or working in isolated areas of a building

iii. Risk Assessment

a) Lone working shall be avoided where possible. Where lone working can't be avoided a detailed risk assessment shall be carried out.
b) Where a risk of lone working had been identified a risk assessment shall be carried out.
c) Line Management shall request Health and Safety team for assignment of appropriate risk assessment within Smartlog.
d) Line Management shall ensure that effective control measures are established and communicated to lone workers. This may include:
    - Check-in and/or Check-out procedure.
    - Carrying a charged mobile phone.
    - Avoiding high-risk activities when working alone (e.g., working at height)
    - Regular contact with team to ensure their safety.
    - Emergency contact and escalation procedures.
e) Where health conditions had been identified that may increase the risk to lone workers, the lone working shall not be permitted such as cardiac arrhythmias, epilepsy, dementia, Alzheimer's disease, pregnancy, diabetes, frequent blood pressure issues, impaired hearing, impaired vision, mental health or stress, etc.
f) Lone Working Risk Assessment shall be reviewed every 12 months or earlier as deem suitable by assessor, change or role or process, incident, advised by Health and Safety team, etc.

iv. Information and Awareness

a) Line Management shall ensure that the lone workers have suitable and sufficient information regarding the risk of lone working and associated controls.
b) Line Management shall raise training request for Lone Workers shall be raised to L&D Coordinator for arrangement, where required.
c) Lone workers shall follow the agreed controls and report any incident, hazard or concern to their Line Manager.

3.4.8.24 Management of CCTV for Health and Safety

i. Purpose of CCTV Use for Health and Safety

a) CCTV systems shall be used to support the monitoring and management of health and safety within and around the college premises.
b) The footage will assist in the investigation of accidents, incidents, near misses, and other safety-related concerns.
c) CCTV may also be used to proactively identify hazards and ensure safe practices are being followed.

ii. Access to CCTV Footage

a) Access to CCTV footage is restricted and will only be granted when there is a legitimate need for Health and Safety, such as following an accident or suspected health and safety breach.
b) Requests to view or retrieve footage must be documented and approved by:
    - Head of Estate and Facilities or Health, Safety and Environment Manager; and
    - Safety Engagement Manager
c) The access will only be granted to view the footage for the purpose of investigation and shall not be shared and the content of footage shall be treated as confidential.
d) Where identified for the purpose of investigation, the copy of footage shall be shared by Safety Engagement team with Health, Safety and Environment Manager for records, which may be used later where required for investigation by HSE, local authorities, claims, etc.
e) Such records shall be maintained for minimum of 4 years from the date of incident.

iii. Access to CCTV Footage

a) Any misuse of CCTV footage or access privileges will be treated as a serious breach and may result in disciplinary action.
b) The College is committed to ensuring all use of CCTV aligns with applicable laws and ethical standards, including GDPR and relevant surveillance regulations.

3.4.8.25 Management of Hazardous Substances

The College understands is responsibilities under Control of Substances Hazardous to Health Regulations to protect learners, employees and relevant stakeholders, who may come in contact with hazardous substances which are required to perform the routine function at the college. The college will place effective measures in eliminating, reducing and controlling of hazardous substances as reasonably practicable and in line with salutatory requirements.

i. Identifying Hazardous Substances

a) Substances classified under COSHH classifies in several sections:
   - Those under the Classification, Labelling & Packaging (CLP) of substances and mixtures Regulations
   - Those assigned Workplace Exposure Limits (WEL) as defined by the HSE
   - Dust above specified levels for both inhalable and respirable dust (as a time weighted average over 8 hours)
   - Biological agents (bacteria and other microorganisms) if directly connected to the workplace
   - A substance that is known carcinogen or mutagen
   - Any substance not mentioned above but which may create a hazard to health such as asphyxiant, pesticides, chemicals, etc.

b) Commonly use products such as dishwashing liquids, pen inks, etc. may also contain hazardous substances. GHS (Globally Harmonised System) Symbols, provides an initial indication for presence of hazardous substances.

c) The Safety Data Sheets (SDS) also provides further information on classification of hazardous substances usually under Section 2 of the SDS.

ii. Assessments of Risk from Hazardous Substances

a) Where hazardous substances had been identified Line Management will be responsible for ensuring that suitable and sufficient COSHH Assessments have been completed in Smartlog.

b) The hazardous substances shall not be used unless suitable and sufficient COSHH Assessments have been completed in Smartlog and effective control measures have been put in place.

c) Employee procuring the products shall ensure that a copy of the Safety Data Sheet had been received from the supplier. This document provides specific and relevant information on the product and identifies the control measures necessary to protect the user.

d) There is no need to carry out a COSHH Assessment where the Safety Data sheet advises that the product is not a health or environmental hazard. In such a scenario, the Safety Data Sheet will be shared with the Health and Safety team for review and recording in Smartlog.

e) The control measures will prioritise the hierarchy of control as following to the possible extent:
   - **Eliminate** the use of hazardous substance
   - **Substitute** the hazardous substance to less hazardous substance
   - **Engineered Controls** to isolate stakeholders from the hazardous substance
   - **Administered Controls** via trainings, Safe System of Work and changing the way of working to less hazardous way.
   - **PPE (Personal Protective Equipment)** to be used to protect from hazardous substance.

Remember, PPE is the least effective solution as it relies on user behaviour to use it properly and doesn't remove the hazard.

iii. Monitoring Exposure

a) Where the COSHH Assessment has identified the requirement of monitoring exposure the request shall be raised to the Health and Safety team to advise on possible scenarios to reduce exposure, where applicable.
b) Where health surveillance is required, the request will be raised to health and safety team for guidance on necessary arrangements for health surveillance.

iv. Reviewing and Updating of COSHH Assessments

a) COSHH assessments will be reviewed regularly according to the following schedule:
    - **High Risk:** Every 6 months
    - **Medium Risk:** Every 12 months
    - **Low Risk:** Every 24 months
b) However, the COSHH assessor may review the assessments earlier than the defined intervals if required, based on factors such as significant changes in use of product, new legislative requirements, or incidents that occur.
c) In the event of a significant accident, incident, or near miss, or any other significant change, the COSHH assessment will be reviewed promptly to address any newly identified hazards or necessary changes to control measures.

v. Disposal of Hazardous Substances

a) The disposal of hazardous substances, packing and bi-products shall be made as per the guidance of Safety Data Sheets.

vi. Contractors requiring use of Hazardous Substances

a) The contractors requiring use of hazardous substances to carry out their tasks assigned under the contract shall ensure that they had carried out suitable and sufficient COSHH Assessment.
b) These COSHH Assessments shall be submitted along with RAMS to the college management before arrival to the college.
c) Any product being used by the contractors on site shall be approved by the permit to work issuer and must have appropriate COSHH Assessment.
d) Any non-compliant products shall be strictly forbidden for use.

3.4.8.26 Managing Contractors

i. Contractor Approval

a) No contractor shall be engaged for work on building structures or for the maintenance of building equipment and installations without prior approval from the Facilities Management team.
b) Facilities Management team shall prefer the approved contractors/ suppliers to carry out the work.
c) The following individuals are the only authorised personnel to grant approval for contractors to perform work on building structures, or the maintenance of equipment and installations within the buildings:
    - Head of Estates and Facilities
    - Facilities Manager

ii. Contractor Competence and Suitability

a) The Facilities Management Team, and/or Line Management will ensure that contractors are assessed for general competence and suitability for the work prior to selection.
b) Relevant health and safety documentation, as well as competency records, will be requested to verify the contractor's qualifications and experience.

iii. Liability Insurance

a) The Facilities Management Team, Line Management will ensure that contractors have suitable and sufficient liability insurance before commencing work.
b) Proof of such insurance will be obtained and verified.
c) It shall also be made sure that the insurance certificates are in date inline with the planned work.

iv. Risk Assessment and Method Statements (RAMS)

a) Prior to the commencement of any work, the contractor must provide project-specific Risk Assessments and Method Statements (RAMS).
b) These documents must detail the high-risk activities that may impact other personnel on site and must be reviewed and approved by the relevant parties before work begins.

v. Permit to Work and Health and Safety Instructions

a) A permit to work along with relevant health and safety instructions, will be provided to the contractor.
b) The following individuals are the only authorised personnel to grant permit to work:
    - Head of Estates and Facilities
    - Facilities Manager
    - Facilities Team Leader
c) The permit will specify the duration of the work and ensuring all necessary safety protocols are understood.

vi. Monitoring of Contractor Work

a) Personnel issuing the permit will regularly monitor the work being performed to ensure it is conducted safely and in line with the college's requirements.

b) Any identified health and safety issues must be immediately addressed on-site with the relevant contractor(s).

vii. Completion of Work and Site Safety

a) Upon completion of the work, the personnel issuing the permit will verify that the work has been completed safely.
b) The work area will be inspected to ensure it is left in a safe condition before contractors leave the site.

viii. Breaches of Health and Safety Standards

a) Any serious breaches of health and safety or continual disregard for health and safety standards will result in the contractor being removed from the site.
b) The College will take appropriate steps to ensure compliance with health and safety regulations.

3.4.8.27 Manual Handling

The College recognises its responsibility under the manual handling operations regulations 1992 to manage the risks associated with manual handling in order to protect employees, learners, and other relevant stakeholders from injury. Where hazardous manual handling cannot be avoided, appropriate risk assessments shall be carried out, and effective control measures shall be implemented to reduce the risk of harm as far as reasonably practicable.

i. Avoidance and Assessment of Hazardous Manual Handling

a) Hazardous manual handling tasks shall be avoided wherever possible and so far, as is reasonably practicable.

b) Where avoidance is not feasible, the Manual Handling Risk Assessment shall be carried out. Request shall be raised to Health and Safety team for assigning of manual handling risk assessment in smart log.

ii. Content of Manual Handling Risk Assessments

a) Manual Handling Risk Assessments shall take into account the following factors:
   - The nature and complexity of the task
   - The characteristics of the load
   - The working environment
   - Individual capability of employees

b) In instances where a significant risk of injury is identified, suitable control measures shall be introduced. These may include:
   - Provision of mechanical aids where appropriate
   - Redesign of tasks or processes
   - Adjustments to the load or workspace

iii. Employees Responsibilities

a) Employees are required to adhere to the control measures specified in the Manual Handling Risk Assessments.

b) This includes the proper use of any mechanical aids provided and following established procedures to minimise the risk of injury.

iv. Reviewing and Updating Manual Handling Risk Assessments

a) Manual Handling Risk Assessments shall be reviewed on an annual basis by Line Management.

b) Early reviews may be triggered by the following circumstances:
   - Significant changes in the nature of the task or work environment
   - Relevant legislative changes
   - Incidents, accidents or near-misses involving manual handling tasks

c) Copies of updated/ reviewed Manual Handling Risk Assessments will be shared with Health and Safety team for appropriate storage and records in Smartlog.

3.4.8.28 Mental Health and Wellbeing

i. Legal and Regulatory Compliance

a) The College will comply with relevant legislation including the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, and applicable HSE guidance on work-related stress and mental health.
b) External guidance and best practice recommendations from organisations such as the HSE, Mind, and other mental health bodies will be considered and adopted where appropriate.

ii. Assessing Mental Health Risks

a) Line Management shall ensure that Mental Health and Wellbeing is considered as the part of their departmental risk assessments.
b) Line Management are responsible for alerting the HR or Health and Safety Team, as appropriate where mental health concerns or stress risks are identified.
c) Where applicable, Line Management may request Health and Safety team the assignment of a “Work-Related Stress” Risk Assessment in Smartlog for individuals, to be completed as a self-assessment.

iii. Managing and Reducing Risks

a) When risks to mental health are identified, the Line Management shall implement appropriate measures to reduce or eliminate them.
b) Examples include workload management, flexible working arrangements, mental health awareness, access to counselling services via HR, etc.

iv. Awareness and Information

a) Line Management shall ensure that employees and learners have clear information about mental health, stress management, and available support services.
b) Where required, HR team shall be contacted for guidance and arrangements regarding available support services regarding mental health and wellbeing.

v. Responsibilities of Employees and Learners

a) Employees and learners are encouraged to engage with mental health support services and initiatives offered by the College, where required.
b) Individuals should report any concerns affecting their mental health or wellbeing to their Line Manager or HR promptly.

3.4.8.29 New and Expectant Mothers

Pregnancy, childbirth, and breastfeeding present specific health and safety considerations in the workplace. Under relevant health and safety legislation such as the Management of Health and Safety at Work Regulations 1999 and the Workplace (Health, Safety and Welfare) Regulations, the risks to new and expectant mothers are required to assess and managed to ensure their wellbeing and that of their child. This includes identifying potential hazards, implementing control measures, and regularly reviewing the risk to adapt to any changes.

i. Risk Assessment

a) Line Management shall ensure that all staff who are new or expectant mothers have suitable and sufficient risk assessments in place.
b) Where necessary, they may request the Health and Safety (H&S) Team to assign an appropriate risk assessment to an individual within Smartlog for completion as a self-assessment.
    - Maternity Risk Assessment (Pregnancy & Postpartum)
    - Maternity Risk Assessment (Return to Work / Breastfeeding)
c) Risk assessments will be reviewed regularly or immediately if there is any change in workplace conditions or the employee's health status.

ii. Control of Risks

a) Where risk had been identified Line Management shall ensure that the risk have been eliminated or reduced.
b) Line Management shall make reasonable adjustment to ensure that the risk is eliminated or reduced to an acceptable and safe level.

iii. Information and Awareness

a) Line Management shall ensure that new or expectant mother have suitable and sufficient information regarding the outcomes of the risk assessment and controls.
b) Line Management shall also ensure that new or expectant mother have suitable and sufficient information regarding the available support, health and safety information and guidance for the safety of the mother and child.

iv. Confidentiality and Support

a) All personal information relating to new and expectant mothers will be handled confidentially in accordance with data protection regulations.
b) Supportive measures will be offered to ensure compliance with health and safety obligations without compromising employee privacy.

3.4.8.30 Noise

i. Compliance with Regulations

a) The College shall ensure compliance with the Control of Noise at Work Regulations 2005 and any relevant HSE guidance.
b) Where required, the College will engage competent specialists to provide detailed advice and support the implementation of noise control strategies.

ii. Noise Risk Assessment

a) The Health and Safety Team will carry out suitable and sufficient Noise Risk Assessments to identify areas or tasks where noise exposure exceeds action values.
b) Assessments will be required where normal conversation at a distance of 1 metre is difficult.
c) Line Management shall raise a request with the Health and Safety Team when there is a potential for excessive noise exposure.

iii. Control Measures

a) Where a Noise Risk Assessment identifies exposure above the Lower or Upper Exposure Action Values, appropriate control measures shall be implemented.
b) Control measures may include engineering solutions, administrative controls, changes to work practices, hearing protection, and the designation of hearing protection zones.
c) Identified actions must be implemented in a timely manner as identified in the risk assessment.

iv. Information and Awareness

a) Line Management shall ensure that the affected staff have sufficient information and are made aware of risk and control measures.
b) Where training needs are identified, Line Management shall coordinate with the L&D Coordinator to ensure that affected staff receive and training on noise risks and control measures.
c) Information will be updated as necessary in response to changes in equipment, processes, or regulations.

v. Learners and Employee Responsibilities

a) Learners and Employees shall comply with all noise control measures, including the correct use of hearing protection where required.
b) Failure to follow these measures may result in an increased risk of long-term hearing damage.

vi. Review of Noise Risk Assessments

a) Noise Risk Assessments shall be reviewed annually by the Health and Safety Team.
b) Earlier reviews will be carried out in the event of significant changes to equipment, processes, work locations, incidents, or regulatory updates.
c) Line Management shall make Health and Safety team aware of significant changes to equipment and processes to ensure noise risk assessment is reviewed accordingly.
d) All reviews and updates will be recorded and communicated to relevant stakeholders.

vii. Further Guidance and Support

a) Where additional guidance is required, support may be sought from the Health and Safety Team.

b) The Health, Safety, and Environment Manager may consult with external specialists, to ensure effective noise control and compliance.

