

[Safety, Health and Wellbeing Policy] [version number 2] [February 2026]

SAFETY, HEALTH AND WELLBEING POLICY

Version 2

Policies superseded by this version

This document replaces [version 1 from February 2025] of the policy, with effect from [February 2026].

Summary of changes to previous version

The policy has been transferred onto the new University policy template and the content updated reflect changes to role titles, committees' responsibilities and the amalgamation of Clerkenwell and Tooting campuses' activities.

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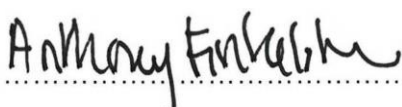
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1. Introduction

1.1. Policy Statement

- 1.1.1. City St George's, University of London (City St George's) recognises its obligations under health and safety law and is committed to ensuring the safety, health and wellbeing of its employees, students, contractors, visitors, and tenants as far as is reasonably practicable.
- 1.1.2. To achieve this, City St George's will:
- 1.1.2.1. Integrate health, safety, and wellbeing considerations into all work planning and decision-making processes across the University, ensuring that everyone understands and upholds their responsibilities.
 - 1.1.2.2. Proactively manage workplace to reduce the risk of injuries and work-related ill health. Conduct thorough risk assessments of work activities, buildings, and equipment and regularly review them to ensure safe systems of work and effective risk management.
 - 1.1.2.3. Provide and maintain adequate facilities and arrangements for our employees' and students' welfare at work.
 - 1.1.2.4. Provide instructions, information, training, and supervision as necessary to ensure that all employees and students have the skills and knowledge required to carry out their work safely and responsibly.
 - 1.1.2.5. Implement suitable arrangements to effectively manage emergencies associated with buildings and equipment, first aid or security incidents, to protect our people, property, and the environment.
 - 1.1.2.6. Ensure arrangements are in place to minimise safety and health risks in connection with the use, handling, storage, and transport of articles and substances.
 - 1.1.2.7. Engage with employees and students and ensure appropriate consultation with their Trade Union representatives in accordance with the recognition agreement on matters affecting health, safety, and welfare, creating an open, positive, and transparent culture for achieving high health, safety, and wellbeing standard across City St George's.
 - 1.1.2.8. Require cooperation and collaboration from all employees, students, contractors, tenants, and partner/third-party organisations in health and safety matters, recognising that a collective effort is essential for maintaining a safe working environment.
 - 1.1.2.9. Create a positive health, safety, and wellbeing culture across City St George's, where best practices are shared, and incidents, including near misses, are reported and viewed as opportunities for learning and continuous improvement.
 - 1.1.2.10. Strive for continual improvement in our health, safety, and wellbeing management and performance, including conducting proactive and reactive monitoring through inspections, reviews, and audits to ensure ongoing progress and effectiveness. This includes reviewing the organisational level arrangements annually and reporting to the Council with an interim and annual health, safety, and wellbeing report.
 - 1.1.2.11. Ensure compliance with all applicable legal requirements for health and safety, managing our operations and premises in accordance with current statutory obligations and good practices.

- 1.1.2.12. Promote a healthy workplace, supporting occupational health, managing work-related ill health, and making reasonable adjustments for those with health conditions or disabilities to ensure an inclusive and supportive environment.
- 1.1.3. To support the commitments listed above, City St George's has established an appropriate health and safety governance structure, management systems, processes, and procedures.
- 1.1.4. City St George's seeks and expects all staff, students, and individuals engaged in University activities to act responsibly and comply with health and safety requirements and ensure that their actions or inactions do not impact others adversely. Collaboration with the University in fulfilling the commitment of this policy is essential, as is actively contributing to the ongoing improvement of safety, health and wellbeing practices.
- 1.1.5. As President I commit to ensuring that this policy is implemented across City St George's, and seek your support to assist me in delivering the commitments set out here in.

Signed: 

Professor Sir Anthony Finkelstein CBE FREng MAE
President

City St George's, University of London, February 2026

1.2. Freedom of Speech and Academic Freedom

- 1.2.1. City St George's, University of London, regards freedom of speech and academic freedom to be fundamental to delivering its mission as the University of business, practice and the professions. Its values in this respect are set out in a code of practice on freedom of speech and academic freedom, which explains how the University will uphold, secure, and promote freedom of speech within the law:
<https://www.citystgeorges.ac.uk/about/governance/policies/code-of-practice-on-freedom-of-speech>.
- 1.2.2. Nothing in this policy should be interpreted in any way that would be inconsistent with the code of practice and – in the event of any inconsistency – the provisions of the code will prevail.

1.3. Equity, Diversity and Inclusion

- 1.3.1. City St George's, University of London works to advance equity, diversity and inclusion in its activities, processes, and culture, for the whole University community, including staff, students and visitors.
- 1.3.2. The University will meet its obligations under the Equality Act 2010 in its policies and seek to eliminate discrimination on the basis of age, disability, neurodiversity, sex, gender

reassignment, gender identity, marital status, pregnancy, caring responsibilities, sexual orientation, race, nationality, ethnic origin, religion and belief and socio-economic background.

