

**Health, Safety and Fire Safety Competency
and Training
Health and Safety Policy**

(Ref: QMHSD_HS_PCY006)

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1.0 Executive Summary

1.1 This University Health & Safety Policy describes the approach and goals for ensuring the University “provide suitable and sufficient training to allow employees to carry out work safely”. This policy expands upon this goal to describe how we ensure competency, and the role of training in ensuring the appropriate levels of competence.

2.0 Introduction

2.1 This Policy considers four areas of competence:

- Positional competence which looks at the management and leadership competencies required to discharge responsibilities from the Principal to first line supervisory staff.
- Specific tasks or activities competence. Includes working with radiation, acting as a first aider, setting up a computer workstation to avoid injury.
- Specialist roles. When employees, or in some cases contractors, act as our competent specialists. These include members of the Health and Safety Directorate, the Asbestos Manager, the Radiation Protection Advisor.
- Competence of contractors and other specialists working for, or with the University, to ensure they can undertake their specialist tasks in our working environment, safely, to protect themselves and others who may be impacted by their activities.

2.2 This Policy describes how we ensure competency, and how we use training and assessment as part of this process, to ensure we achieve the University Health and Safety Policy goals; to manage our risks; and to ensure legal compliance.

2.3 There is an important management and governance element to ensure any training needs are monitored to ensure completion; and audited to ensure they are effective.

3.0 Purpose

3.1 To ensure:

- Staff in leadership, managerial and supervisory roles are competent and trained to manage health and safety as part of their overall role.
- Staff, researchers, and contractors are competent, and where required trained, to complete their task and activities safely.
- The University specialists, where in-house or external specialists, have the required levels of competence and are maintaining their competence through appropriate CPD (Continual Professional Development) programmes. E.g., H&S professionals, asbestos manager.
- Contractors and service providers have the required level of competence and training; this may include locally delivered inductions. This may include research partners e.g., cancer charity and NHS staff.

4.0 Scope

4.1 This policy covers:

- All UK staff wherever they undertake their tasks. Staff travelling on University business should have the required competence to remain safe during such travels.
- All Queen Mary staff at the Malta Campus.
- All service providers and contractors operating under the control of Queen Mary in the UK.

5.0 Legislation

5.1 The following H&S legislation is relevant to this Policy:

- The Management of Health and Safety at Work Regulations 1999 Regulation 13 Capabilities and training.
- The Regulatory Reform (Fire Safety) Order 2005 Provision 21 Training.

6.0 Terms and Definitions

6.1 Competence: There are many definitions of competence. This policy defines it as the combination of knowledge, skills and behaviours required for a specific task, activity, or role to ensure it can be undertaken safely, both for the person undertaking the role and those who may be affected by the actions of the individual. The Health & Safety Executive describe competency as “the combination of training, skills, experience, and knowledge that a person has and their ability to apply them to perform a task safely. Other factors, such as attitude and physical ability, can also affect someone's competence.”

6.2 Training: An activity to meet a specific need to support achieving competence, to check on levels of competence, to maintain competence or to meet a specific regulatory requirement. Changes in an activity can also lead to new training being required. Some training will require refresher training at specified periods e.g. first aid at work training.

6.3 Assessment: All forms of training should have some form of assessment; this can be informal and as simple as talking to delegates about the subject to ensure it has been understood. Assessments can take place at recruitment, where specific competencies are required for a role. In role assessments of competence may be required and may lead to training and increased supervision e.g. learning to align a high-power laser beam.

6.4 Mandatory training: This is training which the University requires everyone to complete, or there is an explicit legal requirement applicable to all, or the majority, of University staff e.g. fire safety information. In addition, there will be local, and task based mandatory training for specific roles e.g. hazardous substances assessment training for those involved in the use of hazardous substances in laboratories. In many cases this training will require periodic refresher training or periodic assessment to ensure competence is retained.

6.5 Specific health and safety appointments: There are a mix of terms including but not limited to Authorised person or authorising engineer (EAF); Appointed person (EAF); Competent person (EAF); Responsible person (EAF). These terms are used for hazards such as legionella; asbestos; confined spaces; electrical work. Most are not referenced in specific legislation but have become the norm to be appointed for specific roles and activities. Wherever required these levels of competence are outlined in local procedures e.g., the Estates and Facilities (EAF) Estates Management Arrangements Procures (EMAPs). They also exist within the Health and Safety Directorate (HSD); and other specific hazards e.g., ionising radiation required a Radiation Protection Advisor (RPA).

6.6 Other operational requirements and other areas of risk: It is easy to consider health and safety competence in isolation from the broader competency needed for a role. If you consider setting up a laser beam; there are safety competencies required, but a range of other competencies related to the tasks including how to conduct the experiment and how to interpret the result. It is often beneficial to integrate all the tasks requirements into a coherent set of competencies and procedural requirements rather than separating the safety requirements from the operational requirements.

7.0 Roles and Responsibilities

7.1 Health and Safety Advisory Group (HSAG): This control is so broad it is monitored specifically by HSAG, including action plans where broad issues are identified. HSAG will review the annual report which details the overall performance of the H&S training programme.