3.4.8.31 Occupational Health

i. Compliance with Regulations

a) The College shall comply with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and relevant regulations to ensure effective occupational health standards.
b) All personal information relating to occupational health records will be handled confidentially in accordance with data protection regulations.

ii. Risk Assessment and Control

a) Employees must report health concerns that may affect their work or safety to their Line Manager or HR promptly.
b) Line Management shall ensure that the individual risk assessment had been carried out where the risk for occupational health is identified for the individuals.
c) Where Occupational Health referral is required, the request shall be made with HR department for arrangement with Occupational Health provider.
d) Where required, Health and Safety team may be requested to analyse the workplace hazards that may impact the individual health.
e) Line Management shall ensure that control measures are implemented to eliminate or reduce the occupational health risk.

iii. Information and Awareness

a) Line Management shall ensure that the individuals have suitable and sufficient information and awareness of the control measures implement.
b) Line Management shall also ensure that the individuals have suitable and sufficient information for support and services available to them.

iv. Further Guidance and Support

a) Where required, further guidance and support may be sought from HR or Health and Safety team as appropriate.
b) External occupational health specialists may be consulted by HR department, where required.

3.4.8.32 Personal Protective Equipment

i. Compliance with Regulations

a) The College shall ensure compliance with the Personal Protective Equipment at Work Regulations 1992 and any relevant HSE guidance.
b) Where required, the Line Management may obtain advise on selection of appropriate PPE by Health and Safety team to ensure compliance.
c) Health, Safety and Environment Manager may consult external specialist to provide detailed advice and support on the selection and maintenance of personal protective equipment (PPE).

ii. Requirement of Suitable PPE

a) The Risk Assessment shall identify required PPE along with appropriate quality and standard in line with the level of risk and controls.
b) PPE must be suitable for the purpose, fit correctly, and be maintained in good condition.

iii. Provision of PPE

a) Line Management shall ensure that their learners and employees have suitable PPE provided.
b) Log for provision of non-disposable PPEs shall be maintained by date, time and acknowledgement of user
c) Host for any visitor shall ensure that their visitor have suitable and sufficient PPE required for their visit.
d) Contractors shall supply with their own PPE.

iv. Information and Awareness

a) Line Management shall ensure that staff and learners receive sufficient information on the correct use, limitations, care, and maintenance of PPE.
b) Where training needs are identified, Line Management shall coordinate with the L&D Coordinator to ensure that relevant training on PPE use is provided.

v. Responsibilities of Learners and Employees

a) Learners and Employees shall use PPE as instructed and in accordance with information and awareness provided.
b) They must report any defects, damage, or loss of PPE immediately to their tutor or line management.
c) Failure to comply with PPE requirements may result in increased risk of injury or ill health.
d) Learners and Employees shall ensure that their PPE are stored properly.

vi. Maintenance and Storage

a) PPE shall be inspected regularly and maintained in a clean and serviceable condition.
b) Defective or damaged PPE must be replaced promptly.
c) Appropriate storage facilities shall be provided to ensure PPE remains in good condition when not in use.

3.4.8.33 Pressurised Systems

i. Compliance with Regulations

a) The College shall ensure compliance with all applicable legal requirements, including the Pressure Equipment Regulations 1999, Pressure Systems Safety Regulations 2000, and Pipelines Safety Regulations 1996.

b) Where required, and subject to a competence assessment, the College may appoint a specialist service provider to provide detailed support to ensure compliance with these regulations.

ii. Risk Assessment

a) The Facilities Manager and/or Line Management shall ensure that comprehensive and adequate risk assessments are conducted for all pressurised systems and pipelines in Smartlog, where applicable.

b) Risk assessments shall address the full lifecycle of the systems, including design, installation, operation, inspection, maintenance, and decommissioning.

c) Risk assessments will be reviewed on annual basis. Earlier reviews will be carried out in the event of significant changes to equipment, processes, work locations, incidents, or regulatory updates.

iii. System Design and Operation

a) The Facilities Manager and/or Line Management shall ensure that all pressurised systems and pipelines are suitable for their intended purpose and properly risk-assessed.

b) All systems must be designed, constructed, installed, operated and maintained in accordance with Approved Codes of Practice (ACoP) L122, ensuring a high level of safety at all times.

iv. Information and Awareness

a) The Facilities Manager and/or Line Management shall ensure that documented operating instructions, including safe systems of work, are established for all pressurised systems, including defined operating limits.

b) Relevant emergency procedures must be prepared and communicated effectively to all affected personnel.

c) Adequate information and instruction shall be provided to ensure personnel are competent to operate, inspect, and maintain pressurised systems safely, with regular updates, as required.

v. Safety Devices and Equipment

a) Where required, suitable protective devices, such as pressure relief valves, alarms, and other safety equipment, shall be installed to safeguard against overpressure and other hazards.

b) These safety devices shall be inspected, tested, and maintained regularly by competent personnel in accordance with manufacturer guidance and applicable standards.

vi. Maintenance and Inspection Programmes

a) The Facilities Manager and/or Line Management shall ensure the implementation of formal maintenance and inspection programmes for all pressurised systems and pipelines under their control.

b) Inspection and maintenance activities must be documented and undertaken by competent individuals in accordance with statutory requirements to ensure ongoing safety and compliance.

3.4.8.34 Provision and Use of Machinery and Work Equipment

i. Compliance with Regulations

a) The College shall ensure compliance with the Provision and Use of Work Equipment Regulations 1998 (PUWER), the Supply of Machinery (Safety) Regulations 2008, Section 6 of the Health and Safety at Work etc. Act 1974, and other applicable legislation.
b) All machinery, plant, tools, and work equipment must be safe for use, maintained in a safe condition, and suitable for the intended purpose.

ii. Procurement of Equipment

a) Prior to the procurement of any new equipment, the responsible individual shall ensure that the equipment complies with relevant legal requirements and where applicable preferably UKCA (United Kingdom Conformity Assessment) or CE (Conformité Européenne) marked where applicable.
b) Equipment specifications must be reviewed to confirm suitability for the intended use and working environment.

iii. Suitability and Risk Assessment

a) Line Management and/or the procuring individual shall assess the suitability of equipment for the task and environment in which it will be used.
b) A suitable and sufficient risk assessment must be carried out by Line Management to identify hazards associated with the equipment.
c) Control measures shall be implemented, which may include guarding, emergency stops, safety markings, and warning devices.
d) Where work equipment is identified as high risk, a detailed PUWER Risk Assessment Template shall be used to carry out the risk assessment to ensure that it complies with the Provision and Use of Work Equipment Regulations 1998.
e) The Risk Assessment will be shared with Health and Safety team for review and recording in the Smartlog for documentation.
f) Regular specialist inspections shall be carried out on high-risk equipment by competent persons, and findings must be documented and acted upon.
g) Risk Assessments shall be reviewed on annual basis. The Risk Assessment shall be reviewed prior subjected to legislative changes, significant change, higher level of risk, advisory from health and safety team or as deemed suitable by assessor.

iv. Inspections and Maintenance of Work Equipment

a) Line Management shall ensure that the regular specialist inspections are carried out on high-risk equipment and findings must be documented and acted upon.
b) Learners and employees must carry out visual pre-use inspections of tools and equipment to confirm safe operation. Checks must include verification of safety-critical features, such as emergency stops and guards.
c) Regular and documented inspections, maintenance, and testing (including Portable Appliance Testing for electrical items) shall be conducted by Line Management

v. Information and Instruction

a) Line Management shall ensure that learners and staff receive adequate information and instruction specific to the equipment used.
b) Where required for specific equipment, requests for training shall be made to the L&D Coordinator.

vi. Competency and Authorisation

a) Employees must demonstrate appropriate competency before being authorised to operate specific machinery or equipment.
b) Competency records shall be maintained for all equipment requiring specialist knowledge or training.

vii. Supervision and Safe Operation

a) Line Management shall ensure adequate supervision of equipment use.
b) Where risk assessment had identified high risk, the Line Management shall ensure that safe system of work (SSOW) is documented and is communicated to the user(s).
c) All work must be performed in accordance with established safe systems of work and manufacturer's instructions.

viii. Defects and Repairs

a) Learners and employees must immediately report any equipment defects, faults, or safety concerns to their tutor or Line Management.
b) Under no circumstances shall learners or employees carry out maintenance or repairs unless it forms part of their course or they have received suitable training and are deemed competent.

ix. Calibration and Traceability

a) Where measurement traceability is required (e.g., electrical testing equipment), equipment shall be calibrated at defined intervals in line with relevant standards.
b) The Facilities Management Team and/or Line Management shall implement a calibration schedule and maintain appropriate records.
c) Where equipment is found to be inaccurate, the impact shall be assessed, prior results reviewed for validity, and appropriate corrective actions taken.

3.4.8.35 Racking and Storage

i. Compliance with Regulations

a) Oldham College acknowledges its legal responsibilities under the Health and Safety at Work Act 1974, the Workplace (Health, Safety and Welfare) Regulations 1992, and the Storage Equipment Manufacturers' Association (SEMA) standards to ensure that all racking systems and storage arrangements are safe, suitable, and maintained in a secure condition.

b) The College will ensure compliance with relevant safety standards and industry guidelines for the safe installation and operation of racking systems.

ii. Risk Assessment

a) A risk assessment will be carried out by the Line Management to ensure that racking and storage systems are suitable for their intended use and that they can safely support the required loads.

b) The assessment will consider factors such as load limits, stability, and accessibility, and must be reviewed regularly or whenever significant changes occur.

iii. Inspections and Maintenance

a) All racking systems shall be inspected regularly for signs of damage, wear, overloading, or instability.

b) Inspection records will be maintained, and any identified defects, damage, or risks shall be reported immediately.

c) Racking systems found to be damaged or unstable shall not be used until the necessary repairs have been carried out by qualified personnel.

iv. Pre-Use Inspections and Reporting

a) Learners and employees are required to conduct visual pre-use inspections of racking areas to identify any signs of damage, obstruction, or unsafe storage practices.

b) Any issues must be reported immediately to a tutor or Line Management for further action.

c) Under no circumstances shall racking systems be used if damage or hazards are identified, until repairs have been completed or approval has been provided by a qualified specialist.

3.4.8.36 Specialist Consultants

i. Engagement of Specialist Consultants

a) The College shall engage specialist consultants when specific technical, legal, or compliance expertise is required that is not available within internal resources.

b) The engagement of such consultants shall support the College's commitment to maintaining high standards of health, safety, and regulatory compliance.

ii. Qualification and Competence Requirements

a) All specialist consultants shall be appropriately qualified and competent to carry out the services for which they are appointed.

b) Where applicable, consultants must be registered with the relevant professional or regulatory bodies (e.g., IOSH, UKAS, IFE, IFSM, IIRSM, etc.).

iii. Pre-Engagement Verification

a) Prior to engagement, consultants shall undergo a formal verification process to assess their suitability.

b) This process shall include the review of relevant accreditations, insurance documentation (e.g., professional indemnity and public liability), and demonstrable experience in the relevant subject matter.

c) The College will also ensure alignment with its organisational values and safeguarding standards.

iv. Scope, Documentation, and Monitoring

a) The scope of work for all consultants shall be clearly defined and documented in advance of engagement.

b) Deliverables shall be monitored throughout the project or consultation period to ensure objectives are met and outputs comply with applicable statutory and regulatory requirements.

v. Communication and Implementation of Recommendations

a) All findings, reports, or recommendations made by specialist consultants shall be communicated to relevant stakeholders.

b) Where appropriate, recommendations shall be reviewed, actioned, and incorporated into the College's operational or health and safety procedures to ensure continual improvement and legal compliance.

3.4.8.37 Vibration and Vibrating Tools

i. Compliance with Regulations

a) Oldham College acknowledges its legal responsibilities under the Control of Vibration at Work Regulations 2005 to protect the health and safety of learners and employees from risks associated with vibration exposure.
b) The College is committed to assessing and mitigating any risks posed by vibrating tools and equipment used in practical lessons, workshops, and maintenance activities.

ii. Elimination or Reduction of Vibration

a) The College will seek to eliminate or reduce the use of vibrating tools wherever possible, considering alternative methods or mechanisms to accomplish tasks.
b) Where vibrating tools are necessary, the College shall ensure that the equipment selected has the lowest vibration levels reasonably practicable, in order to minimise the risk of exposure.

iii. Risk Assessment

a) Prior to the use of vibrating tools, a risk assessment shall be conducted by the relevant Line Management.
b) Where the risk assessment identifies significant risks, a detailed vibration risk assessment will be carried out by the Health and Safety Team.
c) Line Management must request detailed risk assessments if high levels of vibration exposure are identified. Where necessary, a competent specialist consultant may be engaged to perform these assessments.
d) Line Management shall request Risk Assessment allocation within Smartlog for users working with tools that creates vibrations.
e) Vibration Risk Assessment shall be reviewed on annual basis. Risk Assessment can be reviewed earlier subjected to legislative change, significant change or as deemed suitable by health and safety team.

iv. Control Measures

a) If the risk assessment indicates that vibration exposure may exceed the Exposure Action Value (EAV), appropriate control measures will be implemented to reduce exposure to the lowest practicable level.
b) Control measures may include adjusting work practices, reducing tool usage time, or providing protective equipment such as vibration-reducing gloves or equipment.

v. Monitoring and Exposure Limits

a) Line Management shall monitor the vibration exposure of learners and employees involved in tasks involving vibrating tools.
b) Regular checks will be conducted to ensure that exposure does not exceed the Daily Exposure Limit Value (ELV), as outlined in the risk assessment.
c) Manufacturer guidelines on vibration levels will be followed to determine safe working times for each tool, ensuring that vibration exposure remains within safe limits.

vi. Maintenance of Equipment

a) A maintenance programme will be implemented by Line Management to ensure that vibrating tools and equipment are kept in good working order.

b) Regular maintenance checks will be conducted to prevent any increase in vibration levels due to faults or wear, ensuring tools continue to operate within safe vibration levels.

vii. Information and Awareness

a) Line Management will ensure that all learners and staff receive adequate information and awareness on the risks associated with vibrating tools and the proper use of such equipment.

