Nyarkotey University College of Holistic Medicine & Technology

Health and Safety Policy

Part 1.0 Introduction

Nyarkotey University College of Holistic Medicine and Technology is Ghana's first Competency-Based Training Provider in Naturopathy and Holistic Medicine.

This policy outlines the aims, organization, and arrangements for the purposes of health, safety, andwellbeing at Nyarkotey University College of Holistic Medicine & Technology. The policy has been developed by the College Health and Safety Executive Group (CHSEG) for the purposes of meeting the legal obligations under the Health and Safety at and all other relevant statutory provisions) in Ghana such as the **Factories**, **Offices** and Shops **Act** (No. 328 of 1970) and Civil Liability Act - 1963 (ACT 176). The College Health and Safety Policy is considered to be a *Code of Practice* for the purposes of the Regulations of the Nyarkotey University College of Holistic Medicine & Technology

There are separate College's policies covering fire safety, hazardous substances, biological safety,radiation safety, environmental protection, food hygiene, the broader aspects of risk managementand corporate and social responsibility.

The policy applies to all areas where College activities are undertaken, including overseas deliveryand research. The policy will be reviewed by CHSEG annually, and the Statement of Intent signed by the President each year.

Policy Definition

One of the key principle of Naturopathic Medicine practice is to avert harm. The principle of do no harm((*primum non nocere*). Here, we ask ourselves as practitioners "what is the minimum level of intervention needed to facilitate the self-healing process?" We generate a treatment strategy that is the gentlest and least invasive for each individual patient – that stimulates the body's own ability to heal. We recognize that health can be restored by modifying ones diet and lifestyle, and by removing environmental, social and psychological stressors. By respecting the holistic nature of each patient and their health, we ensure that the healing process is supported rather than suppressed.

We recognize the scope within which we are trained. We educate ourselves and seek guidance with respect to disease processes, are aware of safety issues and are very mindful of herb-drug-nutrient interactions. We refer on to other practitioners when necessary. We also recognize that we practice complimentary medicine – our role is to complement any other intervention that has been applied.

We also do everything possible not to subject our clients and staff to injuries. Hence, this Health and Safety is defined as:

> ***Regulations and procedures intended to prevent accident or injury in workplaces or public environments.***

Part 2.   Statement of Intent

The Nyarkotey   University College of Holistic Medicine & Technology(NUCHMT is committed to providing and maintaining a healthy and safe working environment that promotes well-being for all its students, employees, visitors, and others who may be affected by the College's activities. The ultimate responsibility for ensuring the implementation of this policy lies with University Council as Governing Body, the president its Chief Executive, and the College Executive Board.

1.2 High-quality health and safety arrangements are a feature of world-class higher education institutions and are particularly important in relation to our research capability. This policy is devised so that the health and safety arrangements will directly contribute to our overall success. In practice, the policy is intended to be a framework for setting objectives.

1.3 In accordance with the College's legal obligations, our organizational protective and preventative arrangements form a health and safety management system. This system follows a recognised good-practice model for higher education institutions, and will be subject to routine auditing and assurance reporting. It is not expected that Colleges or Professional Services Departments will need to create their own health and safety policies, but instead to develop local Implementation Statements that set out how they organize to ensure the College health and safety policy is implemented in each School or Professional Services Department.

1.4 The College is taking an "intelligent regulation" approach to developing the processes and arrangements that implement the Health and Safety Policy. This will consist of ensuring we are fully aware of the risks, have effective and proportionate risk controls in place at all times, and that positive safety outcomes are achieved routinely and without undue bureaucracy.

1.5 The overall objective is *to ensure the right action is taken, by the most appropriate person and at the right time.* The emphasis is on engaging to take action to achieve safe outcomes. The formalities such as the policies and committees are not themselves outcomes, but instead are the means through which we achieve and maintain the outcomes. This important principle should influence how we collectively engage to implement the policy.

1.6 Through this emphasis on outcomes, the College will, so far as is reasonably practicable, deliver safe workplaces, safe people, safe equipment and materials, and safe systems of working. These outcomes will be delivered by coordination of arrangements that combine to form an effective health and safety management system.

1.7 This policy recognizes leaders and managers of higher education institutes influence behavior and set examples for others to follow. Also, it is understood that making sure our students, staff, visitors, and contractors are safe is an essential part of managing risk at the College and as such will directly contribute to our overall success. Everyone in the College is

expected to engage positively in implementing this policy. Failure to do so will be investigated and followed by appropriate action.

1.8 Collaboration between colleagues and in particular the Trade Unions is also an important element of our approach. The policy establishes formal links with them and aims to promote active involvement from their membership.

1 The Intelligent Regulation community of practice at the College has the aim to consider the ways in which Professional Services can take a proportionate and intelligent approach to manage regulation.

1.9 The policy also recognizes safety culture is important and requires active engagement and positive behaviour at all Challenging unsafe behaviour and everyone to be actively involved in implementation is encouraged at all levels. Successful implementation will enable us to demonstrate commitment to health and safety at institutional, College, School or Professional Services departmental level.

1.10 In practice, the policy will require health and safety risks to be identified and assessed in advance of significant exposure to them, and effectively controlled. The formality and complexity of these arrangements will be proportionate to the risk.

1.11 The College will provide relevant and comprehensible information to students, staff, and visitors, along with instructions and training where it is appropriate to ensure all role-holders are both competent and confident regarding the risks they encounter and their role and responsibilities.

1.12 Where similar risks are encountered in different areas of the College, it is expected that there is a single, consistent approach to achieve implementation of the College policy.

1.13 Where ideas and good practice emerge from any area of the University these will be shared across the College through the reporting structure and the various groups and committees that make up the health and safety community of practice.

1.14 Where accidents and incidents occur, the College is committed to learning from each significant experience and avoiding a blame culture.

1.15 Access to competent advice is an important element of our health and safety management system, but it must be understood that implementation of this policy is the responsibility of everybody at the College.

I expect all members of the College community to actively engage in implementing this policy. I thank you for your assistance in ensuring the College continues to be a safe and healthy environment and one where the wellbeing of our staff and students can flourish.

 Sign: President

Date: 13/06/2022

(Prof. Raphael Nyarkotey Obu)

Part 3 organizing Session

2.1   Organising to implement the policy

a)   The ultimate responsibility for ensuring implementation of this policy lies with the College University Council as governing body, the President as its Chief Executive, and the University Executive Board. In practice, the members of M3 (Heads of School and above) and Senior Officers share the responsibility for implementing the policy throughout the institution, and all staff and students are expected to take the necessary action to positively engage and take appropriate action.

b)   It is also appropriate to note that the actions being taken are devised to ensure they are proportionate to the risks and meet the University's legal obligations. In practice, this requires that our actions reduce the risk *so far as is reasonable practicable*[2] taking into consideration both the risks and the circumstances. We have a set of key management actions, which will deliver the framework for compliance and implementation that will reduce the risks where they are routinely and consistently applied. These actions are distributed across a number of duty holders as outlined below.

c)   Please note a matter of formality, and in reference to the College Ordinances, the College Health and Safety Policy is considered to be a *Code of Practice* for the purposes of the Regulations of the College[i].

