

# University Occupational Health and Safety Standard

## HAZARD IDENTIFICATION AND RISK MANAGEMENT

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## 1. PURPOSE

The University is committed to meeting its legal obligations by ensuring that it has adequate arrangements, facilities and trained staff to reduce the risk of injury, or ill health, from work related activities.

The purpose of this Standard is to define and outline the University's arrangements for identifying and managing its occupational health and safety hazards and associated risks.

## 2. SCOPE

This document applies to all functions within the University, all contractors working within the University and where the University exercises significant management control.

The University is required to establish, implement and maintain processes for hazard identification and risk management that are ongoing and proactive. The processes should take into account, but are not limited to, the details contained within this Standard.

## 3. ABBREVIATIONS

<b>COSHH</b>	Control of Substances Hazardous to Health
<b>DSE</b>	Display Screen Equipment
<b>DSC</b>	Departmental Safety Co-ordinator
<b>HSE</b>	Health and Safety Executive
<b>HOD</b>	Head of Department
<b>OHS</b>	Occupational Health and Safety
<b>SHaW</b>	Safety, Health and Wellbeing
<b>SACSOH</b>	Statutory Advisory Committee on Safety and Occupational Health
<b>USCO</b>	University Secretary and Compliance Officer

## 4. DEFINITIONS

- 4.1 Competence** - ability to apply knowledge and skills to achieve intended results.
- 4.2 Contractor** - external organisation providing services to the University in accordance with agreed specifications, terms and conditions.
- 4.3 Control measure** – A method used to reduce the impact of a hazard.
- 4.4 Hazard** – A source of potential for harm in terms of human injury or ill health, or a combination of these.
- 4.5 Hazard identification** - The process of recognizing that a hazard exists, defining its characteristics and how the hazard applies to a situation.
- 4.6 Hierarchy of control** - A list of types of risk control measures, arranged in descending order of effectiveness. By working from the top, the most appropriate category (or categories) for controlling risks in a given work situation can be determined.
- 4.7 Injury and ill health** - Adverse effect on the physical, mental or cognitive condition of a person.
- 4.8 Responsible person** – The person within a particular work area who is responsible for ensuring that a risk assessment is completed and that it is suitable and sufficient.
- 4.9 Risk** - A product of the likelihood of an occurrence of an undesirable hazardous event or exposure and the severity of injury or ill health that would be caused by the event or exposure.
- 4.10 Risk assessment**- The process of identifying hazards, evaluating the risks arising from the hazards with reference to any existing risk control measures, deciding if the risks are acceptable and if not, implementing additional risk control measures as necessary. There may be specific approaches to risk assessment depending on the specific hazards identified.
- 4.11 Risk matrix**– A set of criteria from which to assign numerical values to the likelihood of harm and the severity of injury or ill health arising from a particular hazard.

- 4.12 Risk Profile** – A document which allows the area to identify its most serious risks. Based on information from a relevant Safety, Health and Wellbeing Risk Register, it is a visual representation of occupational health and safety risks within a given area.
- 4.13 Risk rating**- The product of the numerical values assigned to the likelihood and severity for a given risk. It provides a useful indicator of the seriousness of a risk and the need for action.
- 4.14 Risk Register**- A formal document known as a Safety, Health and Wellbeing Risk Register. It summarises the health and safety risks and provides an overview of the significant risks within a given area.
- 4.15 Safe system of work**– A formal document resulting from systematic examination of a task to identify all the hazards. It defines safe methods of working to ensure all risks are minimised.
- 4.16 Significant Risks** – Any identified risk that is likely to lead to serious injury or illness or that will have a measurable impact on the areas ability to carry out its day to day work.
- 4.17 So far as is reasonably practicable**– Where the potential outcome of risk has been weighed against the resources needed to control it further, and a balance has been reached.
- 4.18 Suitable and sufficient** - The legal standard used to describe the qualities that should be characteristic of a risk assessment. To meet the standard, each risk assessment must be appropriate to the situation (suitable) and in-depth enough to manage the risk (sufficient).
- 4.19 Worker** - person performing work or work-related activities that are under the control of the organization
- 4.20 Young Person** – Any person under the age of 18, but older than 16.