3.4.8.38 Work Experience Placement/ Apprenticeship

i. Compliance with Regulations

a) Oldham College recognises its duty of care and legal obligations under the Health and Safety at Work Act 1974 and relevant legislation regarding learners on work experience placements or apprenticeships.
b) The College aligns its approach with current Health and Safety Executive (HSE) guidance, which places primary responsibility for workplace health and safety on the employer.

ii. Employer Responsibility and Risk Assessment

a) Employer hosting learners on placement are responsible for ensuring the health and safety of the learner, including the implementation of suitable control measures to manage workplace risks.
b) To satisfy the reasonable placement and adjustment, the College will require employers to confirm the following prior to placement:
    - The nature of the work the learner will be undertaking
    - Any health and safety precautions or risk control measures in place
    - Induction, training, and supervision arrangements for the learner
    - Evidence of Employer's Liability Insurance coverage
c) Where available, employers will be asked to share a copy of risk assessment, although they are not obligated to do so, particularly where the business has fewer than five employees, it's not legally required to document a risk assessment.
d) The College will avoid introducing unnecessary documentation, in line with HSE guidance, to ensure employers are not discouraged from offering placements.

iii. Suitability Assessment

a) A judgement-based suitability check will be conducted by the College, using the information provided by the employer and learner.
b) Staff involved in coordinating placements shall have suitable and sufficient information and awareness to assess placement suitability without direct risk assessment involvement
c) If the employer fails to provide sufficient assurance about learner safety, the placement will not proceed.

iv. Learner Safety and Communication

a) The College will notify employers of any relevant medical or behavioural needs of the learner, where such information is disclosed by the learner, parent, carer, or guardian.
b) The College will inform the learner and their parent, carer, or guardian of any risks disclosed by the employer.

3.4.8.39 Work Related Violence

i. Legal Compliance

a) Oldham College recognises its duty under the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, and other relevant legislation to protect staff, learners, and visitors from risks associated with work-related violence.
b) The College is committed to creating a safe and respectful environment, free from violence, aggression, threats, or abuse towards any person on its premises or during college activities.

ii. Definition of Work-Related Violence

a) Work-related violence includes any incident in which a person is abused, threatened, or assaulted in circumstances relating to their work or study at the College.
b) This may involve physical attacks, verbal abuse, threatening behaviour, harassment, or any other intimidating or aggressive conduct.

iii. Identification and Assessment of Risk

a) Line Management are responsible for identifying any roles, environments, or activities that present a potential for violent incidents.
b) Where potential risks are identified, a suitable and sufficient risk assessment will be conducted.
c) Risk assessments shall be reviewed annually or in response to specific incidents, changes in work practice, or updated legal requirements.
d) Where risks of violence cannot be eliminated, the College will implement proportionate control measures to prevent or minimise harm such as staffing arrangement, clear communication, etc.
e) Line Management shall request allocation of “Violence at Work” risk assessment where employees are prone to risk of violation for effective identification of control measures.
f) Line Management shall also ensure that individuals have suitable and sufficient information regarding de-escalating and reporting procedures.

iv. Post-Incident Investigation and Support

a) All incidents of actual or threatened violence must in reported, investigated and documented to identify the lessons learned and improve preventive measures going forward.
b) Support will be made available to affected individuals, including access to counselling services, debriefs, and occupational health where needed.

3.4.8.40 Working at Height

i. Legal Compliance

a) Oldham College acknowledges its legal responsibilities under the Work at Height Regulations 2005 and other relevant legislation to protect staff, learners, contractors, and visitors from the risks associated with working at height.
b) The College is committed to preventing falls and ensuring that all work at height is properly planned, supervised, and carried out by competent individuals using appropriate equipment.

ii. Understanding Work at Height

a) Work at height includes any task where a person could fall and injure themselves, whether above ground level, below ground level, or near edges or fragile surfaces.
b) Common examples include use of ladders, access to roofs, working on steps, elevated platforms, or working over open pits.

iii. Planning and Risk Assessment

a) All work at height activities must be planned in advance and subject to a suitable and sufficient risk assessment conducted by Line Management.
b) Where significant risks are identified, detailed control measures shall be considered such as rescue plans, exclusion zones, etc.
c) Risk assessments must consider the nature of the task, the environment, the duration and frequency of the work, the competence of those involved, and the condition of equipment used.
d) Assessments shall be reviewed every 6 months or earlier subjected to legislative changes, advise from Health and Safety team, deem suitable by assessor, following an incident, near miss, any significant change in working procedures, etc.
e) Line Management shall ensure that Safe System of work shall be developed and implemented.
f) Line Management shall request that the Health and Safety team allocate a “Working at Height” specific individual risk assessment for individuals working at height to ensure effective control measures are identified.
g) Line Management shall complete, toolbox talks with any individuals who are involved with working at height.
h) All work at height must be supervised to ensure it is carried out safely and in accordance with the risk assessment.
i) Working at height is prohibited if working alone.

iv. Equipment Safety and Inspection

a) All equipment used for work at height (e.g., ladders, scaffolding, etc.) must be suitable for the task and maintained in good condition.
b) Regular inspections will be carried out by competent persons, and records of inspections must be kept.
c) Equipment shall not be used without pre-use checks. This shall be recorded both for the access equipment such as ladder, scaffolding, etc. and fall protective PPE.
d) Any damaged or defective equipment must be taken out of use immediately and reported to Line Management.
e) When equipment is not in use, this shall be kept in a secure location, and locked to avoid unauthorised use.

f) Ladders shall not be used for more than 30 minutes in line with ladder association guidance. Further, 3 points of contact must be used.

v. Training and Competency

a) Only trained and competent individuals may undertake work at height.
b) Line Management must ensure that individuals receive appropriate instruction and refresher training as necessary.
c) Learners are not permitted to undertake work at height unless it forms part of a supervised and risk-assessed practical learning activity under close staff control.

3.4.8.41 Working from Home

i. Compliance with Regulations

a) Oldham College acknowledges its legal responsibilities under the Health and Safety at Work Act 1974 and relevant legislation to ensure the health, safety, and welfare of employees and learners working from home.
b) The College is committed to supporting a safe and productive working environment for all individuals engaged in remote work.

ii. Risk Assessment

a) Prior to approving working from home arrangements, a risk assessment shall be conducted by user within Smartlog.
b) Line Management shall request Health and Safety team for allocation of Homeworker Assessment for users.
c) The risk assessment will identify potential hazards related to the home working environment, including ergonomic risks, mental well-being, health conditions, etc.
d) Where risks are identified, appropriate control measures shall be implemented and reviewed regularly.
e) Risk assessments will be updated regularly and as necessary in response to changes in working conditions or legislative requirements.

iii. Work Environment and Equipment

a) Employees are responsible for maintaining their home workspace in a safe condition and reporting any hazards or issues to their Line Manager.

iv. Work Hours and Communication

a) Clear expectations regarding working hours, availability, and communication channels will be agreed upon between employees and their Line Management.
b) Employees working from home shall maintain regular communication with their team and Line Management to ensure effective collaboration and support.

v. Information

a) Line Management will ensure that all employees working from home receive adequate information regarding safe home working practices, including data protection and health and safety responsibilities.
b) Employees will be encouraged to raise any concerns related to working from home with their Line Management.

3.4.8.42 Working within a Confined Space and Management

i. Legal Compliance and Duty of Care

a) Oldham College acknowledges its legal responsibilities and duty of care under the Confined Spaces Regulations 1997 and associated legislation to ensure the health, safety, and welfare of all employees, learners, contractors, and other stakeholders who may be required to enter or work in confined spaces.
b) The College is committed to identifying, assessing, and controlling the risks associated with confined spaces, ensuring that such work is only undertaken where absolutely necessary and under strict safety controls.
c) A confined space is defined as any space which is substantially enclosed and presents a foreseeable risk of serious injury due to hazardous substances, lack of oxygen, fire, explosion, or entrapment.

ii. Identification and Risk Assessment

a) Where possible, entry into a confined space will be avoided through redesign of work processes, use of remote tools, or external access methods.
b) Line Management are responsible for identifying any confined spaces under their control or within their areas of responsibility.
c) Line Management shall ensure that specific and through risk assessment must be carried out before any work is undertaken in a confined space.
d) The assessment must consider the nature of the space, potential hazards (e.g. gases, lack of oxygen), means of entry/exit, work activities, and emergency procedures.
d) Risk assessments must be reviewed annually or following an incident, change in use, or legislative updates.
e) Assessments shall be reviewed every 6 months or earlier subjected to legislative changes, advise from Health and Safety team, deem suitable by assessor, following an incident, near miss, any significant change in working procedures, etc.
f) Line Management shall ensure that Safe System of work shall be developed and implemented.
g) Where required, toolbox talk shall be carried out with the individuals meant to work within a confined space by Line Management.
h) All work within a confined space must be supervised to ensure it is carried out safely and in accordance with the risk assessment.
i) A rescue plan must be developed before working within a confined space and rescue equipment must be inspected and documented before commencement of the work.

iii. Permit to Work

a) No person shall enter or work in a confined space without a valid Permit to Work issued by an authorised person.
b) The permit must specify the work to be done, hazards identified, precautions to be taken, equipment to be used, and emergency arrangements.
c) Permits must be time-limited and reissued if work extends beyond the original period.

iv. Control Measures and Equipment

a) Appropriate control measures will be implemented based on the risk assessment, which may include:
    - Isolation of services (e.g., gas, electricity)

- Ventilation or extraction systems
- Atmospheric testing (oxygen levels, toxic gases)
- Use of intrinsically safe tools
- Use of personal protective equipment (PPE) including respiratory protection
- Communication devices and continuous supervision

b) Entry and rescue equipment (e.g., harnesses, gas monitors, etc.) must be available and maintained in accordance with manufacturers' specifications.

v. Training and Competency

a) Only trained and competent persons are permitted to enter or supervise work within confined spaces.
b) Training must include hazard awareness, use of protective equipment, permit procedures, and emergency response.
c) Refresher training will be provided regularly or following any significant change to confined space entry procedures.

3.4.8.43 Working with Stakeholders Who Speak English as a Second Language

i. Clear Communication

a) Use simple and clear English when speaking or writing. Avoid complicated words or idioms.
b) Speak slowly and clearly. Give the listener time to understand and ask questions.
c) Use visual aids such as pictures, diagrams, or videos to effectively help explain complex ideas clearly.
d) Confirm understanding by asking the person to repeat information in their own words.
e) Provide written information in simple English whenever possible to ensure clarity and easier understanding for everyone.
f) Consider translating important documents or using bilingual support when needed to improve communication and understanding.

ii. Patience and Respect

a) Be patient and respectful if the person struggles with English, offering support and understanding.
b) Encourage questions freely and provide polite, supportive answers to help build confidence and understanding.
c) Regularly check in to ensure the stakeholder understands key points and instructions clearly and fully.

iii. Patience and Respect

a) Avoid interrupting or finishing their sentences, allowing them time to express themselves fully and clearly.
b) Encourage open feedback from others and clearly confirm the next steps to ensure mutual understanding.

3.4.9 Check (Measuring Health and Safety Performance)

Oldham College is committed to continually improving its health and safety performance to ensure a safe and healthy environment for all learners, employees, and stakeholders. This is achieved through a systematic approach to monitoring and evaluating our practices, ensuring they remain effective, compliant, and aligned with our overall commitment to a safe and healthy environment for all. We use a combination of active and reactive monitoring to gain a comprehensive understanding of our performance.

Active monitoring involves hazard observations, regular inspections and audits of our systems, procedures, and work environments to ensure that preventative measures are in place and functioning as intended. This proactive approach helps identify potential hazards before they result in incidents. Routine checks, assessments of equipment, and evaluations of emergency protocols are part of this process. Regular audits are also conducted to confirm compliance with safety regulations and internal policies.

In contrast, reactive monitoring focuses on incidents that have already occurred. This includes investigating accidents, near misses, and cases of work-related ill health. By examining these events, we can identify root causes, detect patterns, and take corrective actions to prevent similar occurrences in the future. These investigations provide valuable insights into potential gaps in our systems and help us towards continuous improvement for our safety measures.

We measure our health and safety performance using a range of indicators, including incident frequency, compliance with inspection schedules, staff participation in safety training, and the timely completion of corrective actions. These indicators allow us to track trends over time and assess the effectiveness of our safety measures. The data gathered from both active and reactive monitoring is reviewed regularly to inform ongoing improvements and ensure that we are continuously working to enhance the safety of our college environment.

By consistently evaluating our health and safety practices, we can address potential risks proactively, learn from incidents, and maintain a culture of safety that benefits the entire college and stakeholders.

3.4.9.1 Health and Safety Audits

i. Audit Schedule

a) The Health and Safety team will ensure that a suitable and sufficient audit schedule is in place to regularly review the performance of the health and safety management system, ensuring continuous improvement.
b) The audit schedule will be designed to assess the effectiveness and efficiency of health and safety practices across the college.
c) Line Management shall be responsible to coordinate with Health and Safety team to ensure the schedule remain effective and efficient.

ii. Audit Areas

a) Audits will be conducted at both the departmental and institutional levels to ensure comprehensive monitoring of health and safety practices throughout the college by the health and safety team.
b) These audits will provide a holistic view of health and safety performance across all areas of the institution.

iii. Audit Scope

a) The Health and Safety audits will cover a wide range of areas, including but not limited to policies, training, risk assessments, accidents and incidents, fire safety, lockdown procedures, asbestos management, electrical safety, gas safety, welfare facilities, work equipment, lifting operations, hazardous substances, PPE, manual handling, material storage, working at height, display screen equipment, noise, vibration, food safety, and other relevant factors.
b) The audits will ensure that all aspects of health and safety are effectively monitored and reviewed.

iv. Audit Reports

a) The findings of the Health and Safety audits will be documented in detailed reports.
b) These reports will be shared with senior management to ensure transparency and to facilitate continuous improvement based on audit outcomes.

v. Action Completion

a) Line Management will be responsible for ensuring that actions arising from the audits are completed in a timely manner.
b) This will ensure that the health and safety management system remain effective and continuously improves based on audit recommendations.

3.4.9.2 Health and Safety Inspections

i. Inspection Schedule

a) The Line Management will ensure that regular health and safety inspections are carried out across all areas to proactively identify hazards, ensure legal compliance, and foster a strong safety culture.
b) Inspections will be scheduled consistently to maintain ongoing vigilance in health and safety practices.

ii. Inspection Process

a) Monthly inspections will be conducted by Line Management, and the findings will be documented in Smart Log.
b) Inspection records will be audited during departmental audits.

iii. Inspection Scope

a) Inspections will cover, but are not limited to, areas such as the physical conditions of the workplace, housekeeping, emergency routes and signage, fire safety equipment, PPE usage, storage of hazardous substances, first aid provisions, and the condition and maintenance of work equipment.
b) This ensures a comprehensive assessment of all critical aspects of health and safety within the college.

iv. Actioning Improvements

a) If areas for improvement are identified during inspections, actions will be logged and assigned to the relevant personnel for addressing the issues and enhancing the health and safety management system.
b) This ensures that necessary changes are implemented in a timely manner.

v. Corrective Actions

a) Any hazards or non-compliances discovered during inspections must be promptly addressed with corrective actions.
b) These actions will be monitored to ensure their completion and effectiveness in resolving identified issues.

vi. Inspection Records

a) Records of inspections and their quality will be reviewed during audits.
b) This review helps ensure that inspections are thorough and that improvements are continually being made.