2.2   Distribution of responsibilities

a)   The distribution of responsibilities as outlined in this policy is recognised as a good practice approach, which will meet the Colleges legal obligations[4] and closely follows the model set out in the sector guidance "*Leadership and Management of Health and Safety in Higher Education Institutions*" (UCEA 2015).

b)   The responsibilities for leading and implementing this policy are distributed across the University in a number of roles.

c)   Figure 1 shows the relationship between line management roles and support roles.

Figure 1 – Line management and support structure for implementing the policy.

Leadership and Line Management
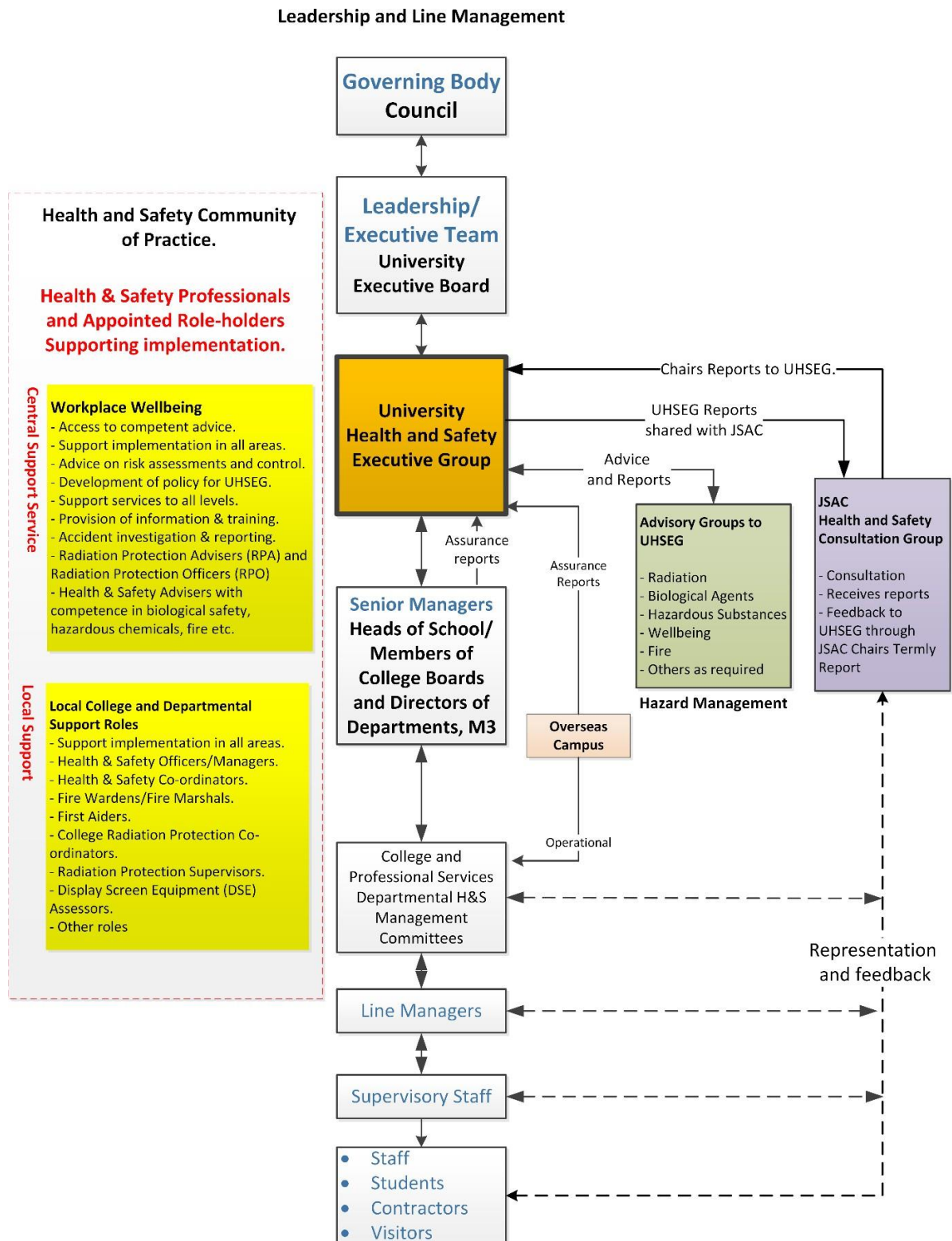
2.3 The reporting structure, groups, and committees

a) The **University College Health and Safety Executive Group** (UHSEG) sits at the centre of the health and safety management system and reporting structure as shown in figure 2. UHSEG determines the strategic priorities and objectives, agrees the institutional health and safety risk register, and oversees implementation of the policy on behalf of the University Executive Board (UEB). UHSEG are supported by a number of committees and advisory groups, including the Joint Safety Advisory Committee (JSAC), which undertakes formal consultation on relevant matters with Trade Unions and reporting structure.

b) Each College and Professional Services Department is expected to organise implementation of the University Health and Safety Policy through a **Health and Safety Management Committee**. The committee is responsible for overseeing following local arrangements;

i) The committee should be chaired by a senior manager (preferably a Head of School or a Director of a Professional Services Department).

ii) This management committee is expected to **co-ordinate the implementation of University policy** across the College or Professional Services Department. This includes undertaking the work on behalf of the Head of College or Director of Professional Services Department to nominate sufficient senior managers, supervisors, and health and safety role-holders to implement the policy.

iii) It is not expected that Colleges or Professional Services Departments create their own health and safety policy, but instead it is expected that they develop and maintain an **Implementation Statement** which demonstrates how the University policy is implemented (including up to date details on the staff nominated for the key management and support roles). Also to develop and maintain a **Risk Assessment Tracker** that enables the location and status of all current risk assessments to be monitored and reviewed.

iv) The committee should develop and review a **Health and Safety Improvement Plan**.

v) The committee will provide **Termly and Annual Assurance Reports** to UHSEG in a standard format.

c) UHSEG is advised on specific areas of policy by the following **Advisory Groups**.

These groups advise UHSEG on certain health and safety issues and may be directed by UHSEG to address specific issues where appropriate. The Advisory Groups are chaired by an appropriate senior manager (Head of School or Assistant Director of Professional Services) and are required to provide termly and annual assurance reports to UHSEG.

i)   Biological Agents Advisory Group

ii)   Hazardous Materials Advisory Group

iii)   University Radiation Safety Advisory Group

iv)   Safe Campus Travel and Transport Advisory Group

v)   Wellbeing Advisory Group.

vi)   Fire Safety Group

d)   The University Executive Board (UEB), through UHSEG, has established a **Joint Safety Advisory Committee (JSAC)** to undertake formal consultation on issues relating to this policy and the health and safety arrangements, and to promote co-operation between the University and its employees in all matters concerning health, safety, and wellbeing at work.

e)   Reporting health and safety from overseas campuses is through a combination of:

    i.   Reporting operational issues to the relevant College or Professional Services Health and Safety Management Committee;

    ii. Completion of an overall termly assurance report from the Director of Campus Operations (or equivalent) to the University Health and Safety Executive Group. See Figure 2- Reporting structure (below).

Figure 2. Reporting structure.