## 5. ROLES AND RESPONSIBILITIES

The [University OHS Standard for Roles, Responsibilities and Accountabilities](#) document defines the organisational arrangements necessary to implement the Occupational Health, Safety and Wellbeing Policy statement at each level of the organisation.

Specific roles, responsibilities and duties for hazard identification and risk management are detailed below:

### 5.1 University Court

University Court has the overall duty for ensuring the health and safety of all those who may be affected by the University activities, both on or off the premises.

Court Members have both an individual and a collective duty to:

- consider the significant health, safety and wellbeing risks faced by the organisation in the course of approving strategy, major capital projects and when making other key business decisions, so far as is reasonably practicable;
- ensure that the University's emergency planning is kept up to date; and
- review the University's safety, health and wellbeing performance on an annual basis.

### 5.2 University Principal

The University Principal is responsible for securing compliance with the legal health and safety duties placed on the University and for achieving the principal aims of the University's Health, Safety and Wellbeing Policy.

The Principal has the authority to take whatever action is considered necessary to prevent serious harm to individuals or to the University, which may include closing down University buildings, sites, operations or activities.

### 5.3 University Secretary and Compliance Officer

The USCO has delegated authority from the Principal for leading the University corporate Occupational Health and Safety Management System.

The USCO is responsible for:

- ensuring the development, and approval of a University wide Occupational Health, Safety and Wellbeing Policy and an appropriate safety management system to achieve compliance with the University's legal responsibilities to meet the University's strategic plan and the strategic priorities of the Occupational Health, Safety and Wellbeing Strategy;
- establishing a corporate Safety, Health and Wellbeing Risk Register and Risk Profile, and ensuring that this is reviewed annually;
- ensuring that emergency procedures encompass all relevant risks and are reviewed annually.

#### **5.4 Other Executive Officers**

Responsible for performance monitoring of this Standard within their area of control including the University's significant partnerships, collaborations and wholly owned companies. They must ensure that departments are resourced such that this Standard is fully implemented.

Executive Officers are responsible for:

- ensuring that, whilst the day to day health and safety responsibilities will be delegated to HoDs/Directors of Professional Services, they seek assurances from their delegates on health and safety performance;
- establishing Faculty/Directorate arrangements to ensure that health, safety and wellbeing arrangements and systems are effectively planned, monitored and reviewed;
- supporting the USCO by overseeing the implementation of the Occupational Health, Safety and Wellbeing Policy Statement within their areas of responsibility;
- annually reviewing the University's safety, health and wellbeing priorities to measure, monitor and report on the implementation of the Occupational Health, Safety and Wellbeing Policy Statement;
- monitoring and reviewing health and safety audit findings, learning from major incidents, accidents and significant near misses and emerging trends i.e. increased sickness absence rates etc, and ensuring that actions are implemented fully;
- overseeing the development of a Faculty/Directorate Safety, Health and Wellbeing Risk Register and Risk Profile for their areas and must ensure this information is reviewed at least annually;
- considering safety, health and wellbeing risks in all key business decision making.

#### **5.5 Faculty / Directorate Health, Safety and Wellbeing Manager/Adviser (or equivalent)**

Appointed by the Executive Dean for their area to provide competent health and safety advice and support within their area of responsibility. They are expected to:

- assist with the development of a Faculty/Directorate Risk Register and Risk Profile, identifying any gaps which need addressed, and determining suitable controls as necessary;
- ensure that the information contained in the Safety Health and Wellbeing Risk Register is reported to SHaW for inclusion in the Corporate Safety, Health and Wellbeing Risk Register;
- guide and support the relevant Executive Officer to ensure risks are assessed, monitored, recorded and managed appropriately;
- lead on the development of a Faculty/Directorate Safety, Health and Wellbeing Action Plan, the development of local procedures and the establishment of performance standard to support continual improvement.

#### **5.6 Heads of Departments/Services/Schools/Directors of Professional Services**

Hold delegated authority for the health and safety of all those personnel who work within their area of responsibility.