3.4.9.3 Reporting and Investigating Accidents, Incidents, Ill-health and Dangerous Occurrences

i. Reporting and Recording

a) Oldham College will ensure that all accidents, incidents, occupational diseases, and dangerous occurrences are reported and recorded in Smart Log.
b) This ensures that incidents are documented and can be tracked for further investigation and improvement.

ii. Responsibilities of Stakeholders

a) Contractors, visitors, and other relevant stakeholders on-site are responsible for reporting all accidents, incidents, and near-misses resulting from college activities.
b) They must report these incidents to their primary contact at the College so they can be recorded and investigated accordingly.

iii. Investigation of Incidents

a) All accidents and incidents will be investigated by Line Management in the department where the event occurred.
b) In the case of incidents in communal areas or occupational diseases, the investigation will be carried out by the department where the affected learner, employee, visitor, contractor, or stakeholder is typically based.

iv. Corrective Actions and Communication

a) The findings from investigations will be used to identify and implement corrective actions to minimise the likelihood of reoccurrence.
b) Line Management will ensure corrective actions are effectively implemented and communicated to all relevant personnel within their department. They will also monitor the effectiveness of these actions in preventing future incidents and accidents.

v. RIDDOR Reporting

a) Incidents that must be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) will be reported to the Health and Safety Executive (HSE) by the Health and Safety team through the most appropriate means.
b) Line Management will notify the Health and Safety team when such reports need to be made. Detailed information on RIDDOR reportable incidents can be found on the HSE website.

vi. Support in Serious Incidents

a) In the case of serious accidents or incidents, Line Management may request support from the Health, Safety, and Environment Manager.
b) The Health, Safety, and Environment Manager will support as the Lead Accident/Incident Investigator to provide expertise and guidance in the investigation process.

3.4.10 Act (Reviewing Health and Safety Performance)

At Oldham College, we are committed to maintaining a safe and healthy environment for all learners, employees, and stakeholders. As part of this commitment, we regularly review our health and safety performance to ensure continuous improvement and full compliance with relevant legislation and regulatory standards. This process is essential for identifying both achievements and areas requiring enhancement within our health and safety practices.

The outcomes of these reviews play a crucial role in shaping the College's strategic planning. They allow us to make informed decisions about where to allocate resources, how to mitigate risks effectively, and what improvements can be implemented to enhance overall safety. By systematically analysing performance data and incident reports, we can proactively identify trends and address potential issues before they escalate.

The review findings are presented to and carefully considered by Line Management for action within the designated timeframe. This ensures that accountability is maintained at the appropriate levels and that decisions are informed by accurate, up-to-date information. These individuals work collaboratively to implement changes, monitor progress, and ensure that health and safety are effectively integrated into all operational activities.

Furthermore, the review process supports the ongoing effectiveness of our health and safety management system. It reinforces a culture of safety awareness throughout the institution and encourages continuous learning and development among staff and students alike. By embedding health and safety into everyday College life, we not only comply with legal requirements but also uphold our responsibility to provide a secure and supportive learning environment.

Through this structured and transparent approach to performance review, Oldham College remains focused on safeguarding wellbeing while striving for excellence in all aspects of health and safety management.

3.4.10.1 Learning Lessons for Improvement

i. Commitment to Continuous Learning

a) Oldham College is committed to fostering a culture of continuous learning and improvement by identifying and acting upon lessons learned from performance reviews, audits, inspections, incidents, and near-misses.

b) These lessons will be documented and shared across relevant departments to enhance awareness, prevent recurrence, and improve safety practices across the college.

ii. Strategic Oversight

a) Senior Leaders and the Health and Safety Committee will review the lessons learned as part of their strategic oversight function.

b) They are responsible for ensuring that relevant improvements are implemented across all departments to promote safety and reduce risks.

iii. Review and Implementation of Lessons

a) The lessons learned will be regularly reviewed to ensure that effective improvements are identified and acted upon.

b) Senior Leaders and the Health and Safety Committee will monitor the implementation of improvements to ensure that the learning outcomes are adequately implemented across the college.

c) Any improvement actions highlighted will be timeframe for effective monitoring within Smartlog.

iv. Monitoring Effectiveness

a) The effectiveness of the improvements implemented will be assessed during subsequent audits and inspections.

b) These evaluations will verify the impact of the changes and ensure that risks have been sufficiently mitigated.

3.4.10.2 Mobilising Improvement Actions

i. Commitment to Prompt and Effective Action

a) Oldham College is committed to taking prompt and effective action in response to findings from audits, inspections, incident investigations, and performance reviews to enhance its health and safety management system.
b) The College will ensure that corrective actions are reviewed for effectiveness and any necessary follow-up actions are taken to continuously improve the health and safety management system.

ii. Assignment of Improvement Actions

a) All improvement actions identified through monitoring and review processes will be assigned to responsible personnel, with clearly defined timeframes for completion and expected outcomes.
b) Each improvement action will be documented and prioritised based on the level of risk, ensuring that the most critical actions are addressed first.

iii. Responsibility for Completion

a) Line Management are responsible for ensuring that all assigned improvement actions are completed in a timely and effective manner within their areas of responsibility.
b) Line management will report on the progress of improvement actions during team meetings, ensuring that any challenges are identified and addressed promptly.

iv. Tracking of Improvement Actions

a) All actions will be tracked through the Smartlog system to ensure visibility, accountability, and ease of progress monitoring.
b) The system will generate automated reminders for upcoming tasks and alert relevant personnel until the relevant action is closed out.

v. Progress Reviews

a) Regular progress reviews will be conducted to assess the completion and effectiveness of improvement actions, ensuring that they have a positive impact on safety management.
b) Progress reviews will include a review of any obstacles encountered, providing an opportunity to adapt actions or strategies as necessary.

4. Accountabilities

4.1 The Principal and Chief Executive holds overall accountability for ensuring compliance with health and safety legislation at Oldham College and University Campus Oldham (UCO). This includes providing strategic leadership and ensuring appropriate governance, resources, and competent advice are in place.

4.2 Operational responsibilities for implementing, managing and monitoring health and safety are delegated to individuals and groups as outlined in Section 3.3 of this Policy. These include, but are not limited to:

- The Board of Governors
- Deputy Principal, Vice Principals, and Assistant Principals
- Directors, Heads of Department/Faculty, and Line Management
- Health and Safety Team
- Line Managers and individual employees
- Learners, contractors, sub-contractors, and visitors

4.3 All individuals are responsible for their role in promoting a positive health and safety culture and for ensuring that the standards and procedures described in this Policy are followed within their area of influence and control.

5. Associated Documentation

Following are the associated documentation, associated with this policy:

5.1 Emergency Procedures in the event of a Fire/ Explosion or Evacuation
5.2 Fire Emergency Plan
5.3 First Aid Need Assessment Template
5.4 Gas Leak Emergency Plan
5.5 Hazardous Material Release Emergency Plan
5.6 Incident Investigation Form
5.7 Learner Visits – Assessment & Approval Form
5.8 Learner Visits – Foreign Visit Travel Form
5.9 Learner Visits – Information & Single Visit Parental Consent Form
5.10 Learner Visits – Information and Parental Annual Consent Form
5.11 Learner Visits – List of Staff and Learners
5.12 Legal Register
5.13 LOLER Risk Assessment Template
5.14 Natural Hazard Emergency Plan
5.15 Permit to Work
5.16 PPE Provision Log Template
5.17 PUWER Risk Assessment Template
5.18 Structural Failure Emergency Plan

Associated Document 5.1

EMERGENCY PROCEDURE IN THE EVENT OF A FIRE/EXPLOSION OR EVACUATION

IN THE EVENT OF A FIRE:

Upon discovering a fire push the nearest manual call point (MCP) to activate the fire alarm system and evacuate the building - operating the break glass will activate the fire sounders which will then be heard in all areas of the building.

If you see smoke or flames -

- Contain the fire by closing all doors as you leave.

Only use a Fire Extinguisher when -

- You have been trained and are competent to use the equipment.
- You have your back to an unobstructed exit.
- You have a serviceable fire extinguisher which is suitable for the type of fire you are fighting.
- The fire is minor with little smoke and flame.
- To create an escape route, if trapped.

Never fight a fire if -

- It is increasing in size and intensity and spreading beyond its point of ignition.
- You are not trained to use or are unsure of the type of extinguisher you need or have.

If you can't control the fire easily or within 30 seconds, stop what you are doing, close the door(s) and evacuate to a safe area immediately. Always keep your personal and valuable belongings with you to avoid risk of losing them in case of fire or drill.

BUILDING EVACUATION.

When the fire alarm is sounded evacuate the building immediately via the nearest and safest fire exit to the designated assembly point and await further instructions.

All escape routes or evacuation routes are sign posted in all campus buildings.

Co-operate with the building manager, fire wardens and other safety personnel.

- If you are the last one to exit your room, close doors.
- Walk in an orderly manner - use the stairs and not the lifts.
- Assist people with special needs, if there is no immediate danger.
- Those persons with disability/mobility limitations should evacuate to a disabled refuge point – they will be assisted by the Safety Engagement Team and Fire wardens.
- Encourage other persons in your area to evacuate as well.
- Never return to the building unless instructed to do so by your building manager or appointed fire wardens after an evacuation.
- Make your fire warden aware if you know of any missing persons.

Alternative Exits

In the event of a fire, you must leave by the closest exit. Only if it is blocked should you go to the next exit.

Muster Point

Once outside the building, Safety Engagement shall direct students and visitors to the relevant Muster Point

During and Evacuation

Please assist disabled persons to the designated refuge area (sign posted) and report the whereabouts of these persons to the Fire Wardens and/or Fire Service.

Associated Document 5.2

FIRE EMERGENCY PLAN

The Emergency Controller, who is the manager in charge of the emergency situation and is accountable for the plan being executed effectively. The following people are only authorised people to give all clear to re-enter the site. The seniority shall follow in sequence as mentioned below:

- The Emergency Services (i.e., Fire & Rescue Services)
- Principal
- Director of Finance
- Head of Estate & Facilities
- Health, Safety & Environment Manager
- Emergency Controller (The role will be assumed by Fire & Rescue Department in case of real fire – Once on site)

Emergency Plan	Emergency Arrangements

Who is assigned as the Emergency Controller?
Please detail all their responsibilities.
	The building manager will act as an Emergency Controller in case of fire, false alarm or fire drill. The control will be assumed by Fire & Rescue Department once on site. Emergency Controller will support fire department to carry out the fire rescue operations after the charge is assumed by fire & rescue department once on site.
	
	Responsibilities of Emergency Controller:
	• Control overall evacuation.
	• Liaison with Fire Wardens, Safety Engagement Team and other relevant parties to ensure the effective execution of plan in case of fire, false alarm or fire drill.
	• Confirm that the Emergency Services have been called out in case of real fire.
	• Contact Facilities Management Team for technical support related to facilities.
	• Collect Emergency File.
	• Liaison with Fire Wardens.
	• Ensure that the fire incident log is completed with key events from first activation of alarm or discovering of fire along with time.
	• Liaison with Emergency Services and make themselves available to advise on:
	  ➢ Location of fire, if known.
	  ➢ Details of any person known to still be in the building or areas not swept.
	  ➢ Providing with site maps (see emergency file).
	• Inform following personnel in case of real fire:
	  ➢ Principal
	  ➢ Director of Finance

	➢ Head of Estate & Facilities ➢ Health, Safety and Environment Manager • Lead staff with no assigned responsibility in the plan to support with assigned responsibilities of emergency controller
Who is responsible for the collecting information regarding the event and developing a timeline?	Emergency Controller will be responsible for the collecting of information regarding the event and developing a timeline. The time recording helps in investigation. They can delegate the responsibility to a staff member who have no responsibility assigned under the plan. However, they shall supervise the activity assigned to staff member.
Who contacts Facilities Management and other relevant bodies required to support with emergency situation?	Emergency Controller will contact Facilities Management team and other relevant bodies. However, they can assign this responsibility to a staff member who have no responsibility assigned under the plan. However, they shall supervise the activity assigned to staff member.
Who contacts Emergency Services i.e., Fire & Rescue Services, Ambulance, etc.	In case of real fire, emergency Controller will contact Emergency Services. However, they can assign this responsibility to a staff member who have no responsibility assigned under the plan. However, they shall supervise the activity assigned to staff member.
What is the process for informing neighbouring buildings?	In case of real fire, Safety Engagement Team will inform the neighbouring buildings in coordination with Emergency Control, if neighbouring buildings are at risk of fire and requires evacuation.
Who responds to the fire alarm panel?	Facilities Management team will respond to fire alarm panel. However, Emergency Controller will inform Facilities Management team for support.
Where are the control panels?	➢ Business Centre (G Building) • Ground Floor – Main Door Entrance • 1st Floor – Back Entrance Door ➢ Retail & Commercial (C Building) • Ground Floor – Main Entrance ➢ Construction Centre (D Building) • Ground Floor – Room C001 ➢ Student Hub (JT Building) • Ground Floor – Side Door (Near Lift) ➢ Campus Central (A Building) • Ground Floor – Behind Main Reception ➢ Butterflies Nursery

	• Main Entrance ➢ Digital & Creative (B Building) • Ground Floor – Room B004 ➢ Health & Life Sciences (P Building) • Ground Floor – Side Door (Near Lift) ➢ Auto Centre • Ground Floor – Near Fire door, near office. ➢ Bellis Centre (E Building) • Ground Floor – Side Door (Near Lift) ➢ Futsal • Ground Floor – Main Entrance ➢ UCO • Ground Floor – Main Entrance
Locations of Emergency Shut-off for Utilities	➢ Business Centre (G Building) • Gas Shut-off: Plantroom • Electricity Shut-off: Plantroom • Water Shut-off: Brick Hut ➢ Retail & Commercial (C Building) • Gas Shut-off: Plantroom • Electricity Shut-off: Plantroom • Water Shut-off: Plantroom ➢ Construction Centre (D Building) • Gas Shut-off: No Gas • Electricity Shut-off: Plantroom • Water Shut-off: Plantroom ➢ Student Hub (JT Building) • Gas Shut-off: Plantroom • Electricity Shut-off: Ground Floor, DB Room

	• Water Shut-off: Plantroom ➢ Campus Central (A Building) • Gas Shut-off: Ground floor Plantroom • Electricity Shut-off: Ground floor Plantroom • Water Shut-off: Ground floor Plantroom ➢ Butterflies Nursery • Gas Shut-off: Middleton Road • Electricity Shut-off: Ground Floor, Near Office • Water Shut-off: Front of Butterflies ➢ Digital & Creative (B Building) • Gas Shut-off: Ground Floor Plantroom at Middleton Road • Electricity Shut-off: Ground Floor Plantroom at Middleton Road • Water Shut-off: Ground Floor Plantroom at Middleton Road ➢ Health & Life Sciences (P Building) • Gas Shut-off: Plantroom • Electricity Shut-off: Plantroom • Water Shut-off: Plantroom ➢ Auto Centre • Gas Shut-off: Middleton Road • Electricity Shut-off: Ground Floor, Near Main Entrance • Water Shut-off: Ground Floor, Near Main Entrance ➢ Bellis Centre (E Building) • Gas Shut-off: Boiler House 1 • Electricity Shut-off: Ground Floor, DB Room • Water Shut-off: Boiler House 1 ➢ Futsal • Gas Shut-off: Plantroom • Electricity Shut-off: Plantroom • Water Shut-off: Plantroom

	➢ UCO • Gas Shut-off: Plantroom • Electricity Shut-off: Plantroom • Water Shut-off: Plantroom Major Gas Shut-off points are located at: • Middleton Road • Rochdale Road • Brick Hut, Alderson Street Major Electricity Shut-off points are located at: • Green Main Distribution Shed at Alderson Street • Middleton Road Major Water Shut-off points are located at: • Brick Hut, Alderson Street
Who investigates the alarm to determine if there is an actual fire?	Facilities Management team in coordination with Emergency Controller will investigate the alarm.
Detail the process for alarm investigation	Emergency Controller will inform facilities management team about fire alarm going off. Facilities Management team in coordination with Emergency Controller will approach the fire alarm panel, if safe to do so. They will investigate the fire alarm panel and will inform the Emergency Controller about the situation that what has triggered the alarm and where. This would be further investigated to identify if this is a real fire or false alarm in coordination with emergency controller and fire wardens in the area. In case of false alarm "All Clear" signal will be provided and alarm will be silenced by Facilities Management team. In case of real fire, the alarm will continue.
Detail the arrangements for sweeping the building	Fire Wardens are responsible for sweeping the building area under their control. At areas, where no fire warden is available e.g., offices, most senior officer will sweep the area. They shall: • If they have radio available, collect and switch to channel 3 for emergency situation and reporting. • If radio is not available communication can also be made on phone. • Sweep the assigned area. If fire warden is not in assigned area, they can sweep the area they are in and the responsibility of assigned area will be assumed by most senior official in the area. • On completion of the sweep, report to the Emergency Controller when the area is completely clear.