2. Definitions

Staff includes anyone employed or engaged by City St George's, whether in the UK or abroad. This encompasses emeritus and honorary staff, individuals recruited through agencies, apprentices, and those on internships.

Students refers to individuals registered as students at City St George's.

Visitors include guests, visiting academics, individuals with honorary or associate status, those undertaking work experience, and members of the public.

Contractors are individuals or companies contracted by City St George's to perform services. This category also includes those contracted through agencies.

Workers are those performing work or services based on contractual arrangements but are not directly employed by City St George's. This category excludes individuals where the University acts as a client or customer. Examples include: Individuals, postgraduate researchers, those with associate status, volunteer workers, casual workers, short-term visiting or guest workers.

Tenants are organisations or individuals who occupy space within City St George's premises as lease holders, license holders, under tenancy agreements or other arrangements that have been agreed.

3. Procedure

3.1. Safety, Health and Wellbeing Organisation:

3.1.1. Roles and Responsibilities

This section of the Policy document defines general safety, health and wellbeing responsibilities for the key roles, teams and groups. This does not preclude any other responsibilities outlined in the University's various safety, health and wellbeing policies and procedures.

Everyone has health and safety responsibilities, and each person at the University plays a role in maintaining a healthy and safe environment. A structured chain of delegated accountability and responsibility is embedded within the organisation through the line management hierarchy and assured through the governance structure of the Safety, Health and Wellbeing Committee and its sub-committees.

3.1.2. Organisation: Governance

The committee structure listed below provides oversight of safety, health and wellbeing management by setting direction, ensuring compliance and accountability, and seeking assurance that appropriate policies and procedures for safety, health and wellbeing risk management are in place and enacted. Further details of the City St George's governance and management structure is available on [StaffHub](#).

3.1.3. Council

The University Council, as the governing body of the University, bears ultimate responsibility for

the safety, health and wellbeing of the University's students, staff, and visitors. The Council seeks assurance that effective arrangements are in place and functioning properly. This is achieved by receiving direct reports from both the Audit and Risk Committee and the University Safety, health and wellbeing Committee, thereby ensuring that all safety, health and wellbeing measures are comprehensively managed and monitored across City St George's.

3.1.4. Audit and Risk Committee

The Audit and Risk Committee meets its responsibilities delegated by the Council by: Receiving assurance that organisational arrangements and systems are in place to effectively manage safety, health and wellbeing risks and securing assurance that safety, health and wellbeing is managed effectively.

3.2. University Safety, Health and Wellbeing Committee

Section 3 of the Safety, Health and Wellbeing Policy provides full details of the University Safety, Health and wellbeing committee and sub-committees. The University Safety, Health and Wellbeing Committee's executive function is to act as an advisory and assurance body to the President on safety, health and wellbeing matters. This responsibility is discharged through:

- Being a forum for discussion, deliberation, and formation of work plans, policies, and strategies.
- Reviewing management information such as performance indicators, assurance and compliance data, and accident/near-miss statistics.
- Seeking assurance from the Schools and Professional Services Directorates that safety, health and wellbeing risks are managed effectively and efficiently.
- Reviewing the University's Annual Safety, Health and Wellbeing Report, linked to the institutional Risk Register for health and safety.

The Committee's consultative function is to meet the requirements under the Safety Representatives and Safety Committees Regulations 1977 by:

- Serving as a consultation forum on safety, health and wellbeing matters, policies and procedures.
- Considering concerns raised by Trade Union health and safety representatives regarding workplace hazards and associated risks.
- Sharing appropriate health and safety information.

3.2.1. Pathogen Management and Genetic Modification Safety Committee (PM-GMSC)

The PM-GMSC is responsible for overseeing and reviewing the implementation of the University's biological risk management policies and procedures. The Committee's role is to provide assurance to the University Safety, Health and Wellbeing Committee. The Chair of the PM-GMSC is a member of the University Safety, Health and Wellbeing Committee as well as the School of Health and Medical Sciences (SMHS) Safety, Health and Wellbeing Committee (SHWC) and provides a copy of the minutes to the SMHS SHWC to support operational oversight.

3.2.2. Genetically Modified Organisms Safety Committee

The GMOSC is a sub-committee of the Pathogen Management & Genetic Modification Safety

Committee (PM-GMSC) dealing with revision and approval of activities involving genetically modified organisms (GMOs). The GMOSC is responsible for reviewing, producing recommendations and approving all new GM activities and reporting them to the PM-GMS Committee.

3.2.3. Radiation and Laser Safety Committee

This Committee ensures compliance with applicable radiation safety regulations and oversees the safe purchase, handling, use and disposal of radioactive materials and lasers within the University. The Committee's role is to provide assurance to the University Safety, Health and wellbeing Committee. The Chair of the Radiation Safety Committee is also a member of the SHMS SHWC and provides a copy of the minutes to the SMHS SHWC to support operational oversight.