Reporting and feedback between University Health and Safety Committees and Groups (v 9.0 July 2019)
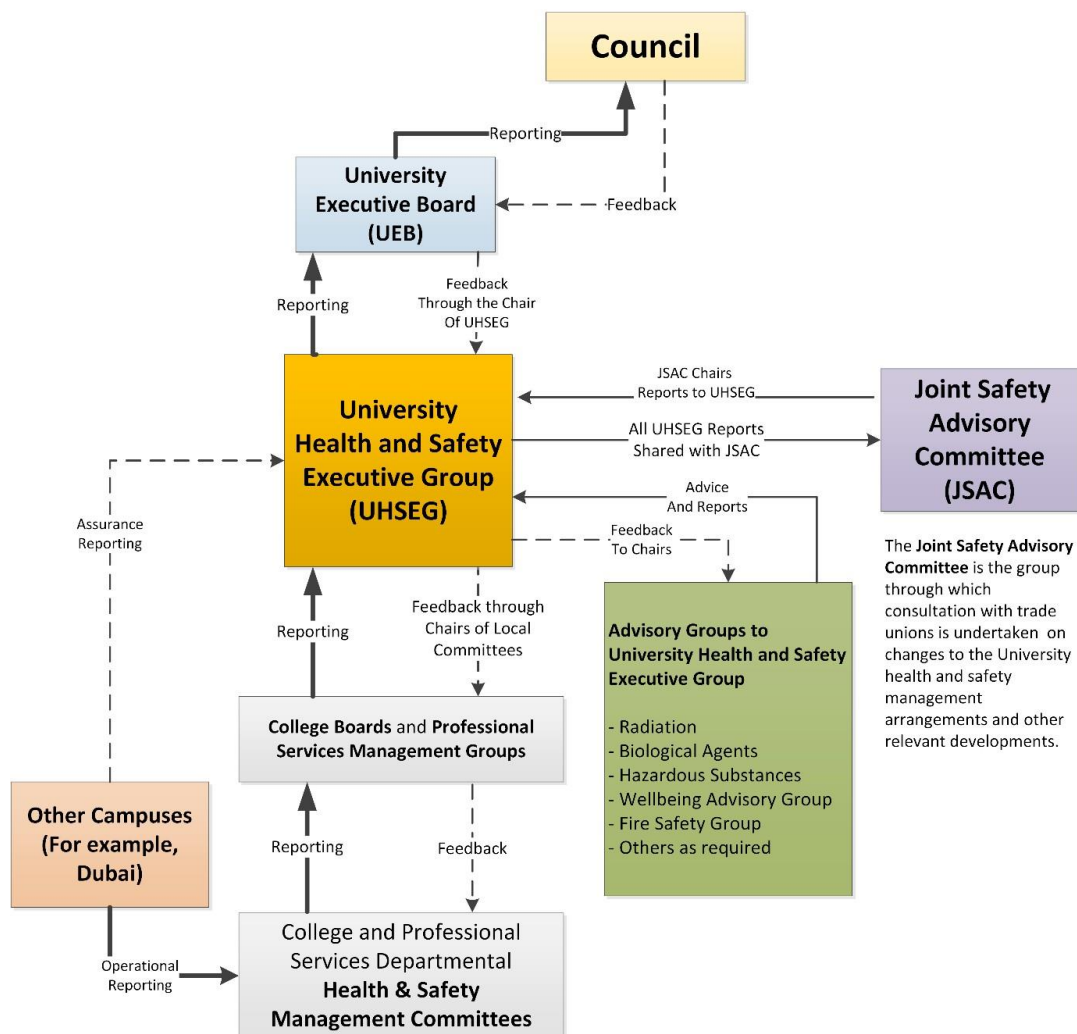
PART 3 Health and safety roles which support implementation

a)   Effective implementation of the policy will be achieved where there is an appropriate balance between management actions and support actions.

b)   Access to competent professional advice will be available from HR Workplace Wellbeing and from within the Colleges and Professional Services Departments as well as from other health and safety roles – including where the health and safety component is only part of a role within their College or Professional Services Department (for examples Health and Safety Co-ordinators, Safety Representatives, Fire Wardens, First Aiders, and other nominated support functions).

c)   Whilst there are some aspects of the health and safety arrangements that will be dependent upon health and safety professionals, other health and safety role holders, or external advisers, it is not expected that implementation of the policy is the sole responsibility of health and safety role- holders. The objective is that managers and others are both competent and confident in the actions to discharge their responsibilities and that the day-to-day implementation of the policy can be achieved with an appropriate level of dependence upon professional advisers or external help.

i)   Examples of the support roles available to assist managers and others in implementing the policy are listed below. Professional Health and Safety Advisers (in HR Workplace Wellbeing and within Colleges and Professional Services Departments).

ii)   Local Health and Safety Co-ordinators.

iii)   Fire Wardens.

iv)   Trade Union Appointed Safety Representatives.

v)   Display Screen Equipment (DSE) Assessors.

vi)   College Radiation Protection Co-ordinators (RPC) and Radiation Protection Supervisors (RPS) and Laser Safety Officers (LSO), Biological Safety Officers (BSO)

2.4   Competence and training

a)   Successful implementation of this policy is dependent upon everyone being sufficiently competent regarding health and safety in relation to the risks they encounter, and their role and responsibilities.

2.5   Duty holders

A summary of the responsibilities of each of the roles is provided in the following sections. Reference is made throughout to the **key management actions.** These actions are relevant to all duty holders (although the responsibility for the action will vary according to the role of each duty holder).

2.6   Duties on duty holders

a)   Council (as Governing Body)

Council has strategic oversight of the health and safety policy and arrangements and will seek assurances that effective arrangements are in place and working. In keeping with expectations placed on Governing Bodies.   The following responsibilities sit with Council:

i)   To ensure health and safety is a standard item on the agenda of Council meetings.

ii)   To ensure that there is a process for auditing health and safety performance.

iii)   To receive and reasonably evaluate assurances and data relevant to health and safety.

iv)   To review the University health and safety risk profile on an annual basis.

b)   President

The President has overall accountability to Council for health and safety in the University and has a key role in fostering an environment in which health, safety, welfare, and wellbeing are seen as essential and integral parts of the University's activities and culture.

i)   The President has appointed the University College's Health and Safety Executive Group (UHSEG) to advise him and the University Executive Board (UEB) and to act on his behalf in matters relating to health and safety, including taking action where standards are not being met and the policy is not being implemented.

ii)   The President has appointed a Joint Safety Advisory Committee (JSAC) for the purposes of consulting with the Trade Unions on issues relating to this policy, to receive other feedback, and to promote cooperation between the University, its employees and students in all matters concerning health and safety.

c)   Leadership and Executive Team (including University Executive Board, University Health and Safety Executive Group, and Heads of College)

The University Executive Board (UEB) are the leadership and executive team for the purposes

of this policy and are accountable to the Vice-Chancellor regarding the effective implementation of this policy in all areas of University activity. UHSEG develops, leads and manages the processes that combine to form the health and safety management system. In order to do this, UHSEG receives assurance reports from all

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areas of the University, and provides Termly and Annual Assurance Reports to UEB, and an Annual Report to Council.

i) UHSEG sets the strategic priorities, and is the steward of this policy and the other arrangements that implement the University policy.

ii) The responsibility for implementation of the policy is delegated from UEB to Heads of College, Directors of Professional Services Departments, and to the senior managers who are members of M3 (Heads of School and above).

iii) UEB has a responsibility to develop and maintain a Strategic Emergency Response Plan (SERP) and Strategic Emergency Response Team (SERT) and to have in place arrangements to communicate with the relevant emergency services. In practice, these emergency arrangements are led by the Registrar and Secretary.