	• Ensure that any personnel known to be covered by PEEP are being provided with correct level of support. Where correct level of support is not known confirm with support staff, if possible and safe to do so. • Check the refugee areas, if any disabled personnel require support. • Operate any manual vents, containment system that are in place to contain any fire or smoke/ release of smoke. • During the evacuation and where safe to do so, close all the fire doors that are found to be open to prevent any fire spread. • Ensure that all staff carrying out any hazardous processes, using equipment or machinery had shut down the process/ machinery if safe to do so. • Where hazardous processes, equipment or machinery presents a risk to safety and has not been shut down, isolate as far as possible within their own capabilities but not in a way that puts themselves at risk. • Go to their evacuation assembly points.
How does the site communicate to each other from the start to the end of the emergency?	• If they have radio available, collect and switch to channel 3 for emergency situation and reporting. • If radio is not available communication can also be made on phone.
Who's responsible for collecting the emergency file?	Emergency Controller will collect the emergency file. However, they can delegate the responsibility to a staff member who have no responsibility assigned under the plan to collect it from relevant area and present to the Emergency Controller. However, Emergency Controller shall supervise the activity assigned to staff member.
Where is the location of emergency file?	1. Facilities Management Office 2. Main Reception
Who is responsible for checking CCTV to monitor if there is a fire and/or to monitor the evacuation process?	Emergency Controller in conjunction with Safety Engagement Team will check the CCTV to monitor the fire and/or to monitor the evacuation process. However, they can assign this responsibility to Safety Engagement team to monitor the process and share important developments with Emergency Controller.
Who is responsible for ensuring emergency services has access to the site?	Facilities Management Team and Safety Engagement Team will ensure that the emergency services have access to the site.
Detail the process to ensure the emergency services has access to the site. 1. Who controls the traffic on the circuit road? 2. Detail the process for controlling traffic on the circuit road	One of the caretakers will reach the entrance points and will open the inbound barrier/ door to allow the access for emergency services. On the same time, Safety Engagement Team will ensure that the traffic on circuit road is moving and irrelevant people are kept away to ensure the early access for the emergency services. Safety Engagement Team may also take support from other members of staff, where required.

What are the procedures for the disabled? (Compile an individual method statement to ensure the safe evacuation of each disabled person, the nomination and training of those needed to assist and any arrangements for assisting disabled visitors).	PEEP will be used for the evacuation of disabled personnel. Where fire wardens are not aware of specific needs, they may check with support staff for information.
Detail GEEP (General Emergency Evacuation Plan) for disabled visitors/ personnel not covered under PEEP (Personal Emergency Evacuation Plan).	• During fire, assess the situation and quickly identify if anyone needs assistance evacuating, including those with visible impairments or mobility challenges. • Fire Wardens will provide help to individuals requiring assistance, guiding them to the nearest accessible exit. • Use the nearest accessible route and ensure it is clear of obstacles, directing people to a safe assembly point. • If necessary, use evacuation chairs to help individuals who cannot move on their own. • Ensure all individuals had safety evacuated at the assembly point, including those who may have required additional assistance during the evacuation.
How are contractors controlled on site?	• Contractors shall delay any works to the building and evacuate. • Any contractors require to support with emergency situation will report to Facilities Management team. Emergency Controller in coordination with facilities management team will decide for further action to support the evacuation or minimising the spread of fire or smoke.
What is the roll of first aiders?	First Aid colleagues will help in providing first aid to injured persons and will also help local ambulance services and will follow guidelines provided by local emergency services.
Roll of Staff with no assigned responsibility in this plan?	Staff with no assigned responsibilities in the plan will make themselves available at the assembly point for emergency controller. They shall support emergency controller with any responsibilities assigned by emergency controller.
Responsibility of Fire Warders?	• Fire Wardens will ensure the sweep process on site. • Fire Wardens will also support any personnel requiring support with evacuation in case of fire.
What are the arrangements for informing and maintaining contact with board of governors in the event of serious incident?	Principal will inform the Board of Governors in case of fire. Emergency Controller will inform following personnel in case of fire at the earliest. They can assign responsibility to a staff member who have no responsibility assigned under the plan to make calls to these officials. However, they shall supervise the activity assigned to staff member.

Who communicates with staff, students, parents, guardians and media? (Consider controlling of sensitive information)	Marketing & Communication Team in coordinator will following officials (where relevant) will communicate to interested parties: • Board of Governors • Principal • Deputy Principal • Director of Finance • Director of HR & OD • Head of Estate & Facilities • Health, Safety & Environment Manager They shall ensure the information is scrutinised considering GDPR and any sensitive information which can cause further panic for parents, students and staff. Social media shall be avoided to post any videos of fire on public forums.
Role of Principal	• Invoke Business Continuity Plan (BCP) if required, • Guide communication team for relevant communication to relevant parties (in case of real fire). • Inform Board of Governors and Relevant parties about an emergency situation (in case of real fire). • Maintain communication with the Director of Finance, Head of Facilities, Health & Safety Manager & Emergency Controller for further course of action. • Assist the Emergency Controller in coordinating evacuation and emergency response, as needed.
Role of Director of Finance	• Assist the Principal in making critical decisions regarding the evacuation and coordination with emergency services. • Provide financial and logistical support, assisting in decision-making during the emergency. • Coordinate with the Principal to ensure that any financial resources required (e.g., insurance contacts) are available. • Make themselves available for Principal and Emergency Controller to support with the situation.
Role of Head of Estate & Facilities	• Ensure Facilities Management have cut-off utilities requiring urgent shutoff if safe to do so (e.g., gas, electricity, etc.). • Ensure Facilities Management team have checked the alarm panel for further information if safe to do so. • Ensure Facilities Management team have open access/ door for emergency services to have early access to the site. • Ensure that any building systems like HVAC, fire suppression, and lighting are functioning as necessary to support fire safety during evacuation, if safe to do so.

	• Make themselves available for Principal and Emergency Controller to support with the situation.
Role of Health, Safety & Environment Manager	• Maintain a clear line of communication with the Principal, Director of Finance, Head of Estate & Facilities, and the Emergency Controller to ensure that all relevant parties have up-to-date information and providing guidance according to the situation to ensure effective decision making. • Act as the primary point of contact for any health, safety, or environmental concerns during the fire emergency. Offer expert advice to management team and help with the coordination of emergency services. • After the emergency, participate in the incident debrief to review the effectiveness of the fire emergency plan. Support with the incident investigation. • Assist the Principal in decision making for invoking and maintaining the Business Continuity Plan (BCP) if the emergency situation affects essential services, operations, or the safety of personnel. • Ensure that accurate safety information is relayed to relevant officials and support the principal and communication team to ensure effective communication with external emergency services and other relevant parties.
The arrangements for reviewing the plan	Fire Emergency Plan will be reviewed on annual basis, or earlier subjected to significant change, emergency situation or learnings from emergency drills.

Associated Document 5.3

FIRST AID NEED ASSESSMENT TEMPLATE

SECTION 1: FIRST AID NEEDS ASSESSMENT

1.1 ACTIVITY	
Title:	**Assessment of First Aid Needs**
Location:	
Address:	
1.2 PERSON(S) CONDUCTING THIS ASSESSMENT	
Name(s):	
Date assessment undertaken:	

1.3 ASSESSMENT REVIEW HISTORY

This assessment should be reviewed immediately if there is any reason to suppose that the original assessment is no longer valid. Otherwise, the assessment should be reviewed at least every year.

	Review 1	**Review 2**	**Review 3**	**Review 4**
Due date:				
Date conducted:				
Conducted by:				

SECTION 2: DETERMINATION OF FIRST AID PROVISIONS

FACTORS TO CONSIDER	NOTES	FIRST AID PROVISIONS
HAZARDS: Use general risk assessments to inform the first aid requirements, consider types of activities/hazards and levels of first aid provision required		
Does the workplace have low level hazards e.g. those found in an office?	☐ Yes ☐ No	
Does the workplace have high level hazards e.g. those found in a lab or mechanical workshops? Consider hazards such as toxic substances, explosives, pathogens, high voltages, manual handling, machinery, fieldwork in remote areas.	☐ Yes ☐ No	
STAFF: Consider the number of staff and those staff that may be higher at risk		
How many people work in the work areas?		**Total Site First Aiders:**
NON-EMPLOYEES:		
Do members of the student, public, visitors, contractors, visit the workplace?	☐ Yes ☐ No	**Total Site First Aiders:**

FACTORS TO CONSIDER	NOTES	FIRST AID PROVISIONS
EMERGENCY SERVICES:		
What is the proximity to closest hospital?	**Insert Address**	**Insert Map**

SECTION 3. SUGGESTED NUMBER OF FIRST AID PERSONNEL (HSE L74)

LEVEL OF RISK (Informed by general risk assessments)	**NUMBER OF PERSONNEL***	**NUMBER OF FIRST AIDERS REQUIRED** (as suggested by the HSE)
Low risk	<25	At least **1 Appointed person**
	25-50	At least **1 EFAW** trained First Aider
	>50	At least **1 FAW** trained First Aider for every 100 (or part thereof)
High risk	<5	At least **1 Appointed person**
	5-50	At least **1 EFAW** trained First Aider (consider the type of injuries that may occur)
	>50	At least **1 FAW** trained First Aider for every 50 (or part thereof)

**The HSE strongly advise that arrangements for first aid provisions also take into account non-employees that may be on site.*

SECTION 4. DETERMINATION OF REQUIREMENTS

FIRST AID PERSONNEL, EQUIPMENT AND FACILITIES	REQUIRED?	REQUIREMENTS/NUMBER REQUIRED
Appointed person	☐ Yes ☐ No	
FAW First Aider	☐ Yes ☐ No	
First Aid Kit	☐ Yes ☐ No	
Contents of First Aid Box		
Additional equipment		
First Aid room	☐ Yes ☐ No	

GAS LEAK EMERGENCY PLAN

Emergency Controller

The **Emergency Controller** is the **building manager** and will be responsible for the execution of the gas leak emergency plan. In case of real danger, control will be handed over to the **Emergency Services** upon their arrival.

Authorised Personnel to Declare "All Clear" (in the following order of seniority):

- Emergency Services (e.g., Fire & Rescue, National Gas Emergency Services, etc.)
- Principal
- Director of Finance
- Head of Estate & Facilities
- Facilities Manager
- Health, Safety & Environment Manager
- Facilities Team Leader
- Emergency Controller

Identification of Gas Leak

- In case of suspected gas leak, facilities management team will be notified at the earliest. Facilities team will investigate suspected gas leak indicators (smell of gas, detector activation, pressure drops, etc).
- Facilities Management team will advise the evacuation of the site, if required under the investigation. Evacuation Procedures in line with Fire Emergency Plan will be used for evacuation.
- In Case of Gas Leak Facilities Management team will turn-off the gas from emergency shut-off point and will contact the relevant contractor or National Gas Emergency Services, for further action.

Responsibilities of the Emergency Controller

- Initiate and control the building evacuation in response to advise by the Facilities Management Team.
- Instruct immediate cessation of all ignition sources (machinery, lights, electronics) if safe to do so.
- Liaise with Fire Wardens, Safety Engagement Team, and Facilities for coordinated evacuation and emergency response.
- Collect key incident data and develop a timeline.

Gas Shut-Off Locations

- Facilities Management Team will isolate gas supplies, only if safe to do so. Major gas shut-off points are located at:
  - Middleton Road
  - Rochdale Road
  - Brick Hut, Alderson Street

- Building specific gas shut-off points are located at:
  - Business Centre (G Building): Plantroom
  - Retail & Commercial (C Building): Plantroom
  - Construction Centre (D Building): No Gas
  - Student Hub (JT Building): Plantroom
  - Campus Central (A Building): Ground floor Plantroom
  - Butterflies Nursery: Middleton Road

- Digital & Creative (B Building): Ground Floor Plantroom at Middleton Road
- Health & Life Sciences (P Building): Plantroom
- Auto Centre: Middleton Road
- Bellis Centre (E Building): Boiler House 1
- Futsal: Plantroom
- UCO: Plantroom

All Clear

- Facilities Management Team will coordinate with National Gas Emergency Services or relevant contractor, to identify if it's safe to enter the building.
- Once identified, they will highlight this to Emergency Controller to give an indication of "All Clear" to resume normal operations within the building.

Fire/ Explosion

In case of Fire or Explosion, Fire Emergency Plan and Emergency Procedures in the event of a Fire/ Explosion or Evacuation will be followed.

HAZARDOUS MATERIAL RELEASE EMERGENCY PLAN

Emergency Controller

The Emergency Controller is the building manager responsible for managing the hazardous material release emergency. Control will transfer to Emergency Services upon their arrival if the situation escalates.

Authority to Declare "All Clear":

- Emergency Services (Fire & Rescue, etc.)
- Principal
- Director of Finance
- Head of Estate & Facilities
- Health, Safety & Environment Manager
- Emergency Controller

Identification of Hazardous Material Release

- Immediately notify the Head of Estate & Facilities, Health & Safety team and Building Manager if a hazardous material release had occurred.
- Based upon the situation emergency controller will be advised, if evacuation or lockdown is required.
- In case of requirement of evacuation, fire wardens will support the evacuation in line with Emergency Procedures in the event of a Fire/ Explosion or Evacuation.
- If lockdown is required, site/ building will be locked down and all the stakeholders will be informed about the lockdown via tannoy system. Emergency Controller and Fire Wardens shall communicate the message to the stakeholders. Safety Engagement team shall ensure that entry and exit points for the building/site are closed.
- Where required, emergency services (e.g., Fire & Rescue) will be contacted for support in line with the nature of emergency.

Emergency Controller Responsibilities

- Direct and manage evacuation or lockdown based on advice from Head of Estate & Facilities, Health & Safety team or relevant stakeholder.
- Coordinate with Fire Wardens, Senior Leadership Team, Head of Estate & Facilities, Health & Safety Team and Safety Engagement Team, for a unified response.
- Collect and document incident details to support emergency response and investigation.

Working with Containment

- Only trained personnel should attempt to work with hazardous substance disposal.
- Disposal shall be made in line with the Safety Data Sheet or relevant environmental guidance.
- Do not enter affected areas unless cleared by emergency responders.

Resumption of Operations ("All Clear")

- Emergency Controller will coordinate with Emergency Services, Head of Estate & Facilities, Health & Safety Team, to confirm when it is safe to re-enter affected areas.
- The Emergency Controller will announce the "All Clear" only after confirmation from authorised personnel.