3.2.4. School and Professional Services Directorates Safety, Health and Wellbeing Committees

Schools have their own safety, health and wellbeing committees tailored to their size and risk profile. These may include, in addition to the school-level HSWC, suitable health and safety working groups formed as shown in the HSWC structure chart. There is also a Professional Services Directorates' Safety, Health and wellbeing Committee established to consider Professional Services Directorates' operational safety, health and wellbeing management matters and act as a forum for consultation with the Trade Union health and safety representatives.

3.2.5. Estates, Environment and Facilities (EEF) Technical and Statutory Compliance Management Group

The EEF Technical and Statutory Compliance Management Group, chaired by the Director of EEF, directly reports to the University Health, Safety, and Wellbeing Committee. As a management group rather than a committee, it is responsible for reviewing and overseeing all aspects of estates, environment, and facilities related technical and statutory compliance responsibilities and where required taking corrective or improvement actions. This includes overseeing construction and contractors' safety onsite and providing assurance to the University Health, Safety, and Wellbeing Committee that all technical and statutory compliance matters are managed effectively.

3.2.6. Organisation: Management Roles and Responsibilities

While the above Safety, health and wellbeing Committee and sub-committees structure serves as part of the governance oversight, the management of safety, health and wellbeing is the responsibility of the line management structure. The management responsibilities include but are not limited to leadership and supervision, operational decision-making, resource allocation, and implementation of policies and procedures. The management and operational responsibilities align with USHA [Leadership and Management guidance](#). Further details of the individual management roles and responsibilities are listed below. Where responsibilities are confined to either the Tooting or Clerkenwell/Moorgate campuses, this is specified. Otherwise the same approach exists across all three campuses.

3.2.7. The President

The Council has delegated to the President the responsibility for implementing City St George's Health, Safety, and Wellbeing Policy. The President will also ensure that sufficient resources

(time, money, and staff) and suitable management systems are in place to effectively implement the policy and manage safety, health and wellbeing risks across City St George's.

3.2.8. Deputy President (Operations)

The Deputy President (Operations) assists the President with the implementation of the Safety, Health and Wellbeing Policy across City St George's, in accordance with standard UK requirements. The accountability remains with the President.

As the Deputy President (Operations) and the Chair of the University Safety, Health and Wellbeing Committee, they will:

- Provide leadership and promote a positive safety, health and wellbeing culture, openness and fairness in safety, health and wellbeing management, and the sharing of best practice.
- Provide stakeholders with safety, health and wellbeing direction and ensure that safety, health and wellbeing obligations are met by requesting reports and updates from the chairs of local safety, health and wellbeing committees and other management roles.
- Ensure that the policy and arrangements implemented across the School and Professional Services and other assigned areas effectively identify and manage health and safety-related risks.
- Facilitate effective communication with Trade Unions and staff on matters relating to health and safety.
- Ensure that City St George's has an effective health and safety management structure for implementing its safety, health and wellbeing policy, safety management system, and other procedures.
- Receive oral and written reports on accidents, incidents, and dangerous occurrences from the chairs of the H&S subcommittees, directors, and other relevant managers and report to the Audit and Risk Committee and Council as necessary.

3.2.9. Executive Deans, School Chief Operating Officers/Directors of Operations

The Executive Deans are responsible for the line management of all areas under their control, including the Heads of Academic Departments, within their school and the implementation of the City St George's health and wellbeing, safety, security and fire procedures. The Executive Deans are required to seek assurance from Heads of Academic Departments, Principal Investigators (PIs) and the School Chief Operating Officer / Director of Operations that safety, health and wellbeing are being managed effectively across their areas of control and that their safety, health and wellbeing responsibilities are being met.

This will include:

- Providing leadership and promoting a positive culture.
- Establishing and chairing, or being a member, where applicable, of their School safety, health and wellbeing committee and ensuring members actively contribute to the Committee's work.
- Ensuring School practices comply with the central safety, health and wellbeing policies and procedures.
- Ensuring health, safety and wellbeing-related risks are effectively identified and managed.
- Identifying and seeking opportunities to improve the performance of the health and safety management system within the School.

- Fulfilling responsibilities as outlined in the USHA document [‘Leadership and Management of Health and Safety in Higher Education Institutions’](#).

The Executive Dean will work in partnership with the School Chief Operating Officer/Director of Operations to ensure effective collaboration between academic and professional services in managing safety, health and wellbeing across the School. Supporting the Heads of Departments / Principal Investigators in fulfilling their roles.