d) Heads of College and Directors of Professional Services Departments

Responsibility for the implementation of this policy rests with the **Heads of College (HOC) and Directors of Professional Services Departments (DOD)**, who have responsibility to develop, lead, and manage the health and safety management system in their areas of responsibility. In practice, they are expected to delegate the work (for example to the senior managers who are members of M3, and others), but the HOC and DOD will be accountable to the Vice-Chancellor and UEB for the effectiveness of the arrangements. The duties on Heads of College and Directors of Professional Services Departments are as follows:

i) Ensure sufficient senior managers and line managers are identified for the purposes of implementing the policy in all areas within their management control.

ii) To make necessary formal appointments for health and safety role holders (for example appoint in writing one or more Health and Safety Co-ordinators.

iii) Make arrangements to ensure the development and maintenance of an **Implementation Statement,** which outlines how they organise to implement this policy by identifying those relevant senior managers.

iv) To consider the health and safety implications of strategic decisions such as large projects or new partnerships and also to consider allocation of resources for managing health and safety risks.

v)   To set up a **Health and Safety Management Committee** to co-ordinate implementation of policy across the College or Professional Services Department, to be chaired by a senior manager and to provide termly standard assurance reports to UHSEG.

vi)   To set up arrangements to implement the policy in relation to overseas delivery, international travel and other overseas working, partnership working, and work in shared premises. This should also include

arrangements for low risk international travel.

vii)   To challenge unsafe behaviour and encourage everyone to become involved in managing health and safety risk. To actively promote a culture of positive engagement.

viii)   To participate where it is beneficial to do so, in significant workplace inspections, audits, or other exercises, or where this isn't reasonably practicable to attend - to arrange for sufficient senior managers to participate in these audits or inspections.

ix)   To set health and safety objectives for senior managers and line managers through the process of PDRs and other processes.

x)   To ensure arrangements are in place to implement the University policy in relation to the design, manufacture, or installation of in-house equipment and apparatus

e)   Senior Managers (M3, Deputy Deans, Heads of School, Head of Institutes and others)

Senior managers are accountable to the Leadership and Executive Team for implementation of the policy in all areas. Senior managers for the purposes of the policy include the members of M3 (excluding Heads of College and Directors of Professional Services Departments whose duties are outlined above), Deputy Deans, Heads of School, Heads of Institute and other similar managers who can positively influence implementation of this policy. Information on which senior managers are responsible for which process or area should be recorded in a local College or Professional Services Departmental Implementation Statement.

In practice this means that these senior managers will incorporate where it is relevant and reasonable to do so, consideration of health and safety needs in relation to their other management responsibilities. Specifically, senior managers will implement the policy to protect staff, students, visitors, and contractors through the following actions:

i)   Ensure there are sufficient line managers and operational managers identified to implement the policy in their areas of responsibility. Also to ensure that supervision of

staff and students is appropriate in all areas.

ii) Organise the work in accordance with the local Implementation Statement. This includes allocating responsibilities for health and safety across teams, projects, and during partnership working.

iii) To make arrangements across their areas of responsibility for the purposes of implementing the key management actions.

iv) To challenge unsafe behaviour and encourage everyone to become involved in managing health and safety risk. To actively promote a positive culture around engagement with health and safety.

v) Set health and safety objectives for line managers through the process of PDRs and other processes.

vi)   Ensure there is an established process for confirming that goods received (equipment, materials etc.) are checked for safety prior to use.

Line managers (academic and professional support staff) are accountable to the relevant senior managers for the implementation of the policy in their areas of responsibility. Line managers may be responsible for an area, or a process including a research project, or a specific group of staff or students (or any combination of these). In practice this means line managers are required to be actively involved in implementing the key management actions that are relevant to them.

Importantly, **Principal Investigators (PI)** are expected to have similar responsibilities to line managers for the purposes of implementing the policy in relation to research projects and similar activity.

i)   To organise the work so that the policy is implemented in their areas where they have management responsibility and to ensure health and safety needs are factored into all relevant planning.

ii)   To ensure risks are assessed in advance of any significant exposure to them, the assessments are recorded, the risk controls implemented, and that staff and students are provided with information on the significant findings of the risk assessments. To also have responsibility for completing individual risk assessments (e.g. pregnancy, DSE, PEEPS).

iii)   To ensure staff and students work safely and receive the necessary information, instructions and training (including health and safety induction at the soonest opportunity in advance of being exposed to the risks).

iv)   To ensure that sufficient competent supervisors are available to implement the policy and to ensure appropriate levels of supervision of students, staff and visitors for the purposes of health and safety.

v)   To participate in health and safety training and to ensure the participation of supervisors and other staff. To make arrangements in their area for undergraduate students and others not expected to take part in staff training, to receive suitable health

and safety training and briefings (including where appropriate annual toolbox talks).

vi)   To challenge unsafe behaviour and encourage everyone to become involved in managing health and safety risk. To actively promote a positive culture around engagement with health and safety.

vii)   To lead on local workplace inspections and audits and to implement improvement actions where appropriate.

g) Supervisory staff

Supervisory staff (including academic staff, leaders of research groups, other staff who supervise people or processes) are responsible for supervising relevant aspects of implementation of the policy in the areas they supervise. Information on which supervisory staff are responsible for which process or area should be recorded in the relevant Implementation Statement.

The following duties are placed on supervisory staff.

i) To supervise implementation of the policy in their designated areas where they have supervisory responsibility.

ii) To ensure risks are assessed in advance of any significant exposure to them and that staff and students are provided with information on the significant findings of the risk assessments.

iii) To provide staff and students with information and instructions necessary for them to work safely, and where necessary to arrange for them to receive training. Where appropriate to provide toolbox talks on specific risks or processes.

iv) Where it is appropriate to do so, to supervise the safety of contractors and visitors.

v) To raise any issues of non-compliance to the relevant line manager and to contribute information to those managers developing assurance reports.

vi) To immediately report accidents, incidents, and near-misses, and to contribute to accident investigations.

vii) To challenge unsafe behaviour and encourage everyone to become involved in managing health and safety risk. To actively promote a positive culture around engagement with health and safety.

viii) To be aware of the emergency arrangements, and support the line managers in emergency preparedness and response. Where practical to do so, to supervise the safe evacuation of staff in accordance with the emergency arrangements.

h)   Designers, manufacturers and installers of (in-house) equipment used at work

There are specific duties that apply where in-house equipment or apparatus is designed, manufactured, or installed for *work* or *work-like* purposes (including as part of research). These duties are particularly relevant to prototype devices, where the University could in some circumstances be expected to take the same approach to safety as a commercial designer or manufacturer in ensuring the equipment is safe for use prior to it being provided for use by others(including by other staff or students within the University).

The Head of College is responsible for identifying senior managers who are responsible for ensuring the safety on in-house designed, manufactured, and installed equipment and apparatus. Details of nominated senior managers should be included in Implementation Statements.

The nominated senior manager for the area responsible for the development of the equipment or apparatus must ensure the following;

i)   That persons designing, manufacturing, and installing equipment are competent to do so.

ii)   That the equipment or apparatus is suitable (fit for purpose).

iii)   That sufficient testing has been carried out (and safe limits and other relevant information marked on the equipment and provided to users).

iv)   That the equipment is installed to appropriate standards (including in-situ testing and commissioning) and is maintained in a safe condition.

v)   That relevant checks are carried out on the equipment and apparatus prior to release.

vi)   To liaise with University Estates Department regarding including equipment on inventory of items requiring statutory testing, or any other requirements.