Associated Document 5.6

INCIDENT INVESTIGATION FORM

This form shall be used for investigation of any incident (accident, near-misses, major incident, lost-time incident, etc.). The investigation shall be undertaken by the Line Management of the Department. Where Line Management had involved in an incident, investigation will be carried out by their Line Manager. Copy of investigation form shall be submitted to Health and Safety team on completion for recording this within Smartlog.

INCIDENT INFORMATION	
Location of Incident	
Date of Incident	
Time of Incident	
Name of Investigator	
Title/ Designation of Investigator	
Signature	
Smartlog Reference No.	

INVESTIGATION CHECKLIST				
Check	**YES**	**NO**	**N/A**	**COMMENTS**
Physical Details of Incident Recorded (e.g., CCTV, Photos, Sketches, etc.)				
Equipment and Plant Examined				
Sampled Collected for Substances and Materials				
Injured Party Statement Recorded				
Witness Statement Recorded				
Statement of an Individual Resulted in an Incident Recorded				
Statement of First Aider Recorded				
Relevant Risk Assessment reviewed and attached				
Equipment Maintenance Record attached				
Training Record for Injured Party attached				
Training Record for Individual resulting in an incident attached				
Absence Record for injured party attached followed by an accident				
Immediate Cause of Incident Identified?				
Underlying Cause of Incident Identified?				
Injured Party retrained and new training records are attached?				
Individuals involved in an incident are retrained and new training records are attached?				
Relevant Safe System of Work in place and attached?				
Additional Control Measures identified and implemented?				

INJURED PARTY DETAILS	
Name	
Programme/ Department	
Title/ Designation	
Gender	
Age/ Date of Birth	
INCIDENT DETAILS	
Location of Incident (address and Specific Location within the Premises)	
Details of Injury Sustained (Including body part and type of injury)	
Are Images for injury available?	☐ Yes ☐ No
Details of an Incident: (Please give as much detail as possible. Include what led up to the accident, who else may have been involved, names of witnesses, etc)	

Details of any machinery, chemicals, tools, etc involved: (Please give as much detail as possible. Include review of risk assessments/ COSHH assessments, pre-use checks, storage areas, maintenance records, inspection records for equipment, machinery, plant, chemicals tools, etc. where applicable)

DETAILS OF OTHER INVOLVED PERSONNEL(S)	
Individual(s) Resulting in an Incident	
Name	
Programme/ Department	
Title/ Designation	
First Aider	
Name	
Programme/ Department	
Title/ Designation	
Witness 1	
Name	
Programme/ Department	
Title/ Designation	
Witness 2	
Name	
Programme/ Department	
Title/ Designation	
Any Other Person Involved	
Name	
Programme/ Department	
Title/ Designation	
LOST TIME INFORMATION	
Time Off Work	
Time Used for Investigation	
Time Used for Other Involved Personnel	

INVESTIGATION OUTCOMES	
Immediate Causes (the events or conditions that directly and immediately led to an incident)	
Underlying Causes (the root or systemic issues that contribute to incidents, accidents, or near misses, but which are not directly the immediate cause)	

CONCLUSIONS

HOW SIMILAR INCIDENTS CAN BE PREVENTED IN FUTURE?

INJURED PARTY STATEMENT FORM
Can you describe exactly what happened leading up to the injury?
What task were you performing at the time of the incident?
Were you using any equipment, tools, or machinery when the injury occurred? If so, were they functioning properly?
Were there any safety procedures or protective equipment required for this task? Were they followed or used?
Have you noticed any hazards or unsafe conditions in this area before the incident?
Cont'd Question:

Cont'd Question:
Cont'd Question:
Cont'd Question:
Cont'd Question:
Cont'd Question:
Anything Else you would like to add?

Name: _____
Signature: _____

INDIVIDUAL RESULTING IN AN INCIDENT STATEMENT FORM
Can you explain what happened from your perspective?
What task were you performing at the time of the incident?
Were you aware of any safety procedures or risks related to this task? If yes, were they followed?
Did anything prevent you from working safely, such as time pressure, equipment issues, or lack of training?
Have you noticed any hazards or unsafe conditions in this area before the incident?
Cont'd Question:

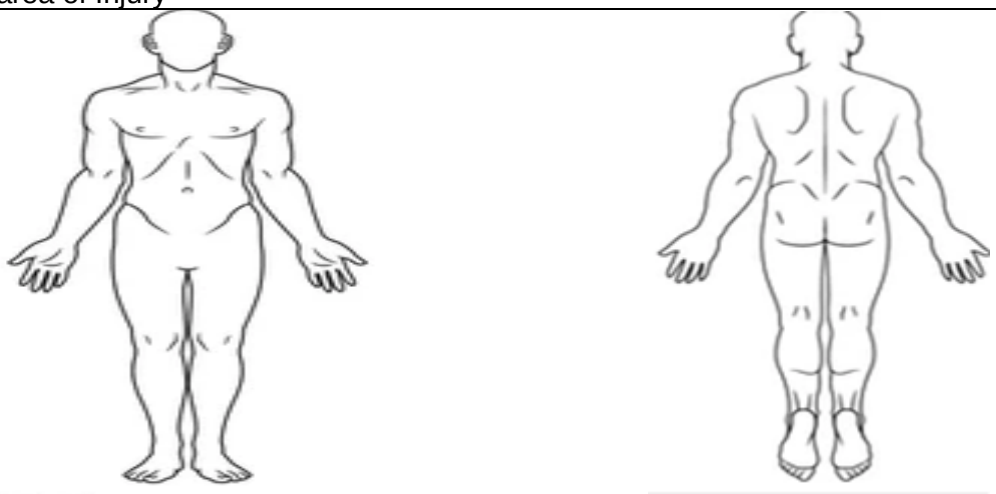
Cont'd Question:
Cont'd Question:
Cont'd Question:
Cont'd Question:
Cont'd Question:
Anything Else you would like to add?

Name: _____
Signature: _____

WITNESS STATEMENT FORM
Can you describe what you saw happen during the incident?
What task were you performing at the time of the incident?
Where were you positioned when the incident occurred?
Were any safety procedures or protective equipment being used at the time?
Did you observe how the individuals involved responded immediately after the incident?
Cont'd Question:

Cont'd Question:
Cont'd Question:
Cont'd Question:
Cont'd Question:
Cont'd Question:
Anything Else you would like to add?

Name: _____
Signature: _____

FIRST AIDER STATEMENT FORM
Who called you for First Aid?
What did you see when arriving at the scene?
Did Injured Party provided you with any information about how an incident occurred? Detail the information
What First Aid Was Provided?
What was the nature of Injury?
Mark an area of Injury

Was an Injured Party Sent to Hospital? (Provide Details of Hospital and anyone accompanying)

Anything Else you would like to add?

Name: _____

Signature: _____

Associated Document 5.7

LEARNER VISITS – ASSESSMENT & APPROVAL FORM

- Initial Approval – email this form to the Head of Faculty with a completed Risk Assessment
- Final Approval - Once all information is collected submit this form and associated information to the Head of Faculty
- On completion of the visit send all Visit documentation, including this form to the Faculty Administrator for archive and record purposes

Initial approval	**Comment as appropriate**		
Brief description of visit and venue			
Purpose of the Visit			
Visit Leader			
Date of visit		Duration of visit	
Expected Number of Staff		Expected Number of Learners	
Names of First Aiders			
Names of Party Leaders			
Activity Risk Assessment completed & attached	YES / NO	Please add comments if appropriate	
Trip Number Assigned		Is a Parental Briefing Necessary?	
Signed – Visit leader		Date:	
Signed – Head of Faculty		Date:	

Final Approval (please include comments where applicable)					
Visit and Venue			Visit Leader		
Date of Visit			Duration of Visit		
Final Number of Staff		Final Number of First Aiders		Final Number of Learners	
Please indicate if any of the statements on the right are applicable to any learner participating in the visit. If yes, please ensure that the additional needs identified are covered within your Trip Risk Assessment and copies of the relevant documents/information is attached.		**Please tick if applicable to any learner** *Vital should be checked for all learners*			
		Are there any Safeguarding and/or Welfare flags on Vital			
		EHCP in place			
		PEEP in place			
		Medical requirements (including medication)			
		Have any students had contact with contagious/infectious disease in last 4 weeks			
Student Information & Consent forms are in place for all participants	All details on annual form must be checked				
If Parental Briefing is required, please provide details of arrangements	Date: Time: Location:				
Signed – Visit leader			Date:		
Signed – Head of Faculty			Date:		
Overseas visits only – Head of Faculty to notify Principalship that overseas visit is planned and is compliant with procedure			Date:		
Principalship Signatory:			Date:		
Post visit assessment report by Visit Leader, include any information on things that went wrong or where other groups might learn from the experience: -					
Documentation sent to Administration Team for archiving			Date:		
Signed - Visit leader			Date:		

Associated Document 5.8

LEARNER VISITS – FOREIGN VISIT TRAVEL FORM

Travellers:			
Destination:		Duration of Visit	
Start Date:		End Date:	
Purpose of Visit			
Business Case for Travel			
Authorised by (Signature):			
Authoriser name:			
Date:			

LEARNER VISITS – INFORMATION & SINGLE VISIT PARENTAL CONSENT FORM

Visit Details – to be completed by Visit Leader			
Brief description of visit and venue			
Visit Leader			
Date(s) of visit			
Duration of visit			
Learner Details – to be completed by Student			
Learner Name (Capitals)			
Learner ID Number			
Learner Home Address			
Learner Mobile Number			
Emergency Contact Telephone Number			
Name of Emergency Contact (Normally a close family member)			
Health and welfare questions – to be completed by Learner			
Do you suffer from any condition that could require treatment or medication		Yes	No
If yes, give brief details:			
Are you allergic to any treatment or medication		Yes	No
If yes, give brief details:			
Have you been in contact with or suffered from any contagious/infectious diseases? In the last 4 weeks		Yes	No
If yes, give brief details:			
Do you have any special dietary requirements or have any food allergies		Yes	No
If yes, give brief details:			
Do you have disability or learning difficulty that might require additional support		Yes	No
If yes, give brief details:			
I accept that by submitting this form as part of the Learner Visits Procedure that I will accept and comply with all instruction given to me by the Visit Leader or associated staff and that I will behave in such a way as not to bring discredit to myself or the reputation of the College I further accept that I give the College the authority to act at all times in my best interest including approval of all forms of treatment deemed necessary by medical authorities at the time.			
Learner Date of Birth			
Age at Start of Visit			
Learner Signature			
Date of Learner Signature			
Learners under 18 at the time of the visit			
For Learners under 18 the College is legally obliged to obtain the consent of the Learner's parent or guardian for visits away from the college. It will be understood by the College that by signing and dating this consent form that you have checked the medical and other information given above **including the emergency contact number** and that you are satisfied the Learner can proceed with the visit. ***Oldham College Privacy Notice (Parental Consent)*** *Oldham College only collect information from you for the purpose stated (Parental Consent). The information collected is stored on a secure, protected system. It is not transmitted outside of the EU and will only be used to allow us to fulfil our legal and contractual obligations as a registered education and training provider. Should you wish to make an enquiry about your information that we hold please email gdpr@oldham.ac.uk clearly explaining the nature of your enquiry.* ☐ *I agree that my information can be recorded and used for the purpose of Parental Consent*			
Name of parent or guardian (Capitals)			
Relationship to Learner			
I hereby give Parental Consent for the above-named Learner to participate in the visit described above.		(Yes/No)	
Signed			
Date			

*** Please note that learners in receipt of a bursary can apply to receive a contribution towards the cost of trips. Please see Student Finance team for advice.**

Associated Document 5.10

LEARNER VISITS – INFORMATION AND PARENTAL ANNUAL CONSENT FORM

Learner Details – to be completed by Student			
Learner Name (Capitals)			
Learner ID Number			
Learner Home Address			
Learner Mobile Number			
Emergency Contact Telephone Number			
Name of Emergency Contact (Normally a close family member)			
Health and welfare questions – to be completed by Learner			
Do you suffer from any condition that could require treatment or medication		Yes	No
If yes, give brief details:			
Are you allergic to any treatment or medication		Yes	No
If yes, give brief details:			
Have you been in contact with or suffered from any contagious/infectious diseases? In the last 4 weeks		Yes	No
If yes, give brief details:			
Do you have any special dietary requirements or have any food allergies		Yes	No
If yes, give brief details:			
Do you have disability or learning difficulty that might require additional support		Yes	No
If yes, give brief details:			
I accept that by submitting this form as part of the Learner Visits Procedure that I will accept and comply with all instruction given to me by the Visit Leader or associated staff and that I will behave in such a way as not to bring discredit to myself or the reputation of the College I further accept that I give the College the authority to act at all times in my best interest including approval of all forms of treatment deemed necessary by medical authorities at the time.			
Learner Date of Birth			
Age at Start of Academic Year			
Learner Signature			
Date of Learner Signature			
Learners under 18 at the time of the visit			
For Learners under 18 the College is legally obliged to obtain the consent of the Learner's parent or guardian for visits away from the college. It will be understood by the College that by signing and dating this consent form that you have checked the medical and other information given above **including the emergency contact number** and that you are satisfied the Learner can proceed with visits throughout the academic year. ***Oldham College Privacy Notice (Parental Consent)*** *Oldham College only collect information from you for the purpose stated (Parental Consent). The information collected is stored on a secure, protected system. It is not transmitted outside of the EU and will only be used to allow us to fulfil our legal and contractual obligations as a registered education and training provider. Should you wish to make an enquiry about your information that we hold please email gdpr@oldham.ac.uk clearly explaining the nature of your enquiry.* ☐ *I agree that my information can be recorded and used for the purpose of Parental Consent*			
Name of parent or guardian (Capitals)			
Relationship to Learner			
I hereby give Parental Consent for the above-named Learner to attend College Educational Visits during the current academic year.	(Yes/No)		
Signed			
Date			

*** Please note that learners in receipt of a bursary can apply to receive a contribution towards the cost of trips. Please see Student Finance team for advice.**

LEARNER VISITS – LIST OF STAFF AND LEARNERS

List of Staff Attending Visit / Activity

Faculty / Department:		**Trip Number:**	
Visit to:		**Visit Date:**	
Visit Leader Name:		**Contact Telephone Number:**	

Staff Attending *Visit Leader to assign a supervisor to a sub-group of named students in line with a ratio considered appropriate for the visit*

Name	Mobile Telephone Number	Emergency Contact	Telephone (Day)	Telephone (Night)	First Aider?