3.2.10. Heads of Departments/Principal Investigators

Heads of Academic Departments, and Principal Investigator (PIs) will be accountable for the health and safety of the staff directly employed by their department. The Head or PI shall assure the Executive Dean that health and safety issues are being managed effectively and work collaboratively with the School COO/Director of Operations to:

- Ensure that buildings, structures, and equipment under their control are inspected and maintained to prevent a foreseeable risk to the health or safety of staff, students, or other persons.
- Ensure that managers and others under their direct control carry out their respective duties within the requirements of this policy.
- Conduct risk assessments for school/department-specific activities and ensure effective control measures. Ensure effective safety, health and wellbeing practices in academic and school professional service functions.
- Ensure that all accidents, dangerous occurrences and near misses are reported and investigated and that any remedial measures are identified, implemented, and monitored.
- Ensure that adequate measures are in place for first aid and to deal with other emergencies applicable to their area of responsibility.
- Ensure that safety is a major consideration and integrated in all projects involving new work activities, construction and maintenance, and the purchase of new plant or equipment and that formally documented.
- Ensure that they are familiar with emergency plans and arrangements, and these are regularly reviewed and updated as appropriate for areas under their control.
- Ensure that essential safety equipment is provided and maintained.
- Ensure that remedial actions arising from safety inspections, audits or following accidents or incidents are completed.
- Prioritising staff health and wellbeing, including mental health at work and ensuring that effective management standards are implemented to prevent ill health and ensure wellbeing at work, including conducting departmental stress risk assessments and where applicable individual stress risk assessments.
- Ensure the implementation of the safety, health and wellbeing topic procedures, safety management system and other procedures. Where appropriate, develop and adapt local health and safety procedures in line with University policies and specific departmental risks.
- Seek advice and assistance on safety, health and wellbeing matters concerning their areas.
- Ensure that safety, health and wellbeing is always an agenda item at meetings with their teams. Ensure staff are consulted on safety, health and wellbeing issues, maintaining open communication through regular meetings and updates.
- Work with Trade Union Safety Representatives on measures that affect health and safety, inviting them to local Health and Safety Committee meetings.

Further details of the responsibilities are outlined in the USHA document ['Leadership and Management of Health and Safety in Higher Education Institutions'](#) - section Senior Managers.

3.2.11. The Director of Research Operations (Tooting)

For areas and activities under their control, the Director of Research Operations must: Ensure that all statutory inspections and maintenance of City St George's equipment in research spaces (Tooting campus), which is not part of the Director of Estates, Environment and Facilities' responsibilities, is undertaken. This includes items such as:

- Incubators
- Microbiological safety cabinets
- Pressure vessels (autoclaves and liquid nitrogen tanks)
- Gas monitoring systems (CO₂, formaldehyde, O₂)
- High-speed centrifuges etc.

This is not an exhaustive list of research equipment, while academics are responsible for the equipment they purchase, the Director of Research Operations should advise and assist researchers to ensure their equipment is compliant with statutory inspections and maintenance requirements.

3.2.12. All Senior/Technicians/Laboratory Managers and Other Similar Post Holders

In addition to all employees' duties listed below for locations or activities under their control to:

- Assist their manager and/or Principal Investigators in investigating accidents, dangerous occurrences and near misses and actively report matters of concern.
- Ensure risk assessments and safe systems of work or procedures relating to activities in their allocated laboratory, workshop, or similar spaces and supervision are produced, communicated, and fully implemented.
- Support and guide staff and students who use the space, equipment, etc., to follow safe working practices, promote safety campaigns and identify solutions to improve safety standards.
- Carry out and document safety briefings/training to assist those under their supervision in understanding individual responsibilities and the contents of safe systems of work or procedures.
- Carry out the inspections of laboratory, workshop, or similar spaces and rectify any issues identified.
- Ensure H&S records are kept.

3.2.13. Professional Services Directors

Professional Services Directors (PSD) will be accountable for the health and safety of the staff directly employed within their Directorate. The PSD shall assure the Deputy President (Operations) and University Deputy Chief Operating Officer (as Chair of the PSD Sub-HSWC) that health and safety issues are being managed effectively.

In addition to all employees' duties, for locations, services and activities under their control PSDs are required to:

- Ensure the implementation of the relevant safety, health and wellbeing policy and associated procedures.

- Ensure that risk assessments are carried out and safe systems of work are produced, communicated, and implemented.
- Ensure that the emergency plans for their areas of responsibility are prepared, communicated, and updated.
- Seek advice on safety, health and wellbeing matters from Head of Occupational Health and Safety (Clerkenwell)/ Assistant Director, Safety, Health and Environment (Tooting).
- Carry out formal periodic documented local health and safety tours/inspections of areas under their control on a planned basis and ensure identified issues are resolved, and report to the Professional Services Safety, health and wellbeing Committee.
- To actively promote safe working practices and a positive and solution-focused attitude to safety among their teams.
- Ensure that serious accidents, dangerous occurrences and near misses are reported immediately to the Deputy President (Operations), Deputy Chief Operating Officer and to the HOHS/ADSHE. Such incidents should be investigated and any resulting actions promptly implemented.
- Ensure that remedial actions arising from audits and health and safety inspections are completed and assurance is provided to the PSD sub-HSWC.
- Ensure that, where third parties are likely to be affected by City St George's undertaking, they are informed of any risks to their health or safety.
- Ensure that all projects and new businesses involving significant foreseeable risks to health or safety are subject to risk assessments and involving the relevant departments and safety professionals.
- Identify the safety training needs of employees under their control and ensure that such training is updated where required, including ensuring that staff participate in and complete the online training provided.
- Assist the health and safety team in investigating accidents, dangerous occurrences and near misses and actively report matters of concern.
- Ensure risk assessments and safe systems of work relating to activities under their supervision are produced, properly communicated and fully implemented.
- Encourage safe working practices, promote safety campaigns and improve safety standards.