Heads of Departments/Services/Schools/Directors of Professional Services must ensure that:

- establishing departmental safety arrangements to ensure that health, safety and wellbeing arrangements and systems are effectively planned, monitored and reviewed;

- a suitable level of resource and support is made available for the department to meet its obligations in relation to hazard identification and risk management;
- a Department Health, Safety and Wellbeing Committee is convened to ensure that staff are consulted on work related hazards and risks in regard to their health, safety and wellbeing;
- all work-related activities undertaken, both on and away from the campus (including travel) is risk assessed by trained, competent persons to ensure that all reasonable risk control measures are put in place;
- the department works with the SHaW team, DSCs and nominated departmental personnel to establish a risk assessment programme so that workplace hazards and risks are identified, assessed, controlled and where possible, eliminated;
- they promote the importance of reporting accident, incidents, near miss and cases of work-related ill-health to staff, students and visitors;
- they oversee the development Departmental Safety, Health and Wellbeing Risk Registers, Risk Profiles and Safety, Health and Wellbeing Action Plan and ensure the information is reviewed at least annually;
- the Department Safety, Health and Wellbeing Action Plan is aligned to the Faculty/Directorate Safety, Health and Wellbeing Plan and that sufficient consideration is given to the safety, health and wellbeing risks along with key business risks in decision making.
- ensure emergency procedures encompass all relevant risks;
- the departmental emergency planning, business continuity, and fire safety arrangements are established, implemented communicated, maintained and reviewed.

### **5.7 Departmental Safety Coordinators**

Provide a coordinating role within departments and act as the main point of contact for championing safety, health and wellbeing issues as delegated by the HoD.

The DSC will:

- assist the HoD with the development of a Departmental Safety, Health and Wellbeing Risk Register and Risk Profile, identifying any gaps which need to be addressed;
- review the Departmental Safety, Health and Wellbeing Risk Register and Risk Profile at appropriate intervals and ensure that relevant information is passed to the Faculty Safety, Health and Wellbeing committee for inclusion in the Faculty Safety, Health and Wellbeing Risk Register;
- assist the Head of Department with the development of a suitable Departmental Safety, Health and Wellbeing Action Plan to address the most significant safety, health and wellbeing issues identified in the Department Safety, Health and Wellbeing Risk Register;
- support the HoD in implementing the University's OHS Standards by implementing the Departmental Safety, Health and Wellbeing Action Plan and Departmental Health and Safety Arrangements;
- advise and assist the HoD and colleagues to conduct risk assessments and ensure they are periodically reviewed, and any changes are communicated;
- support the HoD as the chair of the Department Health, Safety and Wellbeing Committee.
- develop the department's Emergency Response Plans, and ensure they are reviewed annually.

### **5.8 Line Managers / Principal Investigators / Research Supervisors**

Responsible on a day-to-day basis for ensuring that this Standard is effectively implemented within their area of responsibility and risks associated with activities undertaken are appropriately managed. They must ensure that:

- they undertake suitable training to support their competence in conducting risk assessments and managing risk;
- all routine and non-routine work/research activities are suitably and sufficiently risk assessed;
- any additional risk control measures are implemented in a timely manner, or escalated to senior management, as necessary;
- they approve risk assessments for work activities within their area of responsibility;
- risk assessments are reviewed at appropriate intervals and revised, where necessary;

- they seek guidance from the SHaW team regarding the management of high risks which require input from specialist advisers;
- risk assessments are carried out prior to departmental changes that could potentially introduce significant hazards and risks;
- all personnel who could be affected by the work activity are provided with information containing the significant findings of the risk assessment, including preventive and protective control measures;
- appropriate supervision is provided to all personnel as necessary;
- risk assessments are reviewed regularly to ensure that risk control measures remain effective;
- when requested, provide information to the DSC and/or the HoD on the risks present in their work to assist in the completion of the Departmental Risk Register and Risk Profile, and Emergency Response Plans.