No of Staff	
No of Learners	
Final Ratio	

List of Learners Attending Visit / Activity

Visit to:	0	**Trip Number:**	0	**Visit Date:**	
Visit Leader Name:	0	**Contact Telephone Number:**	0		

Learners Attending

Use Visits list off EASYOCIS and attach a print if appropriate (this may save time)
NB: Departure and Return registers should be taken

No	Group	Learner Name Initial plus Surname	Person Code	Age	Mobile Telephone Number	Emergency Contact	Relationship to Learner	Telephone (Day)	Telephone (Night)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Associated Document 5.12

LEGAL REGISTER

Legislation	Regulator	Summary/ Requirements
The Health & Safety At Work Act 1974	Health and Safety Executive	Under this Act, employers are obligated to provide a safe working environment for their employees, ensuring they receive adequate training and possess the necessary competence to perform their assigned tasks. Additionally, employers must establish an appropriate Health and Safety Policy.
Health & Safety (First Aid) Regs 1981 as amended	Health and Safety Executive	Employers must provide, or ensure the provision of, an adequate number of properly qualified individuals capable of administering first aid to employees in case of injury. Additionally, a well-stocked first-aid kit and an accident register should be made available.
The Occupiers Liability Act 1984	Health and Safety Executive & Local Authority	This imposes a responsibility on all occupiers of premises towards their visitors, known as the 'common duty of care.' In 1984, this duty was extended to also cover trespassers.
Road Traffic Act 1988 (c.-52)	Traffic Authority	This pertains to vehicles and their drivers, outlining specific requirements for taxation and ensuring the vehicles are roadworthy.
The Health and Safety Information for Employees Regulations 1989	Health and Safety Executive	The legislation requires employers to provide information on how to contact Health and Safety representatives as well as the local Health and Safety Executive (HSE).
Electricity at Works Regs 1989	Health and Safety Executive	It assigns responsibility to both the individuals commissioning electrical maintenance and those carrying out the work to implement and follow safe systems of work.
The Control of Asbestos in the Air Regulations 1990	Health and Safety Executive	The legislation mandates that maintenance work involving potential asbestos disturbance is carefully controlled to prevent the release of fibres into the air.
The Provision and Use of Work Equipment Regulations 1992	Health and Safety Executive	This regulation establishes key Health and Safety requirements for the provision and safe use of work equipment. It applies to all equipment regularly used by employees, including items like power tools.
The Personal Protective Equipment at Work Regulations 1992	Health and Safety Executive	All equipment, including protective clothing against weather conditions, intended to be worn by employees at work to safeguard their health and safety, must be suitable and provided free of charge at all times.
The Health and Safety (Display Screen Equipment) Regulations 1992	Health and Safety Executive	Requires to assess the health and safety risks for employees who use display screens for a significant portion of their workday. These assessments should determine any necessary preventative or protective measures to ensure employee safety.

The Lifting Plant and Equipment (Records of Test and Examination etc.) Regulations 1992	Health and Safety Executive	Certain lifting equipment, such as hoists, must undergo regular inspections and tests to ensure safety.
The Manual Handling Operations Regulations 1992	Health and Safety Executive	Employees are required to assess the operations involving manual handling where there is a risk of injury
Workplace health, safety and welfare. Workplace (Health, Safety and Welfare) Regulations 1992	Health and Safety Executive & Local Authority	The Workplace (Health, Safety and Welfare) Regulations 1992 address a broad spectrum of fundamental health, safety, and welfare matters and are applicable to most workplaces—excluding construction sites, ships, and underground mines.
The Electrical Equipment (Safety) Regulations 1994	Health and Safety Executive	The legislation mandates that portable electronic equipment undergo safety testing (electrical insulation) to reduce the risk of fire or electric shock.
The Health and Safety (Safety Signs and Signals) Regulations 1996	Health and Safety Executive	Signs must be posted where required, such as for fragile roofs or asbestos, and these signs should use pictorial symbols.
The Health and Safety (Consultation with Employees) Regulations 1996	Health and Safety Executive	Employers must set up communication channels with employees, either directly or through representatives or Union officials, to discuss Health, Safety, and Welfare matters.
The Construction (Health, Safety and Welfare) Regulations 1996	Health and Safety Executive	Employers are responsible for providing sufficient welfare facilities on construction sites, including access to toilets and clean drinking water.
Health & Safety (Young Persons) Regs 1997	Health and Safety Executive & Local Authority	This regulation mandates that employers conduct a Risk Assessment before employing a young person (under 18), considering their limited experience and awareness of potential or existing hazards.
Lifting Equipment and Lifting Operations Regulations 1998	Health and Safety Executive	Ladders and shelving are classified as lifting equipment and must be regularly inspected, with records of these inspections maintained.
The Management of Health and Safety at Work Regulations 1999	Health and Safety Executive	The legislation requires employers to manage health and safety at work safely by facilitating communication, assessing risks, and implementing appropriate control measures.
The Control of Substances Hazardous to Health (Amendment) Regulations 2004	Health and Safety Executive	An employer must not carry out any work that could expose employees to hazardous substances unless a suitable and thorough risk assessment has been conducted to evaluate the health risks to those employees.
Traffic Management Act 2004	Traffic Authority	The legislation mandates that individuals performing maintenance work on highways must be competent and that safe work systems are implemented to protect both employees and the general public.

The Regulatory Reform (Fire Safety) Order 2005	Fire Authority	The Regulations establish minimum fire safety standards for workplaces, covering shared areas, workplace facilities, and access routes. All emergency exits must be clearly signed and illuminated, and all fire safety measures must be kept in good repair and fully functional.
The Control of Vibration at Work Regulations 2005	Health and Safety Executive	When employees are exposed to vibration at work, such as from pneumatic drills, a risk assessment must be carried out to determine the level and duration of exposure. The legislation sets limits on the maximum allowable exposure and the length of time employees can be exposed.
The Work at Height Regulations 2005	Health and Safety Executive	The legislation outlines requirements for working at height to protect the safety of employees.
Noise at Work Regulations 2005	Health and Safety Executive & Local Authority	The aim is to eliminate noise at its source and protect employees from the hazards related to noise exposure.
The Control of Asbestos Regulations 2012	Health and Safety Executive & Local Authority	Requires employers to identify, assess, and manage asbestos risks to protect workers' health and safety.
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	Health and Safety Executive	This regulation requires companies to legally report specific accidents and incidents to their local Enforcing Authority within the prescribed timeframes.
The Construction (Design and Management) Regulations 2015	Health and Safety Executive	The Construction (Design and Management) Regulations 2015 set out legal requirements to ensure health, safety, and welfare throughout construction projects by defining roles, responsibilities, and procedures for all involved parties.
Building Safety Act 2022	Health and Safety Executive & Building Safety Regulator	The Building Safety Act 2022 establishes stricter safety standards and regulatory oversight to improve the safety and accountability of higher-risk buildings.
Terrorism (Protection of Premises) Act 2025	Security Industry Authority	The Terrorism (Protection of Premises) Act 2025 requires those controlling certain premises or events to reduce terrorism risks, empower the Security Industry Authority, and restrict sensitive information disclosure.
L5 – Control of Substances Hazardous to Health (Sixth edition)	Health and Safety Executive	Provides practical advice to help duty holders comply with the requirements of the COSHH Regulations.
L8 – Legionnaires' Disease (Fourth edition)	Health and Safety Executive	Guidance on controlling the risk of exposure to legionella bacteria in water systems.
L22 – Safe Use of Work Equipment (Fourth edition)	Health and Safety Executive	Provides guidance on the safe use of work equipment.
L23 – Manual Handling Operations (Fourth edition)	Health and Safety Executive	Guidance on manual handling operations to prevent injury.

L24 - The Workplace (Health, Safety and Welfare) Regulations (Second edition)	Health and Safety Executive	Provides guidance on workplace health, safety, and welfare regulations.
L25 – Personal Protective Equipment at Work (Fourth edition)	Health and Safety Executive	Guidance on the use of personal protective equipment at work.
L26 – Display Screen Equipment Regulations	Health and Safety Executive	Provides guidance on the use of display screen equipment.
L56 – Safety in the Installation and Use of Gas Systems and Appliances (Fifth edition)	Health and Safety Executive	Provides guidance on gas systems and appliances safety.
L64 – Safety Signs and Signals (Third edition)	Health and Safety Executive	Provides guidance on safety signs and signals.
L74 – First Aid at Work (Third edition)	Health and Safety Executive	Provides guidance on first aid at work.
L80 – A Guide to the Gas Safety (Management) Regulations 1996 (Third edition)	Health and Safety Executive	Provides guidance on gas safety management regulations.
L82 – A Guide to the Pipelines Safety Regulations 1996	Health and Safety Executive	Provides guidance on pipelines safety regulations.
L101 – Safe Work in Confined Spaces (Third edition)	Health and Safety Executive	Provides guidance on safe work in confined spaces.
L108 – Controlling Noise at Work (Third edition)	Health and Safety Executive	Provides guidance on controlling noise at work.
L113 – Safe Use of Lifting Equipment	Health and Safety Executive	Provides guidance on the safe use of lifting equipment.
L114 – Safe Use of Woodworking Machinery	Health and Safety Executive	Provides guidance on the safe use of woodworking machinery.
L122 – Safety of Pressure Systems (Second edition)	Health and Safety Executive	Provides guidance on the safety of pressure systems.
L143 – Managing and Working with Asbestos (Second Edition)	Health and Safety Executive	Provides guidance on the management of the asbestos

Associated Document 5.13

LOLER RISK ASSESSMENT TEMPLATE

Equipment/ Process Name:	
Serial No. /Model No. (If Applicable):	
Intended Use of Equipment/ Summary of the Process:	
Programme/ Department Equipment or Process Located In:	
Date of Assessment:	
Review Date of Assessment	
Assessor:	

Sr. No.	Assessment	Y	N	Comment/ Remedial Action (If any)
Reg. 4 – Application of LOLER				
1	Is the lifting equipment used only for lifting and lowering operations as defined under LOLER?			
2	Has a generic risk assessment been conducted before lifting operations begin considering current controls in line with the environment and process?			
3	Are the lifting operations planned, supervised, and carried out safely by competent persons?			
Reg. 5 – Safe Working Load (SWL)				
4	Is the SWL clearly marked on the lifting equipment or its accessories?			
5	Are lifting accessories (slings, shackles, hooks, chains, etc.) suitably rated and marked with their SWL?			
6	Are no loads exceeding the SWL ever lifted?			
Reg. 6 – Thorough Examination and Inspection				
7	Is the lifting equipment subject to thorough examination by a competent person before first use?			
8	Is a thorough examination carried out at regular intervals as per LOLER (usually every 6 or 12 months depending on use)?			
9	Are lifting accessories examined every 6 months or more frequently if used in severe conditions?			
10	Are thorough examination records maintained and readily available?			
11	Are reports of thorough examinations provided to the			

	duty holder and relevant personnel?			
Reg. 7 – Defects and Reporting				
12	Are defects and damage in lifting equipment identified during inspections and thorough examinations promptly reported?			
13	Are defective or damaged equipment and accessories taken out of service immediately?			
14	Are arrangements in place for prompt repair or replacement of defective lifting equipment?			
Reg. 8 – Maintenance				
15	Is lifting equipment maintained in a safe condition by competent persons?			
16	Are maintenance activities planned and documented?			
17	Are maintenance records kept and regularly reviewed?			
Reg. 9 – Use and Operation				
18	Are lifting operations carried out by trained and competent operators?			
19	Are operators provided with adequate information, instruction, and training regarding the equipment and safe lifting practices?			
20	Are pre-use checks conducted before each lifting operation?			
21	Are appropriate controls in place to prevent overloading during lifting operations?			
22	Are safe systems of work documented and followed?			
Reg. 10 – Planning and Supervision of Lifting Operations				
23	Is a lifting plan in place for all complex or high-risk lifts, including risk assessment and method statements?			
24	Are lifting operations supervised by competent personnel?			
25	Are adequate communication methods established between all personnel involved in lifting operations?			
Reg. 11 – Marking and Identification				
26	Is all lifting equipment and accessories clearly marked with manufacturer's identification, SWL, and inspection status?			
27	Are all markings legible and kept up to date?			

Reg. 12 – Accessories for Lifting				
28	Are lifting accessories properly selected, inspected, and maintained?			
29	Are sling angles and attachment methods suitable and safe?			
30	Are all lifting accessories compatible with the lifting equipment and load?			
Reg. 13 – Precautions and Protective Measures				
31	Are appropriate exclusion zones or barriers in place to protect persons from lifted loads?			
32	Are signals and alarms used effectively during lifting operations?			
33	Are all lifting operations stopped immediately if unsafe conditions arise?			
34	Is emergency procedure in place and known to all personnel involved?			

Associated Document 5.14

NATURAL HAZARD EMERGENCY PLAN

Emergency Controller

The Emergency Controller is the designated building manager responsible for managing natural disaster emergencies. Control will transfer to Emergency Services upon their arrival if the situation escalates.

Authority to Declare "All Clear":

- Emergency Services (Fire & Rescue, Police, etc.)
- Principal
- Director of Finance
- Head of Estate & Facilities
- Health, Safety & Environment Manager
- Emergency Controller

Identification of Natural Disaster Emergency

Earthquake:

- Immediate shaking felt or reported from official alerts (e.g., local seismic monitoring agencies).
- Structural damage observed such as cracks, falling objects, or power outages.

Flooding:

- Rising water levels inside or around the premises, reported by weather agencies or onsite observations.
- Blocked drainage systems causing water build-up.

Emergency Controller Responsibilities

- Assess the situation promptly and decide whether evacuation, lockdown, or shelter-in-place is necessary.
- Coordinate response efforts with Fire Wardens, Senior Leadership Team, Head of Estate & Facilities, Health & Safety Team, and Safety Engagement Team for a unified response.
- Communicate clearly and timely instructions to all occupants.
- Document incident details to support response and investigation.
- Liaise with Emergency Services and external agencies as required.

Response Procedures

Earthquake

- **During shaking:** Drop, Cover, and Hold On until shaking stops.
- **After shaking:** Check for injuries, assess structural damage, and prepare for possible evacuation if unsafe.
- Avoid using elevators; use stairs cautiously.
- Shut off utilities if damage is suspected (gas, electricity, water).
- Provide first aid and account for all personnel.
- Await further instructions or "All Clear" before resuming normal activities.

Flooding

- Move occupants to higher floors or safe areas away from floodwaters.
- Shut off electrical systems if flooding is imminent or occurring.
- Avoid walking or driving through floodwaters.
- Protect important documents and equipment by moving them above flood level.
- Prepare for potential evacuation if advised by authorities.
- Monitor weather alerts continuously.

Resumption of Operations ("All Clear")

- Emergency Controller will coordinate with Emergency Services, Head of Estate & Facilities, and Health & Safety Team to confirm it is safe to return to normal operations.
- "All Clear" will be announced only after confirmation from authorised personnel.

PERMIT TO WORK

Oldham College

PERMIT TO WORK

COMPANY NAME	
CONTRACTORS NAME	
OTHER CONTRACTORS	
CONTACT No.	

VALID FROM	DATE	
	TIME	
VALID TO	DATE	
	TIME	

PERMIT VALID FOR A MAXIMUM OF 12 HOURS ONLY

BUILDING	LOCATION OF WORK	PERMIT No.