HR Workplace Wellbeing and Estates can advise on these duties. More detail is available in a dedicated policy that supports the safe use of work equipment.

i)   Staff (including Postgraduate Researchers)

Staff for the purposes of this policy include all persons working under a contract of employment (temporary or permanent), and Postgraduate Researchers.

i)   Everyone has a role in promoting a healthy and safe environment in all that the University does. Individual staff have a duty to conduct themselves and their work in a safe manner so as to not endanger themselves or others.

ii)   Staff should challenge unsafe behaviour and encourage everyone to be actively involved in managing health and safety. Staff should demonstrate attitudes and behaviours that support a positive culture around engagement with health and safety.

iii)   Staff are required to cooperate with the University regarding any provisions made to

implement this policy (for example to attend training, to follow emergency instructions etc.).Failure to do so will be investigated and could result in disciplinary action.

iv) Where staff have concerns over health and safety it should be brought to the attention of their supervisor, a relevant line manager, or the local Health and Safety Co-ordinator. Where concerns remain, issues can be brought to the attention of the local Health and Safety adviser, HR Workplace Wellbeing or a Trade Union Appointed Safety Representative.

j) Students (including Undergraduate and Postgraduate Taught)

Students for the purposes of this policy include all Undergraduates, Postgraduate Taught, and other persons studying at the University. Postgraduate Research (PGR) students are excluded from this provision because PGR are considered to be staff for the purposes of this policy (reflecting the types of activity they undertake and the responsibilities that work could involve).

i) The safety of students is generally the responsibility of their academic supervisor, although there are circumstances where other staff (including technicians and supervisory staff) will have responsibility for some aspects of student safety.

ii) Individual students have a duty to conduct themselves in a safe manner so as to not endanger themselves or others. Students are required to cooperate with the University regarding any provisions made to implement this policy (for example to follow instructions, attend safety briefings, or follow emergency instructions etc.). Failure to do so will be investigated and could result in disciplinary action.

iii) Students should be encouraged to challenge unsafe behaviour and report any concerns they have to a relevant academic supervisor. Where students have concerns over health and safety it should be brought to the attention of their academic supervisor or tutor. Where concerns remain, issues can be brought to the attention of a local Health and Safety adviser or the Guild of Students.

k) Visitors to the University

Other duty holders listed above will have responsibilities to ensure the safety of visitors. Visitors also have a duty to co-operate with the University regarding any provisions required to implement this policy.

i) Visitors should be briefed on emergency arrangements and other relevant details by whoever is supervising their visits to campus as part of their site induction.

ii) Visitors are not expected to be exposed to significant health and safety risks that are not otherwise controlled and should be able to remain safe through being

provided with sufficient information and instructions (through safety signs and simple verbal briefings),and through appropriate levels of supervision.

iii) Where it is necessary to expose visitors to risk that could not reasonably be described astrivial, they should receive information on the significant findings of relevant risk assessments.

Contractors are a class of visitor for whom there is a requirement for a more considered approach to ensure health and safety. The policy differentiates between three different classes of contractor according to the levels of risk presented or encountered by their work. Further detail on the actions to be taken in relation to each class of contractor is provided in *UHSP Appendix J*.

1)   **Estates service or maintenance contractors.** These are contractors engaged by Estates in building refurbishment, maintenance, or other services where the processes, materials, or equipment in use are likely to present risk (to the contractors, but also to staff, students, and visitors to the University). Effective formal contractor management processes are expected to be applied.

2)   **Non-Estates service or maintenance contractors**. These are contractors who have been engaged by Colleges or Professional Services Department, to undertake work that is comparable to that which the Estates contractors undertake, in that the work includes materials, processes, or equipment that presents significant health and safety risks. Effective formal contractor management process are expected to be applied.

3)   **Low risk contractors**. These are persons who are contracted by any area of the University to undertake work which does not have any significant health and safety risk. Typically, office- based services, those undertaking lecturing or providing other contributions to learning or research, or providing other services that do not involve hazardous processes, equipment, or materials. For low risk contractors there are no additional formal contractor management processes. Safety is achieved by the same approach being applied to visitors- that is they will require a briefing about what to do in the case of an emergency and appropriate levels of supervision.

Where the contractor's work is not low risk the following provisions must be in place to ensure the safety of both the contractors and the safety of students, staff, and other visitors.

i)   Ensure there is a process to consider the risks to health and safety from the contracted work in advance of anyone being exposed to the risks.

ii)   Where it is appropriate, to ensure there is an opportunity to share risk assessments (either informally through discussion, or more formally through exchanging risk

assessments prior to the contracted work).

iii)   A suitable contractor induction process (including information on what to do in an emergency, how to report an accident, and also information on the university risks the contractor may encounter).

iv)   Appropriate levels of contractor supervision.

v)   Use of safety signs, other notices, barriers, and other communication to warn staff and students about the presence of contractors where this impacts on safety.

vi)   A process for monitoring and reviewing contractor health and safety performance (with feedback and a suitable sanction applied to contractors who perform inadequately).

m) Health and safety professionals and other appointed health and safety role-holders

Whilst implementation of the policy is the responsibility of managers and other role-holders, the effectiveness of that action is often dependent upon support from Health and Safety advisers and other health and safety role-holders, who can provide advice, support, and other services to achieve and maintain implementation of the policy. Health and Safety advisers also play an important part in developing and maintaining the competence of managers and others.

The supporting roles take certain actions that don't sensibly sit with managers or others (for example carrying out assurance audits, investigating certain types of accident, or dealing with enforcement agencies).

The overall effectiveness of the supporting roles is enhanced by combining them into a **Health and Safety Community of Practice**. The community of practice consists of professional Health and Safety advisers (in HR Workplace Wellbeing and within Colleges and Professional Services Departments), Local Health and Safety Co-ordinators, Fire Wardens, Trade Union Appointed Safety Representatives, Display Screen Equipment (DSE) Assessors, College Radiation Protection Co-ordinators, and Radiation Protection Supervisors (RPS), Laser Safety Officers (LSO), Biological Safety Officers (BSO), and First aiders and Incident Responders.

The professionally qualified health and safety role holders within the community of practice typically operate as *Health and Safety advisers*[6] who provide the following support;

i) Competent advice on all aspects of the health and safety arrangements.

ii) Specific advice of risks, risk assessments and risk controls.

iii) Health and safety training and other support to develop the capabilities of managers and other role holders.

iv) Support health and safety management committees and topic advisory groups.

v) Assist in accident investigations and reporting.

vi) Prepare assurance reports.

vii) Participate in workplace inspections and auditing.

Viii) Provide advice on occupational health and wellbeing, provide health surveillance, and provide immunisation and other services.

xi)   Contribute to the development of emergency planning and response.