### **5.9 Risk Assessors**

Responsible for conducting risk assessments within their area of work. Risk assessors may be members of staff or post-graduate students. They are responsible for:

- ensuring they attend regular training to maintain an appropriate level of competence relative to the nature of the work they propose to assess;
- carrying out suitable and sufficient risk assessments using the University's prescribed methods;
- where possible eliminate hazards and reduce occupational health and safety risks;
- developing safe systems of work, where appropriate, based on the significant findings of associated risk assessments;
- upholding the University's commitment to consult with employees and their representatives who may be potentially impacted by hazards and risks associated with a particular work activity;
- encouraging the participation of staff and their representatives in the risk assessment process;
- ensure all risk assessments are approved for use by their line manager or supervisor;
- reviewing risk assessments, as directed by the person responsible for the work, to incorporate any changes to the associated work situation and/or at the specified time of review.

### **5.10 Staff Who Host Visitors / External Contractors**

Staff who are responsible for external service providers whilst they are on University property, or carrying work out on behalf of the University must:

- ensure all service providers contracted to undertake work activities by a department provide a written risk assessment and safe system of work relating to the work in question, which gives reasonable assurances that any risks to staff, students and members of the public will be adequately controlled;
- ensure all service providers are briefed concerning any hazards and risks which may affect their health and safety whilst working on the University's premises, together with the risk control measures in place and other precautions they must adhere to;
- communicate relevant health and safety information to those who could be affected by the work of external service providers.

### **5.11 SHaW Health and Safety Advisors**

The University is required to provide competent health and safety assistance to support an effective OHS Management System. The University employs a Safety, Health and Wellbeing Team to determine applicable legal requirements, and to provide access to up to date advice applicable to its undertakings in order to meet these requirements.

In discharging this duty, the SHaW Advisory Team are responsible for:

- reviewing and interpreting health and safety legislation applicable to the University's undertaking;
- establishing, reviewing and supporting the implementation of written OHS Management System;

- providing competent advice on health and safety legal requirements in relation to OHS hazards and risks;
- providing competent specialist safety advice in relation to biological, chemical and radiation safety;
- providing competent advice on emergency planning, business continuity, and fire safety arrangements;
- providing competent Occupational Health advice and access to an Occupational Health Physician and other health support services;
- providing and co-ordinating the delivery of health and safety training, including the Principles and Practice of Risk Assessment;
- supporting the development and implementation of electronic risk assessment systems;

#### **5.12 All Staff**

All staff included in the scope of this Standard must:

- ensure that they understand and adhere to all risk control measures and other precautions specified in the significant findings of risk assessments, and associated safe systems of work, which apply to their work and role;
- complete all health and safety training required as identified by any risk assessments relating to their work activities to ensure they safeguarded whilst at work;
- report hazardous situations, so that preventative measures can be put in place and corrective action taken;
- engage with hazard identification and risk management processes by active participation and consultation.

#### **5.13 The Statutory Advisory Committee on Safety and Occupational Health**

SACSOH is convened to comply with the statutory provisions placed on the University to communicate and consult staff and their representatives, including trade unions on occupational safety, health and wellbeing matters.

SACSOH meets three times per year to monitor the implementation and operation of the University's Occupational Health, Safety and Wellbeing Policy and to ensure key workplace risks are identified and appropriately controlled.

The chair of SACSOH is responsible for preparing an annual report for submission to Court.

#### **5.14 Faculty/Directorate Health, Safety and Wellbeing Committee**

The Faculty/Directorate Safety, Health and Wellbeing Committee is expected to consider occupational safety, health and wellbeing risks in all key business decisions.

The Faculty/Directorate Committee is supported in its work by the Departmental Safety, Health and Wellbeing Committees, as well as assisting Executive Officers to fulfil their duties and responsibilities by ensuring communication and sharing of best practice between Faculties/Directorates with similar hazards and risks.

The Committee is required to ensure that the: Faculty/Directorate Safety, Health and Wellbeing Risk Registers, Risk Profiles; Safety, Health and Wellbeing Action Plans; and emergency arrangements are reviewed annually. The Committee is already required to ensure that their Faculty Risk Register is presented at SACSOH meetings.