3.2.14. Director of Estates, Environment and Facilities (EEF)

The Director of Estates, Environment and Facilities is responsible for:

- Ensuring that the design, construction, specification, procurement and maintenance of plant, equipment and structures are properly planned, subject to suitable risk assessment and managed safely.
- Ensuring that plant, equipment, structures and buildings are inspected by competent persons in accordance with City St George's and statutory inspection procedures and maintained in a safe condition.
- Ensuring that disused and/or non-operational equipment, plant, or structures under EEF control are subject to suitable risk assessment and are managed safely.
- Ensuring that the management of occupied and vacant property is properly planned, subject to a suitable risk assessment and managed safely.
- Ensuring that health and safety responsibilities are clearly defined in tenancy/lease/licence situations.
- Ensuring that EEF management has appropriate guidance for implementing the

requirements of the health and safety topic procedures, safety management system and other procedures in areas and activities under their control.

- Where appropriate, to advise the Deputy President (Operations) on any engineering-related solutions to specific safety issues.
- Ensuring appropriate EEF policies are established for inspecting and maintaining plants, equipment, buildings, and structures within City St George's.
- Chairing the EEF statutory compliance, projects, and service contractors' safety management group and ensuring compliance with statutory requirements in all areas of estate compliance.
- Ensuring that City St George's complies with statutory standards in all areas of Estates compliance.
- Ensuring that the work carried out by contractors on behalf of City St George's is managed and that the procedure on managing contractors and where appropriate CDM (Construction Design and Management) is implemented.
- Ensuring that all projects and new businesses involving significant foreseeable risks to health or safety are subject to risk assessments involving the relevant departments and safety professionals.
- Ensuring that safety is a major consideration and is integrated into all projects involving new work activities, construction and maintenance, and the purchase of new plant or equipment, so that projects are planned, designed and delivered safely and in compliance with relevant health and safety legislation, statutory requirements, and applicable building, operational and equipment safety standards, with all arrangements formally documented and certified where applicable.

3.2.15. Trade Union Health and Safety Representatives

The University recognises the importance of Health and Safety Representatives in maintaining an effective health and safety management system and is committed to consultation and ongoing dialogue as outlined under [the Safety Representative and Safety Committees Regulations 1977](#).

Formal consultation on health and safety matters will be through the University Safety, Health and Wellbeing Committee. School and PSD sub-HSCs are also required to ensure opportunity for consultation and contribution to the management of health and safety, through Trade Unions representative membership and through engagement in health and safety inspections and other forms of involvement.

3.2.16. The Chief Executive Officer (CEO) of the Students' Union (SU)

The CEO of the SU has the same responsibilities as Executive Deans of Schools and PSDs and Heads of Units/Departments (stated above) for areas occupied and activities under their control.

3.2.17. All Staff

All employees have a duty to uphold safety, health and wellbeing standards and be aware of personal responsibilities. Responsibilities include:

- Being aware of personal responsibilities under the [Health and Safety at Work Act 1974](#).
- Complying with City St George's safety, health and wellbeing policies, safety codes, procedures, safe systems of work and cooperating with managers and safety support roles in maintaining a safe work environment.
- Complying with mandatory safety, health and wellbeing training and role-specific safety, health and wellbeing training sessions, including participating in and

completing online training provided, and contributing suggestions for improving workplace safety.

- Ensuring that where personal protective equipment is specified and issued for a particular activity or location, it is used in the appropriate manner, and any defects are reported immediately to their line manager or supervisor.
- Reporting immediately to their line manager or supervisor any accidents, incidents, near misses, or hazards at their place of work or study, or any queries regarding health and safety or documents.
- Cooperating and complying with the risk assessment process, the production of safe systems of work, the investigation of accidents and incidents, participation in training programmes, and the achievement of safety, health and wellbeing targets.
- Making full use of team meetings and local safety, health and wellbeing committee meetings by making suggestions for improving safety, health and wellbeing and reporting all potential hazards and risks to their line manager, supervisor, or departmental safety liaison office and assist them in reducing the risk.
- Using materials, chemicals, plants, and equipment in accordance with the information, training, and/or instruction provided.
- Using their best endeavours to assist City St George's in doing everything reasonably practicable to safeguard the safety, health and wellbeing of its employees, students, and others and to achieve the annual local and wider safety, health and wellbeing targets.
- Take reasonable care for their own health, safety and wellbeing and that of others who may be affected by their acts or omissions (e.g., what they do or fail to do).
- Not intentionally or recklessly interfere with or misuse anything provided by the University in the interests of health, safety, and welfare as set out in the [Health and Safety at Work Act 1974](#).
- Cooperate with the University to enable it to meet its health and safety responsibilities.

3.2.18. Students

Students have a responsibility to:

- Take reasonable care for their own safety, health and wellbeing and that of others who may be affected by their acts or omissions (e.g., what they do or fail to do).
- Not intentionally or recklessly interfere with or misuse anything provided by the University in the interests of health, safety, and welfare.
- Cooperate with the University to enable it to meet its health and safety responsibilities, including fitness-to-practice requirements for students who will be required to work within a healthcare setting.