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[6] Although other job titles are used for example *Health and Safety Manager*.

n)   The role of HR Workplace Wellbeing in supporting implementation of the policy

HR Workplace Wellbeing (a department within Human Resources) has a particularly significant rolewithin the community of practice in providing competent professional advice and other services across the University, but also facilitating the communication of good practice across the community. The HR Workplace Wellbeing role includes the following:

i)   Supporting the University Health and Safety Executive Group (UHSEG) in the development ofthe overall health and safety strategy (including the development of the health and safety policy). To advise UHSEG on all relevant matters.

ii)   Developing the standard assurance reports

iii)   Facilitating the community of practice consisting of Health and Safety advisers located in Colleges and Professional Services Departments, Health and Safety coordinators, other nominated roles such as Fire Wardens, First Aiders, other roles outlined in *UHSP Appendix F*.

iv)   Leading the accident recording and reporting process, including making all reports to Health and Safety Executive (HSE) under RIDDOR and leading all significant accident[7] and incident investigations.

v)   Providing a comprehensive set of services to identify and meet health and safety trainingneeds in support of the arrangements.

vi)   Facilitating the network of Advisory Groups to UHSEG (Hazardous materials, radiation, biological safety, wellbeing, and others as outlined

vii)   Providing Radiation Protection Officer (RPO) services, also the equivalent for BiologicalSafety Officer (BSO), and Laser Safety Officer (LSO).

viii)   Representing the University as the primary contact with the Health and Safety Executive (HSE), Fire and Emergency Services, the Environment Agency (for Radiation matters only) and any other regulatory body relevant to the legal obligations covered by this policy.

ix)   Advising on matters of fire safety, and to lead on a range of services supporting compliance with the various fire regulations (including developing and maintaining building fire risk assessments, providing fire awareness training, and co-ordinating the

actions of Fire Wardens to ensure regular fire evacuation exercises in all buildings).

x)   Providing Occupational Health (OH) services including advice on OH risks, health-screening, health surveillance, international travel health advice and vaccinations, and OH management referral services (including access to counselling and other employee support).

xi) Advising University Estates on health, safety, and wellbeing impacts related to all aspects of buildings and the estate. This requires HR Workplace Wellbeing to be routinely consulted during each significant estates development project (for example new buildings or changes of use to buildings and refurbishments). HR Workplace Wellbeing also advise and otherwise

support University Estates where Estates are owners of safety-related policy (for example safe use of electricity, asbestos, controlling contractors, etc.).

o)   Director of Estates (building and premises, shared areas, tenancy agreements)

The Heads of Colleges and Directors of Professional Services Departments are responsible for the health and safety impacts from activities within buildings and from College or Professional Services Departmental equipment, apparatus and any materials and substances used.

The Director of Estates is responsible for the physical safety and safe maintenance of the buildings and the shared areas (not allocated to Colleges or Professional Services Departments).

Importantly, Heads of College and Directors of Professional Services Departments are responsible for aspects of buildings and use of shared areas that they influence or control and must co-operate with the Director of Estates regarding any actions which impact on health or safety.

The Director of Estates has the following responsibilities under this policy;

i)   To ensure the structural safety and integrity of the buildings and shared areas (including the roads, car parks, and pedestrian areas). Safety provision within buildings to include active and passive fire safety systems.

ii)   To ensure the maintenance of these shared areas. Some of these are managed in partnership with the Director of Hospitality and Accommodation Services, HOC, and DOD.

iii)   To prevent unauthorised access to plant rooms, roofs and other areas where Estates apparatus or materials will be present.

iv)   To ensure the safety of contractors engaged in estates maintenance, and to protect students, staff, and other visitors from the risks presented by contractors working in shared areas.

v)   To set up a process with HR Workplace Wellbeing for the provision of services to ensure health and safety advice is made available to Project Managers and others

involved in new buildings and other significant estate developments.

vi)   To ensure compliance with the legal obligations relating to water system hygiene (for example controlling legionella).

vii)   To manage the processes necessary to control exposure to asbestos and asbestos containing materials across the University.

viii)   To act as the main "duty holder" and policy owner regarding the Electricity at Work Regulations (and other relevant statutory duties) in relation to Estates operations. **Colleges and Professional Services Departments that work with electricity (particularly allowing access to or near live conductors) must make their own arrangements to meet and comply with the duty holder requirements under the Electricity at Work Regulations and any other relevant statutory duty.**

ix)   To undertake or arrange statutory testing (inspection and examination) upon request on behalf of Colleges and Professional Services Departments. Testing is expected to include pressure systems, local exhaust ventilation (LEV), lifting equipment, and any other items requiring statutory testing (other than portable electrical items- which remain the responsibility of senior managers in Colleges and Professional Services Departments).

x)   To undertake any necessary work in relation to the structural safety and integrity of the buildings, or otherwise support the University in implementing this policy in third party premises, or where there is a tenancy agreement in accordance with SLA/lease details.

2.7   Application of this policy to overseas and international activity

a)   This health and safety policy applies to all work undertaken by the University at any locations outside of the Country. In keeping the legal interpretation of duties on Ghanaian employers to employees and others working outside Ghana, the provisions within the policy are expected to apply to overseas activities so far as is reasonably practicable. The application of the policy will be proportionate to the risks, and in the cases of low risk international travel or low risk work there will be no requirements to take additional action to implement the policy. International travel for research in regions where the health and safety risk are likely to be increased is subject to additional approvals and controls.

b)   In practice, this requires Colleges and Professional Services Departments to assess the impacts of international travel and work and where appropriate to extend their health and safety organisation and arrangements so they apply to the work outside Ghana. There are likely to be limitations on the extent to which Ghanaian levels of implementation and compliance can be achieved, but the College is legally and morally required to take all reasonable steps to ensure the health and safety of its students and staff wherever they work globally.

c)   The following measures are required to implement the policy for international travel and overseas working. There is scope to ensure a proportional level of formality according to the risks.

i)   All international travel will be carried out in accordance with the relevant University

travel policy (including compliance with the rules relating to insurance). University Finance Services will advise staff and students on matters relating to insurance.

ii)   The policy recognises that most overseas travel is low risk, for example travelling within the developed world to attend conferences, teach, or undertake other work is not considered to be high risk. In these cases, it is not necessary to take anything other than sensible measures regarding travel safety and health. Where the risks are low, it is expected that a suitable risk assessment of appropriate formality will be developed.

iii) In circumstances where there are heightened levels of health and safety risk due to the work, or the region within which the travel is taking place, there will be a requirement to properly assess those risks and apply additional controls where that is appropriate.

iv) In circumstances where the College is establishing a formal arrangement for international working (for example an overseas campus, or similar partnership where there is a formal and legal relationship) it will be appropriate to develop an appropriate level of formality around the health and safety responsibilities. Heads of College, in co-ordination with Project or Programme Boards, should take advice from University Legal Services to determine the detail. Where appropriate, a specific Implementation Statement should be developed and a termly standard assurance report presented to UHSEG from the overseas project or international campus.

v) Where the health and safety risks from international travel are significant, particularly regarding travel for research, senior managers are responsible for ensuring there are arrangements to develop specific risk assessments or research risk assessments and mitigation plans (RAMPS).

vi) Arrangements must be in place to monitor and review the effectiveness of the arrangements (including accident data), and to provide periodic assurance reports to UHSEG via the College or Professional Services Department Health and Safety Management Committee.

vii) HR Workplace Wellbeing will advise on the health and safety of international travel and overseas working. HR Workplace Wellbeing will also advise on services relating to travel health.