TYPE OF PERMIT ☐ ELECTRICAL ☐ ROOF VOID & HEIGHT ☐ ASBESTOS ☐ HOT WORK ☐ CONFINED SPACE ☐ EXCAVATION ☐ OTHER

DESCRIPTION OF THE WORKS TO BE CARRIED OUT AND PRECAUTIONS

SERVICES TO BE ISOLATED

FIRE ALARM	Y	N	N/A
SPECIFY:			
ELECTRICS	Y	N	N/A
SPECIFY:			
WATER	Y	N	N/A
SPECIFY:			
GAS	Y	N	N/A
SPECIFY:			
GROUND	Y	N	N/A
SPECIFY:			
MECHANICAL	Y	N	N/A
SPECIFY:			

PRECAUTIONS TO BE IMPLEMENTED (Circle as necessary)

SCAFFOLD	Y	N	N/A	COSHH RA	Y	N	N/A	FIRE EXTINGUISHERS	Y	N	N/A	ASBESTOS SURVEY/ REGISTER	Y	N	N/A
LADDERS	Y	N	N/A	RISK ASSESSMENT	Y	N	N/A	FIRE WATCH	Y	N	N/A	GAS (NOXIOUS) TESTING	Y	N	N/A
HARNESS	Y	N	N/A	METHOD STATEMENT	Y	N	N/A	LEV (LOCAL EXHAUST VENT)	Y	N	N/A	OXYGEN TEST	Y	N	N/A
LANYARD	Y	N	N/A	GROUND PERMITS	Y	N	N/A	FLAMMABLE MATERIALS REMOVED	Y	N	N/A	GROUND SURVEY	Y	N	N/A

PPE REQUIRED (tick as required)

		HARD HAT	
EAR DEFENDERS		DUST MASK	
SAFETY BOOTS		SAFETY GLOVES	
GLASSES/GOGGLES		RPE	

LIST ADDITIONAL PPE REQUIRED (STATE):

ADDITIONAL SAFETY REQUIREMENTS

ACCESS EGRESS CONFIRMED	Y	N	N/A
PROTECTION FROM THE RISK OF FALLING OBJECTS	Y	N	N/A
AREA SEREGATED	Y	N	N/A
VEHICULAR SEPERATION	Y	N	N/A
PEDESTRIAN SAFETY	Y	N	N/A

PERMIT EFFECT FROM:

ISSUE OF PERMIT
Name: Print: Position: Tel: Date:

RECEIPT OF PERMIT
Name: Print: Position: Tel: Date:

WORKPLACE INSPECTION
Name: Print: Position: Tel: Date:

CLEARANCE
Name: Print: Position: Tel: Date:

CANCELLATION
Name: Print: Position: Tel: Date:

12 HOUR PERMIT

Associated Document 5.16

PPE PROVISION LOG TEMPLATE

Sr. No.	Name	PPE Provided	PPE Specs	Provision Date	Provision Time	Signature

PUWER RISK ASSESSMENT TEMPLATE

Equipment Name:	
Serial No. / Model No. (If Applicable):	
Intended Use of Equipment:	
Programme/ Department Equipment Located In:	
Date of Assessment:	
Review Date of Assessment	
Assessor:	

Sr. No.	Assessment	Y	N	Comment/ Remedial Action (If any)
Reg. 4 – Suitability of Work Equipment				
1	Is the equipment appropriately designed, constructed, or adapted for the specific task it is intended to perform?			
2	Is the equipment appropriate for the environment and conditions in which it will be used?			
Reg. 5 – Maintenance				
3	Is the equipment regularly maintained? If yes, specify the maintenance frequency.			
4	Is the equipment subject to statutory inspection requirements? If yes, specify the applicable regulations (e.g., LOLER, PUWER, etc.)			
5	Is the maintenance routine carried out in accordance with the manufacturer's recommendations?			
6	Is the maintenance work planned and preventative, particularly where equipment failure could result in a hazardous situation?			
7	Have all maintenance personnel received sufficient information, instruction, and training to perform their duties safely and effectively?			
8	Are maintenance records documented and kept up to date?			
9	If a maintenance log is maintained, is it current and regularly updated?			
Reg. 6 – Inspection				
10	Is the equipment inspected following installation and prior to its initial use?			
11	Is the equipment inspected after assembly at a new site or location?			

12	Is work equipment inspected at appropriate intervals when exposed to conditions that may cause deterioration likely to lead to hazardous situations (e.g., high vibrations)?			
13	Is the equipment inspected for safety whenever an exceptional circumstance occurs, such as a major fault?			
14	When equipment leaves the college or is acquired from another party, is it accompanied by physical proof that the most recent inspection has been completed?			
Reg. 7 – Specific Risks and Restrictions on Use				
15	Is the use of this equipment limited to authorised personnel only (e.g., abrasive wheels, circular saws, etc.)			
16	Are repair, maintenance, modifications, and servicing limited to designated personnel only?			
17	Have all individuals who use, repair, maintain, modify, or service the equipment received adequate training?			
Reg. 8/9 – Information, Instruction and Training				
18	Have all users of the work equipment received adequate information, instruction, and training on operating methods, associated risks, and necessary precautions?			
19	Has special attention been given to the training and safety of young persons under 18 years of age?			
20	Have all supervisors and managers of work equipment received adequate information, instruction, and training on methods, risks, and precautions?			
Reg. 10 – Conformity				
21	Does the equipment comply with applicable community directives, such as displaying a CE or UKCA mark?			
Reg. 11 – Dangerous Parts of Machinery				
22	Have measures been implemented to prevent access to hazardous parts of the machine or rotating stock bar, or to halt their movement before anyone enters the danger zone?			

23	Have fixed guards been provided wherever practicable?			
24	Have protection devices or other guards been provided?			
25	Have push sticks, jigs holders, or similar protection devices been provided?			
26	Has sufficient information, instruction, training, and supervision been provided?			
27	As far as practicable, are the guards and protective devices appropriate and adequate for their intended purpose (e.g., well-constructed, made of durable materials, sufficiently strong, properly maintained, and in good condition)?			
Reg. 12 – Protection Against Specified Hazards				
28	So far as is reasonably practicable, have risks been adequately controlled by measures other than PPE, information, instruction, training, or supervision from hazards, such as: An article or substance being ejected from the equipment Rupture or disintegration of parts Fire or overheating Unintended discharge of article or gas, dust, liquid, vapour or other substance Unintended explosion of equipment or article or substance used or stored in the equipment			
29	Is the machine earthed? *(Machines are usually earther through the main cable? During inspection look for earth bonding (green & yellow cable) between metal parts that could become live with electricity.*			
Reg. 13 – High or Very Low Temperature				
30	Where applicable, are all components of work equipment, items, or substances within the equipment safeguarded to prevent contact burns? (Engineering controls should always be implemented, though in some situations, personal protective equipment (PPE) or similar measures may be the only available protection.)			

Reg. 14 – 18 – Control Mechanisms / Systems *This section is qualified by the term 'where appropriate' which relates to the features, functioning and the risk associated with use. Start, stop and emergency control systems are not generally appropriate for work equipment with no moving parts*				
31	Is the equipment equipped with start, stop, or operating condition controls that must be deliberately activated to function?			
32	Can the equipment be started using a protective device, such as an interlock?			
33	Are the controls designed to prevent accidental operation (for example, by being shielded or shrouded)?			
34	Does the stop control mechanism safely bring the work equipment to a secure and stable condition?			
35	Are all energy sources, such as compressed air and hydraulic pressure, fully switched off after the equipment has been stopped?			
36	Does the stop control equipment take priority over controls that start or alter operating conditions?			
37	Is the equipment equipped with an emergency stop control that overrides all other control mechanisms?			
38	Are all controls clearly visible, marked and easily identifiable?			
39	Are the control mechanisms positioned safely, ensuring that operators are protected from harm?			
40	As far as reasonably practicable, can the operator of any control confirm that no one is in a hazardous area from their control position? If yes, proceed to Q43 and Q44.			
41	If no, are there systems in place to maintain health and safety?			
42	If not, are audible, visible, or other warning devices activated before the equipment starts?			
43	Do the control systems account for possible failures, faults, and limitations during normal use without increasing health and safety risks?			
44	In the event of a failure in any part of the control system or its power supply, does the equipment enter a 'fail-safe' condition that does			

	not prevent the operation of the 'stop' or 'emergency stop' controls?			
Reg 19 - Isolation				
45	Are appropriate methods available to isolate the equipment from all energy sources (such as multiple lockable hasps, plug removal, lockable valves, or drain/vent outlets)?			
46	Are the isolation methods clearly marked and easily accessible?			
47	Are there suitable measures in place to ensure that reconnecting the equipment does not pose a risk of injury to anyone (for example, preventing unexpected movement or providing adequate guards)?			
Reg 20 - Stability				
48	Is the equipment securely stabilized—such as by clamping or bolting to the floor—where necessary to prevent any risk of injury?			
Reg 21 - Lighting				
49	Is the area where the work equipment is used adequately and appropriately lit? (Local lighting may be necessary for certain machines, such as lathes.)			
Reg 22 - Maintenance Operations				
50	Is maintenance performed only when the machine is stopped and isolated? If yes, proceed to Regulation 23.			
51	If not, and it is reasonably practicable, are maintenance activities carried out in a way that does not expose anyone to risk?			
52	If not, are there measures implemented to minimise the risk of injury, such as temporary guards, restricted movement controls, or use of PPE?			
Reg 23 - Markings				
53	Is the equipment clearly marked with health and safety information, such as emergency stop controls and safe working load indicators?			
Reg 24 - Warning				
54	Are all warnings and warning devices clear, easy to understand, and readily noticeable?			

STRUCTURAL FALIURE EMERGENCY PLAN

Emergency Controller

The Emergency Controller is the designated building manager responsible for coordinating the immediate response to any suspected or actual structural failure. Control will transfer to Emergency Services upon their arrival if the situation escalates.

Authority to Declare "All Clear"

- Emergency Services (Fire & Rescue, Police, etc.)
- Principal
- Director of Finance
- Head of Estate & Facilities
- Health, Safety & Environment Manager
- Emergency Controller

Identification of Structural Failure Emergency

Structural failure may occur suddenly or develop over time due to deterioration, design flaws, natural disasters, or overloading. Warning signs include:

- Visible cracks in load-bearing walls, ceilings, or foundations
- Sagging floors or ceilings
- Unusual creaking, popping, or groaning noises from the structure
- Sudden collapse of any part of the structure (roof, wall, floor)
- Doors and windows that jam or misalign unexpectedly
- Any reported near-miss incident related to structure

Emergency Controller Responsibilities

- Immediately assess the scene and determine the level of risk.
- Initiate evacuation if there is a threat of collapse or visible structural instability.
- Coordinate with Fire Wardens for Evacuation.
- Coordinate with the Fire Wardens, Senior Leadership Team, and Facilities and Safety Teams.
- Restrict access to the affected area.
- Contact and liaise with Emergency Services and structural engineers.
- Keep detailed records of events, decisions, and communications.

Response Procedures

Initial Actions

- If structural failure is suspected:
  - Alert occupants and initiate evacuation of the affected area or entire building.
  - Do not allow re-entry until cleared by qualified professionals.
  - Shut off gas, water, and electricity if needed and safe to do so.
- If structural failure is in progress or has occurred:
  - Evacuate immediately and assist injured persons if it is safe to do so.
  - Do not attempt to retrieve belongings from unstable areas.
  - Establish a perimeter and prevent unauthorised entry.

During Evacuation

- Use designated evacuation routes, avoiding areas near structural damage.
- Assist persons with disabilities or injuries.
- Do not use elevators.
- Account for all personnel at the assembly point.

Post-Failure Management

- Await building inspection and clearance by qualified structural engineers or Emergency Services.
- Ensure that no personnel re-enter the building until officially declared safe.
- Communicate updates regularly to learners, employees and relevant stakeholders.

- Provide counselling support to affected individuals if needed.

Resumption of Operations ("All Clear")

- "All Clear" can only be declared after:
  - Full structural assessment and clearance by qualified professionals.
  - Coordination with the Emergency Controller, Head of Estate & Facilities, and HSE Manager.
  - Assurance from Emergency Services (if involved).

6. Related Policies and Procedures

Following are the related policies, procedures and plans, associated with this policy:

1. Anti-Bullying and Harassment in the Workplace Policy
2. Bullying and Harassment Procedure
3. Business Continuity Plan
4. Children, Young Persons and Vulnerable Adults at Oldham College Premises Policy
5. Critical Incident Plan
6. Data Protection Policy
7. Disciplinary Procedure
8. Emotional Health and Wellbeing Policy
9. Hybrid Working Policy
10. Hybrid Working Procedure
11. Keeping Children Safe in Education Procedure
12. Maternity Pay and Leave Policy
13. Paternity and Partners Leave Policy
14. Positive Behaviour Policy for Students Policy
15. Provision for Student with Special Educational Needs and Disabilities
16. Severe Inclement Weather Procedure
17. Sickness Absence Policy
18. Smoking Procedure
19. Student Behaviour Policy
20. Working Alone Procedure

Change History Record

Issue	Description	Approval (author signature)	Date of Issue
1	New format	Bob Leigh	25/10/12
1.1	Minor amendment to footer – "Head of Quality" to replace AD	Nick Middleton	18/06/13
2	Revised for 2014/15	Louise Burke	20/08/2014
2.1	Health and Safety Policy Statement linked at 5.4	Nick Middleton	14/05/15
2.1	Author approved as fit for purpose for 2015/16	Nick Middleton	10/08/15
2.2	Reviewed with change to format	John Callaghan	07/10/16
2.3	General Data Protection compliance statement added	Nick Middleton	25/10/17
2.4	Reviewed, Apprentices and work-based learning added for 18/19	John Callaghan	17/09/18
2.5	Reviewed – changes to and some text reworking. Approved as fit for purpose.	AM Beswick	25/09/19
2.6	Minor amendments to sections 4.3.1 membership of OC Health and safety committee and 6.1 Related policies and review dates.	AM Beswick	01/10/19
2.7	Minor amendments, change of ownership.	Stephen Hurst	8/10/21
2.8	Fit for Purpose for 22/23'	Stephen Hurst	15/09/22
2.9	Fit for Purpose for 23/24	Stephen Hurst	27/09/23
2.10	Minor amends to job titles - Fit for Purpose for 24/25	Stephen Hurst	14/10/24
2.10	Approved – Corporation 22.10.24	Nick Middleton	29/10/24
2.10	Document owner changed to Humza Bin Masood	Nick Middleton	14/05/25
3.0	Full Rewrite **Summary of Key Changes** • Aligned with HSE's HSG65 (Plan-Do-Check-Act) model which is a structured Health and Safety Management System (HSMS). • Consolidation of previously separate topic-specific policies (e.g., asbestos, COSHH, DSE, First Aid etc.) into a unified policy framework to ensure consistency and alignment, to ensure these are kept in date and updated. • Formal adoption of a legal register and procedures for monitoring and reviewing changes in statutory and regulatory requirements. • Addition of roles and responsibilities for Health and Safety Coordinator. • Enhanced definition and clarification of roles and responsibilities across all levels of the organisation, including senior leadership, line managers, and operational staff. • Implementation of digital tools such as Smartlog and Evolve to streamline the management of	Humza Bin Masood	06/01/2026

	risk assessments, audits, training records, and incident reporting. • Establishment of risk-based review cycles for assessments—every 6, 12, or 24 months depending on risk rating. • Introduction of comprehensive procedural guidance for different risk areas, including mental health, wellbeing, adverse weather, confined space, fire safety, vibration, and working at height. • Greater emphasis on leadership accountability and promotion of a proactive, positive health and safety culture. • Strengthened consultation and engagement mechanisms with learners and staff, including the use of forums, departmental representation, and committee structures to ensure effective communication. • Formalisation of emergency preparedness and response planning, including adverse weather and hazardous material incidents. • Clearer links between strategic planning and health and safety considerations, embedding safety into project and operational decision-making. • Formalisation of one document as Health and Safety Policy Manual to align with Plan function of Health and Safety Management System.		
3.1	Reviewed – Changes to Educational Trip Procedures and update of organisational chart.	Humza Bin Masood	26/08/2026