#### **5.15 Departmental Health, Safety and Wellbeing Committees**

The purpose of a Departmental Health, Safety and Wellbeing Committee is to assist the HoD in fulfilling their health and safety functions.

The Committees duties include:

- giving sufficient consideration to safety, health and wellbeing risks in all key business decision making;
- reviewing risks and issues which have been reported/escalated from staff, students and their representatives;

- monitoring and reviewing health and safety audit findings, safety inspections, learnings from major incidents, accidents and significant near misses and emerging trends such as increased sickness absence rates;
- reviewing the Department Safety, Health and Wellbeing Risk Registers, Risk Profiles and Action Plans annually;
- reviewing emergency arrangements, including the Emergency Response Document;

### 5.16 Specialist Safety Committees and Forums

Specialist safety committees and forums are convened to provide a platform for communication on specialist health and safety risks within the University, including biological, chemical, radiological, fire or genetic modification.

These forums are convened by specialist safety advisors within SHaW.

## 6. CONSULTATION AND PARTICIPATION OF WORKERS

The University is committed to its obligation to consult workers on matters that affect their health and safety. Departments/Faculties/Directorates are responsible for establishing, implementing and maintaining processes for consultation and participation of workers, and worker representatives where applicable, to ensure the effective implementation of the OHS Health and Safety Policy.

Those persons with line management responsibility must ensure workers are provided with the time, training and resources to allow for consultation and participation in the development, planning, implementation and actions to be carried out for improving the OHS system. Workers should be encouraged to participate in:

- Identifying hazards and assessing risks and opportunities;
- Determining actions to eliminate hazards and reduce OHS risks;
- Determining competence requirements, training requirements and evaluating training;
- Determining what information needs to be communicated;
- Investigating incidents and non-compliances and deciding on corrective actions.

Further information on the consultation and participation of workers can be found in OHS Standard on Employee Consultation, Participation and Communications (coming soon).

## 7. HAZARD IDENTIFICATION AND RISK ASSESSMENT PROCESS

The overall aim of managing health and safety risks is to reduce the likelihood and severity of accidents, incidents and dangerous occurrences caused by work activities. Risk assessments **must** be conducted prior to work commencing and:

- assess OHS opportunities to enhance OHS performance, while considering planned changes to the University, its policies, its processes or its activities and opportunities to:
  - eliminate hazards and reduce OHS risks.
  - adapt work, work organisation and work environment to workers;
- assess OHS risks from the identified hazards, while considering the effectiveness of existing controls;
- determine and assess the other risks related to the establishment, implementation, operation and maintenance of the OHS management system.

All risk assessments should be in a written format and be communicated internally as necessary and be available to interested parties, as appropriate. They should be reviewed on an annual basis to ensure they remain relevant.

### 7.1 Undertaking a general risk assessment

The University implements the HSE's five-step approach to general risk assessment that provides a detailed examination of the work activity. The 5 steps are:

1. Identify the Hazards presented by the work;
2. Decide who may be harmed, and how they could be harmed;
3. Evaluate the risks and decide on control measures
4. Record your significant findings
5. Review your assessment



For further information on undertaking a general risk assessment see [Guidance Note - Undertaking a Risk Assessment](#).

The University utilises an electronic risk assessment system, eRisk, for the completion of all general risk assessments.

## 7.2 Specific risk assessment

The general risk assessment process may identify the requirement for additional specific risk assessment where certain hazards are present that are covered by specific legislation, or situations that are not business as usual. These may include, for example:

- Manual handling;
- The use of display screen equipment;
- Control of substances hazardous to health;
- Incident management and emergency situations

Further information on the requirement for specific risk assessment can be found in the [Information Sheet – Work activities requiring a specific risk assessment](#).

## 7.3 Training and competency

To ensure that a risk assessment is suitable and sufficient, the person responsible for the work and those conducting the risk assessment must be competent, with suitable training, knowledge and experience both in the task to be risk assessed and in the completion of the risk assessment process.

To facilitate competency SHaW delivers 'The Principles and Practice of Risk Assessment training which is mandatory for all staff and post-graduate students who are engaged in the risk assessment process.