This is aligned to the Student Disciplinary Regulations.

3.2.19. Employed students

- Students employed or engaged to carry out work on behalf of the University (including student ambassadors, support for events or Graduate Teaching Assistants) will be classed as staff. Please refer to All Staff section above.

3.2.20. Contractors

The University uses contractors to carry out a range of work from regularly occurring, low risk activities to specific high-risk tasks. Each department or person who employs contractors must at all times ensure that these activities are carried out safely by following all current legislation in

order to eliminate, if possible, or otherwise manage risks to safety, health and wellbeing of those affected by the activities or work. Contractors must comply with the SP47 - Construction Management ([Clerkenwell and Moorgate](#), [Tooting](#)) and SP28 - Contractor Management (links: [Clerkenwell and Moorgate](#), [Tooting](#)).

3.2.21. Organisation: Specific Safety, Health and Wellbeing Related Roles

For specialist advice and assistance, the University provides a properly resourced Health, and Safety Team, with a presence on both Clerkenwell and Tooting campuses, and maintains arrangements for access to an outsourced Occupational Health Services (currently three outsourced services), including pre-employment screening and periodic health surveillance as required. The University retains specialist Radiation Protection and Laser Protection Advisors at Tooting and Clerkenwell.

Occupational Health (OH) professionals advise the University on an employee's health status and their ability to perform their role, so the employer can make informed decisions regarding that employee, or to carry out certain procedures, for example, health surveillance, pre-employment health screening, management referrals etc. OH does not provide treatment and diagnosis of individuals and such a role remains with Primary Care and the individual's G.P. They also provide pre-study fitness assessments, vaccinations and health surveillance for healthcare and medical students.

Specific health, safety and wellbeing-related roles and responsibilities are listed below:

3.2.22. Head of Occupational Health and Safety (Clerkenwell)/Assistant Director of Safety Health and Environment (Tooting)

The role holders are the competent persons appointed by the University as required by the Management of Health and Safety at Work Regulations. They advise and guide the way safety, health and wellbeing (Clerkenwell), health, safety and environment (Tooting) is managed across the University, providing professional advice, through a team of subject matter experts, on all matters relating to the occupational health, safety and environment of staff, students, and visitors.

Responsibilities include:

- Developing and overseeing the delivery of the University's vision to make health and safety business as usual.
- Advising on measures to ensure compliance with health and safety related legislation.
- Identifying, initiating, and developing University wide policies and guidance to help manage and mitigate safety, health and wellbeing risks and meet legislation obligations.
- Establishing and maintaining mechanisms that provide assurance that safety, health and wellbeing risks are being managed effectively and legislative obligations are being met.
- Establishing and delivering effective mechanisms to enable all staff and students to understand their roles and responsibilities and are competent to work safely.

3.2.23. Health and Safety Advisers and Lead Fire Safety Adviser

The team of Advisers are responsible for:

- Developing and updating City St George's safety, health and wellbeing policies, procedures, guidance notes, supporting processes, and tools.
- Reviewing safety, health and wellbeing (including fire safety) performance

across the University through an established programme of audits, inspections, building fire risk assessments, fire drills, accident and incident monitoring, and benchmarking City St George's H&S performance with other HEIs.

- Advising managers on all aspects of safety, health and wellbeing at work, including implementing the safety, health and wellbeing policy and procedures, safety management system and other procedures.
- Supporting University Managers/Technical Teams/SLOs/DSLs investigating accidents and incidents and identifying appropriate remedial actions.
- Developing and delivering health and safety and fire safety training relevant to all staff and advising the use of external providers where School/departmental-specific training is required.
- Providing advice on specialised risk assessments and, where appropriate, carrying out risk assessments i.e., building fire risk assessments.
- Attending and advising the University Safety, health and wellbeing Committee and associated Sub-Committees/Group meetings.
- Working with the Occupational Health Service in the implementation of health surveillance (where required by statute).

3.2.24. Biological Safety Adviser (Tooting)

The Biological Safety Adviser (BSA) is responsible for ensuring compliance with biological safety standards, including those related to genetically modified organisms (GMOs), across the University. The BSA provides expert guidance on handling and managing biological materials and GMOs, ensuring the implementation of best practices in accordance with the University policies, regulatory requirements, and health and safety legislation.

Key responsibilities include:

- Working closely with laboratory and research staff and members of the PM-GMSC to assist implementation of University policies and procedures related to biological safety.
- Advising project teams and staff responsible for designing and modifying buildings to ensure that new and existing facilities are compliant with biological health and safety standards.
- Working with the Occupational Health Service and line managers to assist with arranging suitable occupational health surveillance and monitoring for staff and students working with biological materials and GMOs.
- Advising on safety aspects of waste disposal practices for biological materials.
- Assisting in development of local safety rules.
- Developing and delivering training to staff and students on biological and GMO safety and compliance with the Control of Substances Hazardous to Health (COSHH) regulations
- Obtaining and maintaining necessary licences or authorisations for biological and GMO work from the relevant regulatory authorities.
- In consultation with Occupational Health, maintain records of staff working under the Genetically Modified Organisms (Contained Use) Regulations and other relevant statutory provisions.
- Promoting awareness of biological health and safety issues, helping staff understand their responsibilities to maintain a safe working environment for themselves and their students.
- Conducting or assisting with periodic inspections and audits of University premises where biological health and safety input is required, ensuring continuous compliance and safety improvements.
- Investigating microbiological emergencies or accidents, initiating necessary remedial actions, and coordinating with the teams responsible for insurance and related matters.