2.8   Application of this policy to partnership working, shared premises, and tenancy agreements

a) This health and safety policy applies, so far as it is reasonably practicable, to all work undertaken in partnership working, at shared premises, and with regard to any tenancy agreements. Service level agreements (SLA) and lease details should also be referred to for details of any third party obligations.

b)   In practice, it will be necessary to establish agreements and to co-operate and co-ordinate the health and safety arrangements with partners, other employers, and tenants. The formality of those agreements will be dependent upon the nature of the partner working and the significance ofthe health and safety risks. University Legal Services can advise on how to ensure health and safetyconsiderations are properly accommodated into partnerships, shared premises working, or tenancyagreements.

c)   The agreements for partnership working will require the following health and safety provisions or arrangements at an appropriate level of formality according to the nature of thepartnership and the health and safety risks;

i)   An exercise to properly understand the distribution of responsibilities, bearing in mind that all Ghanaian-based parties are likely to have similar legal obligations under all statutory and other relevant statutory provisions.

ii)   Heads of College, in co-ordination with Project or Programme Boards, should nominate suitable senior managers to develop specific Implementation Statements for all significant partnership working, work at shared premises, or tenancy agreement.

d)   The following measures are required to implement the policy for partnership working, shared premises, and tenancy agreements.

i)   Relevant senior managers (nominated by the Head of College or Director of Professional Services Department) should develop risk assessments and mitigation plans, and make arrangements to communicate the significant findings of all risk assessments (theirs and ours) to all parties.

ii)   All significant health and safety processes, including the emergency procedures, should be fully documented and communicated to all parties.

iii)   Arrangements must be in place to monitor and review the effectiveness of the arrangements (including accident data), and to provide periodic assurance reports to UHSEG via the College or Professional Services Department Health and Safety Management Committee.

iv)   Arrangements must be agreed for the purposes of carrying out workplace inspections (including a process to remedy any improvement needs identified by the inspections), and to carry out periodic audits of the health and safety arrangements.

v)   Service Level Agreement or lease details should be available to view any third party obligations. The University Estates Department can advise on this.

e)   College Legal Services can advise on legal matters relating to health and safety issues arising from partnership working, shared premises, and tenancy agreements.

f)   HR Workplace Wellbeing can advise on health and safety issues relating to implementation of this policy with regard to partnership working, shared premises, and tenancy agreements, with advice from Legal Services as appropriate.

g)   University Estates Department can advise on estates maintenance and other relevant issuesin relation to partnership working, shared premises, or tenancy agreements.

2.9   Application of this policy to the ethics approval process

a)   Effective implementation of this policy will be dependent upon a number of roles across the College.

b)   All research undertaken where the health and safety risks are above a certain threshold of significance must be subject to a suitable and sufficient risk assessment. These risk assessments can

be developed in a number of different ways but should be proportionate in formality and complexityto the risks.

c)   There is additional information available for health and safety in research . This guidance sets out the relationship between the separate processes of health and safety risk assessments and ethics approval and also outlines a three level approval process forthe risk assessments. This approval process ensures that the highest risk proposals receive appropriate consideration and also implementation and resourcing of additional control measures where required.

d)   In the case of research requiring travel to a region rated, theHead of College will be assisted in the decision to approve by participating in a Research Travel Approval Panel (RTAP).

e)   The health and safety risk assessments are expected to have been developed and approvedin advance of ethics approval. The responsibility for the risk assessment sits within the University health and safety management arrangements, and is not part of the research ethics approval process.

Part 4. Arrangements and policies that support implementation

3.1 The University Health and Safety Policy is supported by a number of appendices, policies, or guidance, each dedicated to a specific aspect of the arrangements. An infographic is available to show the relationship between the key documents, see figure 2 below.

Figure 2. Relationship between the key arrangements of the policy.
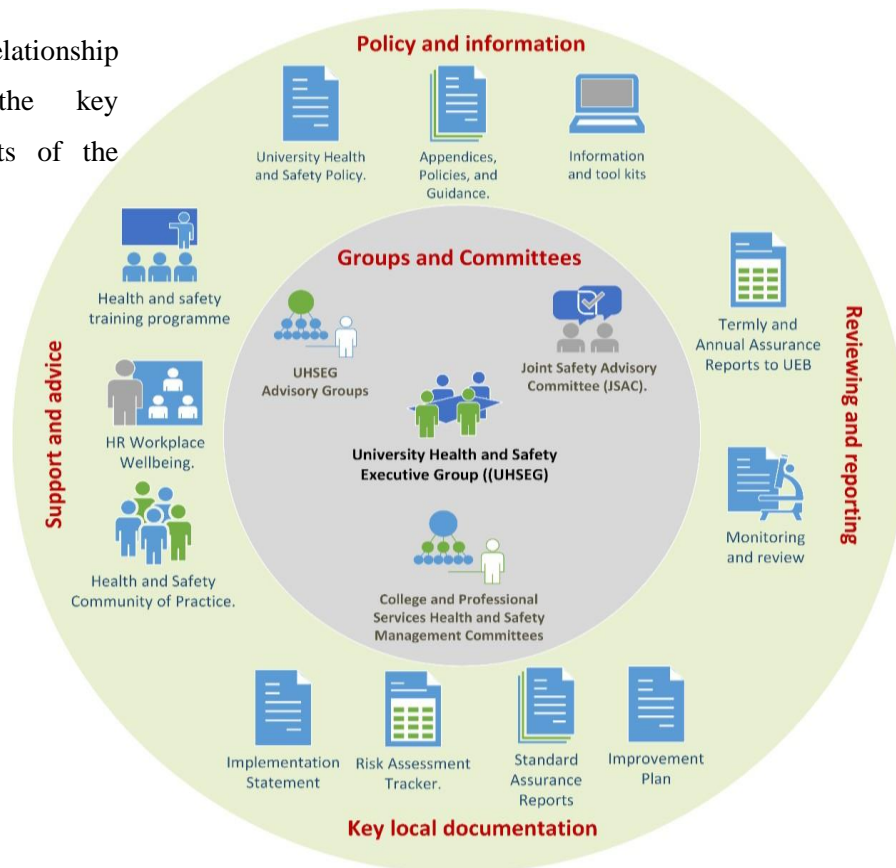
3.2 Brief summaries of key arrangements are presented as appendices to this policy (see table 2). These link to further detailed guidance and useful toolkits such as checklists, which are hosted on the staff intranet.

3.3 the current formally adopted University Health and Safety Policy and guidance were developed and adopted at different times, and differ in content and formatting. Some policies and guidance reflect the organisational arrangements at the time they were initially developed and agreed,

and some details of which maynot reflect the language and role-designations of this current policy. These inconsistencies will be addressed during future review and revision.

a)   The policies and guidance listed in *UHSP* remain in place until revised equivalentpolicies or guidance are produced.

b)   HR Workplace Wellbeing will continually review and revise the policies and guidance inaccordance with a scheduled agreed with UHSEG.

c)   At any time before these amended policies and guidance are available, managers and other role holders are invited to seek guidance on interpretation from HR Workplace Wellbeing.