This training is bookable via the [online DAT](#) system.

For further information on training and competency, see [Guidance Note - Undertaking a Risk Assessment](#).

## 7.4 Managing departmental risk assessments

Departments are required to manage all risk assessments within their areas of responsibility.

A consistent approach to the creation, implementation and review of the risk assessments will benefit the department by:

- preventing duplication where similar work is being done;
- ensuring that the assessments are regularly reviewed and remain relevant;
- ensuring control measures are in place to prevent harm and injury.

Heads of Department must ensure that a sufficient number of staff are appointed to ensure oversight of all risk assessments.

# 8. SAFETY, HEALTH AND WELLBEING RISK REGISTER AND RISK PROFILE

The creation of Safety, Health and Wellbeing Risk Registers and Risk Profiles enable Departments/Faculties/Directorates, and the University as a whole to better plan how to manage health and safety risks.

These documents provide leaders and managers with an overview of the risks present within their area of responsibility, enabling them to identify and prioritise the allocation of resources to manage risks appropriately.

Safety, Health and Wellbeing Risk Registers and Risk Profiles are living documents that must be reviewed by a competent person on an annual basis to ensure that they remain up to date and representative of the area's hazards. Departmental Risk Registers should be submitted to SHaW annually. The corporate Safety, Health and Wellbeing Risk Register is submitted to SACSOH on an annual basis.

## 8.1 Safety, Health and Wellbeing Risk Register

A Risk Register is a document that summarises the key health and safety risks and provides an overview of the most significant risks within a given area.

Once complete, the Risk Register can be used to prioritise the allocation of resources to ensure that the most significant hazards are eliminated or adequately controlled.

Information on creating, maintaining and reviewing a Risk Register can be found in the [Guidance Note – Preparing a Safety, Health and Wellbeing Risk Register and Risk Profile](#).

## 8.2 Risk Profile

The Risk Profile is informed by the Risk Register and is a simple visual representation of the safety risks in an area.

Departments/Faculties/Directorates must update the Risk Profile whenever the Risk Register is updated to ensure that it accurately reflects the hazards present.

An example Risk Profile is included in the [Guidance Note –Preparing a Safety, Health and Wellbeing Risk Register and Risk Profile](#).

## 9. SAFETY, HEALTH AND WELLBEING ACTION PLAN

The Safety, Health and Wellbeing Action Plan is used by Heads of Departments, Executive Deans and Directors to prioritise the continual improvement of safety, health and wellbeing within their area of responsibility. It should include plans to:

- address any risks to health and safety or opportunities to improve their approach to securing the health and safety of those working in their area;
- ensure that their work complies appropriately with any legal or other requirements;
- appropriately prepare for, and respond to, any reasonably foreseeable emergency situations.

Faculty and Directorate Action Plans should be submitted to SACSOH on an annual basis.

For information on developing, implementing and reviewing the Action Plan, see [Guidance Note - Preparing a Safety, Health and Wellbeing Action Plan](#).

## 10. HAZARD MAPPING

The primary aim of hazard mapping is to provide sufficient information to emergency services personnel responding to an incident, to ensure they have sufficient information to adequately risk assess the situation prior to entering a building or workspace. This is especially relevant in areas where hazardous substances such as chemicals, compressed gases, biological agents and radioactive sources are being stored.

Hazard mapping is intended to provide a visual representation of the workplace and identifies the location of those significant hazards that have the potential to cause injuries or illness to attending emergency services personnel. Departments are required to ensure that all significant hazards are appropriately recorded on the hazard map, and relevant information is available in the event of an emergency.

### 10.1 The hazard mapping process

The hazard map must be detailed at the following levels:

#### 10.1.1 Local area hazard mapping

Local hazard identification is carried out as part of the risk assessment process. Where a significant hazard is identified, departments must ensure that it is appropriately signposted, so that anyone entering the area is aware of the hazard and any actions to take. This signage is not just useful to those who would normally be expected to enter an area, but also to the emergency services should they need to enter an area. Any significant hazard should then be recorded on the local area map.