- Acting as the primary contact for relevant regulatory bodies, coordinating inspections and ensuring the University's compliance with applicable health and safety laws. The BSA also represents the University's interests at meetings with external bodies that influence health and safety standards.

3.2.25. Local Biological Safety Officers (BSO) (Tooting)

Where there is a need, the Institute Director within the School will appoint a local biological safety officer. The local BSO, in addition to their other full-time roles other than BSO, will be responsible for:

- Coordinating biological and GMO management requirements.
- Serving as a member of the Pathogen Management and Genetic Modification Safety Committee (PMGMSC).
- Communicating recommendations and assessments related to biological and GMO management between the committee and principal investigators.

3.2.26. Radiation Protection Advisers

The Radiation Protection Advisers (RPA) play a critical role in ensuring the University complies with the requirements set out in Regulation 14(1) and Schedule 5 of the Ionising Radiations Regulations 2017 (IRR17). The RPAs provide expert advice on all aspects of ionising radiation safety to help the University meet its regulatory obligations. This includes advising on the implementation of effective radiation protection measures, risk assessments, and the development of policies and procedures that comply with IRR17.

Specific responsibilities of the RPAs include:

- Assisting in the design and modification of facilities and equipment that use ionising radiation to ensure they meet safety standards.
- Advising on the safe handling, storage, and disposal of radioactive materials to prevent contamination, exposure and ensure compliance with permits.
- Supporting the University in conducting radiation risk assessments and monitoring procedures, ensuring that appropriate controls are in place to protect both staff and students.
- Providing guidance on emergency procedures related to radiation incidents and supporting staff training in safe working practices around radiation.
- Advising on the use and maintenance of radiation monitoring equipment and personal protective equipment (PPE) to ensure compliance with the regulations.
- In fulfilling these duties, the RPAs ensure the University maintains a safe environment in relation to ionising radiation, reducing risks to as low as reasonably practicable (ALARP) and promoting a culture of safety among all staff and students who work with or near radiation sources.
- Undertaking an annual audit of ionising and non-ionising radiation sources and facilities and where required, conducting radiation monitoring surveys and advising on safe purchase, use and disposal of radiation sources.

3.2.27. Senior Radiation Protection Supervisors/ Radiation Protection Supervisors (S/RPSs)

The S/RPSs primary roles are to:

- Secure compliance with the Ionising Radiation regulations and associated local rules.
- Ensure that the arrangements in place are suitable and adhered to.
- Command sufficient authority from the people doing the work to allow them to

supervise the radiation protection aspects of that work.

- Understand the necessary precautions to be taken and the extent to which they will restrict exposures.
- Have sufficient time and resources to carry out their functions.
- Know what to do in an emergency.

3.2.28. Laser Safety Advisers/Officers

The Laser Safety Advisers and Officers (LSAs/Os) are responsible for overseeing the safe use of lasers within the University, ensuring compliance with the British Standard BS EN 60825 and the Control of Artificial Optical Radiation at Work Regulations 2010. The LSAs/Os provide expert guidance on laser safety, helping to develop and enforce policies that protect staff, students, and visitors from potential laser hazards.

Key responsibilities of the LSAs/Os include:

- Assisting in the classification of all lasers used within the University according to their risk category, from low-power Class 1 lasers to higher-risk Class 3B and Class 4 lasers. The LSAs/Os advise on suitable risk assessments for laser activities, ensuring that control measures are proportional to the risks involved.
- Developing and implementing control measures, such as engineering controls (e.g., beam enclosures, safety interlocks) and administrative controls (e.g., access restrictions, training requirements), to minimise laser exposure. The LSAs/Os are instrumental in drafting and reviewing standard operating procedures (SOPs) for laser usage, including specific safety protocols for high-risk lasers.
- Ensuring that all laser users, particularly those handling high-powered lasers, receive adequate training in safe operating procedures. The LSAs/Os also assess users' competency levels and provides guidance on refresher training to maintain safe practices.
- Advising on the selection and provision of appropriate personal protective equipment, such as laser safety goggles tailored to the wavelength and intensity of the lasers in use, to prevent eye and skin injuries.
- Providing input during the design or modification of laser laboratories and other facilities where lasers are used, ensuring compliance with safety standards. The LSAs/Os assess the suitability of laser installations and equipment to prevent accidental exposure or beam reflections.
- Advising on investigations into any laser-related incidents or near-misses to identify root causes and prevent recurrence. The LSAs/Os support the development and communication of emergency response procedures specific to laser accidents, ensuring rapid and effective management of potential injuries or exposures.
- Conducting regular safety audits and inspections of laser facilities and equipment to verify compliance with regulations and safety standards.