3.4   COVID 19 Guidelines

Testing

- Any student who shows any one of the major symptoms, or two or more of the minor symptoms should stay away from in-person lectures, practicals, other academic activities, and social gatherings
- They should report to the hospital the next morning or to the Hospital Pre-triaging point at the gate (only weekends).
  - o The student will be assessed further and a sample for COVID-19 testing will be taken.
  - o After sample is taken, the student should self-isolate until test results are communicated to them. This is a very important intervention to avoid preventable contact with positive cases, and to prevent further spread on campus.
  - o Currently it takes between 3 and 7 days to get the results. All efforts are being made to shorten this.

Managing students who test positive for COVID-19

What happens if the test result is positive?

- The College Health Team (CHT) Team will work with the District Case Management Team for appropriate management of all cases.
  - Contact tracing team will be informed to identify all contacts.

Asymptomatic or mild disease

- Strict self-isolation. Students are expected to strictly adhere to all prescribed measures. A breach will be considered as unprofessional behaviour.

Moderate to severe disease

- The Team will admit to the holding area of the College (or a designated place) and provide care until transfer to a Treatment Centre is effected.
- The Naturopathic Team will support the affected student with immune boosted as well

When can I be out of isolation?

Students can return to normal in-person academic and social activities:

- 14 days after the initial positive test (i.e. the date the sample was taken) if there are no symptoms
- If symptoms are still present, then they continue isolation until symptoms resolve.
- A repeat polymerase chain reaction (PCR) test is not necessary for ending isolation.

Contact tracing

The College Team will work with the National Contact Tracing Team to conduct contact tracing for students who test positive.

- Students who test positive will be contacted by the contact tracing team.
- Students should endeavor to give accurate information
- Students identified as contacts who require testing will be assisted to have the testing done.

Prevention

General preventive measures

- Wash your hands regularly with soap and water or clean them with an alcohol-based hand rub (at least 70% alcohol).
- Always wear your mask correctly when outside your room
- Maintain at least 1 meter distance between you and people coughing or sneezing
- Avoid touching your face without cleaning your hands first.
- Cover your mouth and nose when coughing or sneezing
- Always wash your hands when you return to your accommodation.
- Familiarise yourself with and follow the University COVID-19 guidelines
- Don't invite friends or family to visit you – stay in contact online instead. **Do not entertain 'perchers'**
- Don't host visitors, parties or gatherings in your room.
- Stay away from all academic activity if you feel unwell.

- Immune support products based on science to be recommended as a Naturopathic institution

Getting academic work done

- Shared spaces should be redesigned to ensure at least 1 metre spacing.

- Face masks must be worn in all shared academic spaces.

- Communication should be virtual as much as possible.

- Sharing of items such as pens, etc should be discouraged.

- Clean shared items before you use them; e.g. computers, workspaces, tables, etc.

Boosting immunity

These measures should be taken in consideration bearing in mind allergies and other underlying conditions. Consult your physician when in doubt.

- Arrange to have a good and sound sleep and exercise for at least 30 minutes a day.

- Acquire skills that will help you manage stress.

- Eat a well-balanced diet, with enough fruits and vegetables.

- Beverages should be quite warm when taken.

Stigmatization

- Fear of interacting with people who have recovered from the disease may lead to stigmatization. This may lead to people refusing to disclose their symptoms and/or test for the virus.

- Show support for one another and create a welcoming environment for study.

- Maintain privacy and confidentiality. Remember the virus does not discriminate; neither should we. It could be anyone.

- We can all stop stigmatization by keeping up to date with accurate information. Correct any negative behaviors or language that can cause stigma.

- Anyone who suffers any form of stigmatization should report to the appropriate authorities (Head of Department, Dean of Student Affairs) for the necessary action to be taken.

- Students should contact any member of the counseling team for support.

Mental Health Support

Mental health support will be provided for all students. Any student who feels anxious or feels they need support can call any of the numbers provided below.

Monitoring and Evaluation

The College will monitor and measure hazards, risks, and controls at the institution. There are two primary purposes of monitoring and measuring. The first is to see if the Health and Safety Standard Policy document is working as intended. The second is to make sure any safety and health problems are identified and then fed back into the Health and Safety Policy document. The planning process with the goal of eliminating and/or controlling them. In doing this, we shall Identify and track leading indicators that predict risk as well as lagging indicators such as injuries and illnesses. Leading indicators may include things like **near-misses** and more.

Monitoring and measuring may include some or all the following, plus possibly others:

- Institutional inspections

  Such as :

  - ➢ Air monitoring
  - ➢ Noise monitoring
  - ➢ Measuring distance from dangerous heights
  - ➢ Ergonomic risk exposures
  - ➢ Radiation exposure

- **Workplace testing**

  This is a physical observation of the work area, equipment use and workers. It Shall be carried out by supervisors or line managers. It shall look at whether procedures for safe working are being followed e.g. PPE being used correctly, work area is being kept tidy (housekeeping) and risks are being suitably controlled. Ideally these should be on a schedule, although more realistic observations can be made with ad hoc inspections.

- **Exposure assessments**

  We shall investigate all incidents to determine a root cause and control hazards or correct system problems that allowed the incident to occur--so it won't happen again.

- **Injury, illness, and incident tracking**

  We shall Track these and compare them over time to consider their frequency and severity.

- **Safety suggestions from Staff and Students**

  The key is to actively keep lines of communication open, solicit staff and students' opinions, and let them know their input is valued. It may be especially important to get employee input on tasks that are not performed frequently, as the safety aspects of these may not be as familiar.

- **Occupational health assessments**

  Such as:

  Medical examinations, biological monitoring, reviews of health records, and more of staff and students.

- **Audits:** A formal assessment of the Health and Safety management system as a whole by persons who have been specifically trained and are competent. It will look at the required standards and assess the performance of the actual working practice. Audits focus on the Health and Safety policy and associated procedures in conjunction with records of incidents, accidents, and other lagging indicators. There will be a set checklist of areas to cover. Results will then be collated into a formal written report with recommendations for improvement and presented to the senior management team for review.

  Audits can be performed by staff inside the organization or by external auditors.

Review of the Policy

The aim of the review and policy allows the board to establish whether the essential health and safety principles – strong and active leadership, worker involvement, and assessment and review – have been embedded in the organization. It tells you whether your system is effective in managing risk and protecting people. The following shall influence the review policy on the College's Health and Policy:

There are a number of factors that can cause health and safety policies to become out of date. If any of the below changes happen to the workplace or legislation, policies should be updated accordingly.

- **When the College Changes Location**

  If the college moves to a new site or expands existing structures, there are new hazards and risks to consider.

- **Whenever the College Hire More Staff**

  In the event, that the college decides to increase the staff count. New staff will also need to be informed of health and safety policies and procedures.

- **Whenever the College Adopt New Processes or Equipment**

  If the college replaces or acquires equipment, policies need to be updated with details of how employees can safely operate the new work equipment. Likewise, if new processes or activities are introduced to business operations, these should be included in health and safety policies.

- **After an Accident or Injury in the Workplace**

  Every accident or injury in the workplace or claim of work-related ill-health needs to be investigated. Accidents can draw attention to safety hazards and health risks that might have been missed in risk assessments and safety policies.

- **If Employees Raise Concerns about Health and Safety**

  Employers have a responsibility to keep employees safe, so if any employees raise concerns about health and safety, policies need to be reviewed and potentially updated in light of this feedback.

- **When Changes Are Made to Health and Safety Legislation**

  Changes to health and safety legislation can mean that policies no longer comply with regulations. So after changes to legislation, there is the need to review and potentially update their health and safety policies.