Signage must be clearly visible at the main access routes into an area and must also be placed locally to the hazard itself. For example, hazardous chemical signage must be placed on the entrance into a lab, and the storage locker containing the chemicals must also be appropriately marked.

For further information on hazard signage refer to specific operational OHS Standards, e.g. Biological Safety, Radiation Safety, EMF Safety, Chemical Safety Standards.

### 10.1.2 Departmental hazard mapping

Departments are required to develop and maintain an Emergency Response Document that highlights the main hazards present within the areas they are responsible for. The document should provide an overview of the hazards present in particular areas of a building/area for the purpose of initial assessment by the emergency services in the event of an incident.

This information must be kept as clear and concise as possible so that a rapid assessment can be made of the hazards present in an emergency. It is not intended to contain detailed information. The document should be immediately accessible to the named persons on the Departmental Emergency Contact List and should also contain a list of other individuals who may be contacted in the event of detailed information being required (e.g. Principal Investigators responsible for research areas).

The [F09 – Hazard Mapping Return Form](#) is provided for departments to use in compiling this information prior return to SHaW. Note that page 1 of this form must be completed by the University Fire Safety Adviser.

For further information on completing the Hazard Mapping Return form please contact the University Fire Safety Advisor at [safety@strath.ac.uk](mailto:safety@strath.ac.uk).

### 10.2 Reporting and access to hazard mapping information

Departments must ensure that Emergency Response Documents are forwarded to SHaW annually, or where a significant change is introduced or removed, so that a whole campus hazard map can be maintained.

These documents will be securely stored electronically to enable easy access and provision to the emergency services in the event of an incident.

## 11. CHANGE MANAGEMENT

Before the University, Faculty, Directorate or Department undergoes a permanent or temporary change to its management or working practices, a risk assessment must be undertaken, or any existing risk assessments are reviewed before the change is implemented. This will ensure that health and safety compliance is maintained, through appropriate planning of the change.

Change may provide opportunities to improve health and safety performance, for example, hazards and associated risk could be eliminated by adapting working practices and the work environment.

Such changes may include:

- a change of workplace location;
- a loss of line management or supervisory experience;
- worker turnover/change in personnel;
- reduced morale due to the lack of clarity regarding the change;
- working in an unfamiliar area and therefore being unaware of the safety arrangements;
- the introduction of new equipment;
- legislative changes;
- technological changes;
- changes to information regarding existing hazards and risks.

Where a risk assessment is required to manage a specific change, it must be completed using the [Guidance Note – Undertaking a Risk Assessment](#).

## 12. DOCUMENTATION AND RECORDS

**12.1** The requirements to meet the standard for hazard identification and risk management are described in this document. Some aspects are covered in more detail in other documents which are referenced throughout.

**12.2** The requirement for managing documents relating to this Standard can be found in the [University's Guidance on the Retention of Occupational Health and Safety Records](#).

**12.3** Written records are to be maintained to comply with this Standard.

### **13. COMMUNICATION AND REPORTING**

**13.1** A copy of the latest Standard will be available on the SHaW website.

**13.2** Departments are expected to report on compliance with this Standard as part of regular OHS performance monitoring, further information can be obtained from SHaW.

### **14. TOOLS**

#### **14.1 Guidance Notes**

- Preparing a Safety, Health and Wellbeing Risk Register and Risk Profile
- Preparing a Safety, Health and Wellbeing Action Plan
- Undertaking a Risk Assessment

#### **14.2 Information Sheets**

- Work activities requiring a specific risk assessment

#### **14.3 Forms**

- Hazard Identification Form
- Hazard Prompt Checklist
- Template Safety, Health and Wellbeing Risk Register

### **15. COMPLIANCE**

This standard aims to meet the requirements of:

- Health and Safety at Work etc. Act (1974).
- Management of Health and Safety at Work Regulations (1999).
- Safety Representatives and Safety Committees Regulations (1977) (as amended).

### **16. DOCUMENT HISTORY**

A record of changes to this document are maintained in the SHaW Document Control Register.