7.2 Heads of Schools / Institutes / Directorates: Accountable to ensure all local competency and training requirements are monitored and met. This includes refresher training where required or mandated. These will be set dependant on the hazard profile of each area. For example, an office area may have relatively simple requirements, where as an area such as Estates and Facilities will require detailed oversight with support from the Estates and Facilities Head of Health and Safety. This should also extend to other stakeholders e.g., students, particularly when they engage in higher hazard activities e.g., chemistry practical lessons.

7.3 Managers and Supervisors: There are broadly five specific training and competence requirements:

- To ensure your own competence in managing health and safety for your area of responsibility. Clearly this will vary considerably from low hazard office environments; through to areas with complex hazards and competency requirements e.g., workshops, radiation and microbiological laboratories, and estates functions involving projects or infrastructure.
- To ensure new staff who are recruited or join your team have the required competency; or there is a clear understanding of the learning pathway to achieve the required competence.
- To ensure all new starters, to the organization or your team, receive an appropriate induction.
- To ensure on-going maintenance of competence. This includes on-going refresher training, assessments of changes to processes or hazards, review of training after incidents, ensuring new University training is incorporated into the area programmes.
- Ensure records are maintained and performance is monitored, and where required, reported via the area governance route.

7.4 Estates and Facilities (EAF) Directorate: The EAF Directorate is almost unique in the range of hazards and controls managed. These include high hazard areas of compliance e.g., asbestos. For these reasons the Directorate has its own Head of Health and Safety reporting to the Director of EAF, plus several subject matter experts e.g., an asbestos manager. The Director of EAF reports to HSAG on compliance matters including EAF training and competence. Whilst the EAF Directorate falls under the Policy; it will manage its competency programmes with specific EAF procedures. For some roles EAF issue formal letters of appointment related to specific competencies e.g., legionella management.

7.5 Managers and staff responsible for appointing contractors to work at the University: Any contractors working within our campuses must be competent to complete their activities; and assess where their activities may impact or be impacted by the University e.g. potential asbestos exposure; work on safety critical systems such as local exhaust ventilation systems. There is a responsibility to ensure the competence of contractors (can be historic experience gained at the University with a long-standing history of good performance). There is a responsibility to ensure contractors are provided with the appropriate information which can be through local induction or training. The goal is to ensure contractors can complete their activities without being impacted by University

hazards; or causing a risk to University staff e.g. by disconnecting air handling equipment for laboratories.

7.6 Staff and researchers: To complete all required training; and as their role requires maintain their levels of competency. Where there are concerns about competency for a role these must be escalated to their supervisor or manager.

7.7 Health and Safety Directorate (HSD): The responsibilities of the Directorate include:

- Overall accountability for the delivery of Directorate led H&S training required at the University.
- Reports on performance to the HSAG meetings and the production of an annual report detailing the effectiveness and efficiency of the H&S Training programme.
- Any issues are escalated via the University compliance governance process.
- Provide advice and support to schools, institutes, and directorate on their specific competency and training needs. Specialist training maybe conducted by external organisations e.g., laser safety training through a competent body.
- To populate the CPD Training Platform with courses and support the development of learning pathways appropriate for the range of roles within the University.
- To audit the overall compliance programme.

7.8 Organizational and Professional Development: To oversee the introduction of the CPD Training Platform to allow managers to monitor compliance with training needs within their teams, and to plan training.

8.0 Policy / Operational Arrangements

8.1 The overall programme will follow the approach outlined in the ISO Standards (International Standards Organisation):


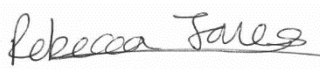
- Step 1. Determine the compliance needs. This will be guided by HSD and EAF at a higher level, and at a department school level for more specialist aspects of competence. The high-level compliance needs will be published on the HSD website in the form of a document detailing how to select health and safety training.
- Step 2. Ensure competence. This is an evaluation of current levels of competence vs the compliance needs.
- Step 3. Act to achieve the required levels of competence where gaps exist. Approaches for this include:
 - Training: HSD delivered courses will be published on the HSD website and the booking and monitoring process will be on the CPD Training Platform.
 - Supervision: Locally organised approach e.g., aligning laser beams after training.
 - Observation of a task or activity.
 - Continual application of the task or activity.
- Step 4. Evaluation of the effectiveness of programmes, including training. This can be a simple evaluation of the training, through to more formal testing, and an assessment of the improvement in actual performance. The appraisal process will also form part of the process to review competency and areas of development.
- Step 5. Retain records of competency and training. Most of these records, including refresher training, will be held on the CPD Training Platform.

- Step 6. Quality assurance will be ensured by means of a periodic internal health & safety audit into training records.

9.0 Further Information

9.1 [HSE Competency website](#)

Document Control

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| Date of issue: 01/12/2012 | Date of next scheduled review: 24/01/2027 |

| Date of alteration and re-issue | Details of changes | Changes made by (Name and position) | Approved by (Name and position) |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|
| 24/01/2024 | Title change from QMUL_HS_075 Mandatory Health and Safety Training at QMUL - H&S Policy and Guidance to QMHSD_HS_PCY006_Health and Safety Competency and Training Policy | Steven Carter (Health and Safety Manager (PS) & Training Lead) | Rebecca Jones (Director of Health and Safety) |
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