3.2.29. School/Departmental Safety Liaison Officers (SLO/DSLOs) Clerkenwell

An Executive Dean must appoint one SLO and may appoint more DSLOs (officers to fulfil the role dependent on the size and risk associated with the school operational activities). The larger Professional Services Directors may also appoint an SLO and DSLOs (if such a role is not appointed, it is the responsibility of the PSD to ensure the relevant duties are discharged). The SLO/DSLO's role is to assist the Executive Dean or the PSD in meeting their health and safety responsibilities, particularly helping to develop and maintain the health and safety management

system for that School or Professional Services Directorate.

SLOs and DSLOs, where appointed, are responsible for operating within the University's Policy, associated procedures, and guidance notes and will be the first source of local advice within their School or department. It is essential that the right person is appointed to the role and has sufficient resources and support available to fulfil this important role.

The appointment framework document outlines the full details of SLOs/DSLOs roles and responsibilities. Below is the summary of key functions of the SLO and DSLO role:

- Communicating significant events and changes to legal requirements of relevance to the School/Professional Service. Attendance at the School/Professional Service H&S Committee and the SLO/DSLOs forum/briefings.
- Reporting accidents and incidents occurring in the School/Professional Service to the Safety Office and supporting in investigating H&S incidents.
- Assisting in developing Local Action Plans and recommendations from investigations following accidents/incidents.
- Organising local safety inspections, and supporting managers during regular inspections, and performing risk assessments, and seeking advice on interpretation of health and safety legislation, and best practice from the Safety Office.
- Provision of School/Professional Service termly reports to the School/PSD Safety, Health and Wellbeing Committee meetings.

3.2.30. Director of Student Experience (Clerkenwell)

The Director of Student Experience oversees the development and implementation of student health and wellbeing procedures and has overall responsibility for the following:

- Supporting and advising Schools in identifying, assessing, and managing risks relating to the mental health and wellbeing of their students associated with their operations and activities.
- Developing and implementing a range of services that support the mental and physical health and wellbeing of students.
- Providing pastoral support (which will include health and safety) for students living in university accommodation or nominated providers accommodation.
- Provide resources and support addressing student mental health.
- Facilitate health-related workshops and training for students.
- Lead on Safeguarding and preventive duties within the University.

3.2.31. Head of Security

Head of Security at Clerkenwell and Moorgate is responsible for:

- Ensuring the security team is resourced and trained to serve as the primary responder to campus emergencies, coordinating with first aid, emergency evacuations, fire safety support roles and other relevant trained staff.
- Undertaking health and safety checks on emergency evacuation and response equipment allocated to the Security team, reporting and resolving identified issues.
- Recording all security incidents, fire alarm activations and other relevant risks, collaborating with and formally informing the Safety Office for investigation and follow-up.

3.2.32. Evacuation Coordinators (Clerkenwell)

These individuals coordinate the safe evacuation of buildings in emergency situations, ensuring that all personnel are accounted for. In addition, the Evacuation Coordinators will:

- Carry out routine checks of their area(s) to ensure that all fire safety equipment is in place and without any obvious faults. Notifying the EEF Helpdesk immediately should any fault be identified.
- Act as a champion for fire safety in their building and/or department.
- Undertake day-to-day monitoring of general fire safety standards in the area in which they work, reporting any issues as necessary, as per the information provided in their training. To complete refresher training at recommended intervals.

In the event of an evacuation:

- Support staff and other occupants in their evacuation of the building.
- Collate information from occupants at the assembly point, such as location of the fire or persons left in the building, and provide this to Security/London Fire Brigade.
- Direct persons in their area(s) to the nearest safest exit and provide assistance and reassurance where required.
- Provide guidance to other staff as required and appropriate.
- Carry out any other duties as required by the Evacuation Plan for their area.
- Carry out any other duties as required by the Fire Brigade, Incident Controller (security), or other nominated person during an evacuation.

3.2.33. Fire Wardens / Marshals

In addition to the evacuation coordinator duties listed above, roles of the fire warden/marshal and chief fire warden/marshal are:

- To complete refresher training at 3 yearly intervals.
- To identify fire and escape hazards on a daily basis within their area of work and rectify them.
- To ensure a sweep of the area is coordinated and completed in an evacuation and assist the chief fire warden/incident controller, security and the LFB in an evacuation.

3.2.34. Evac Chair Operatives

Evac Chair Operatives are trained to assist in the safe evacuation of individuals who require assistance to use standard escape routes during an emergency.

- Evac Chair Operatives must be trained in the use of Evac Chairs.
- Evac Chair Operatives must be assessed as competent.

3.2.35. First Aiders

First Aiders provide immediate care in case of an injury or illness on campus until further medical assistance is available. The full description their role and responsibilities outlined in the First Aid At Work Procedure (links SP08: [Clerkenwell and Moorgate](#), SHEP14: [Tooting](#)).

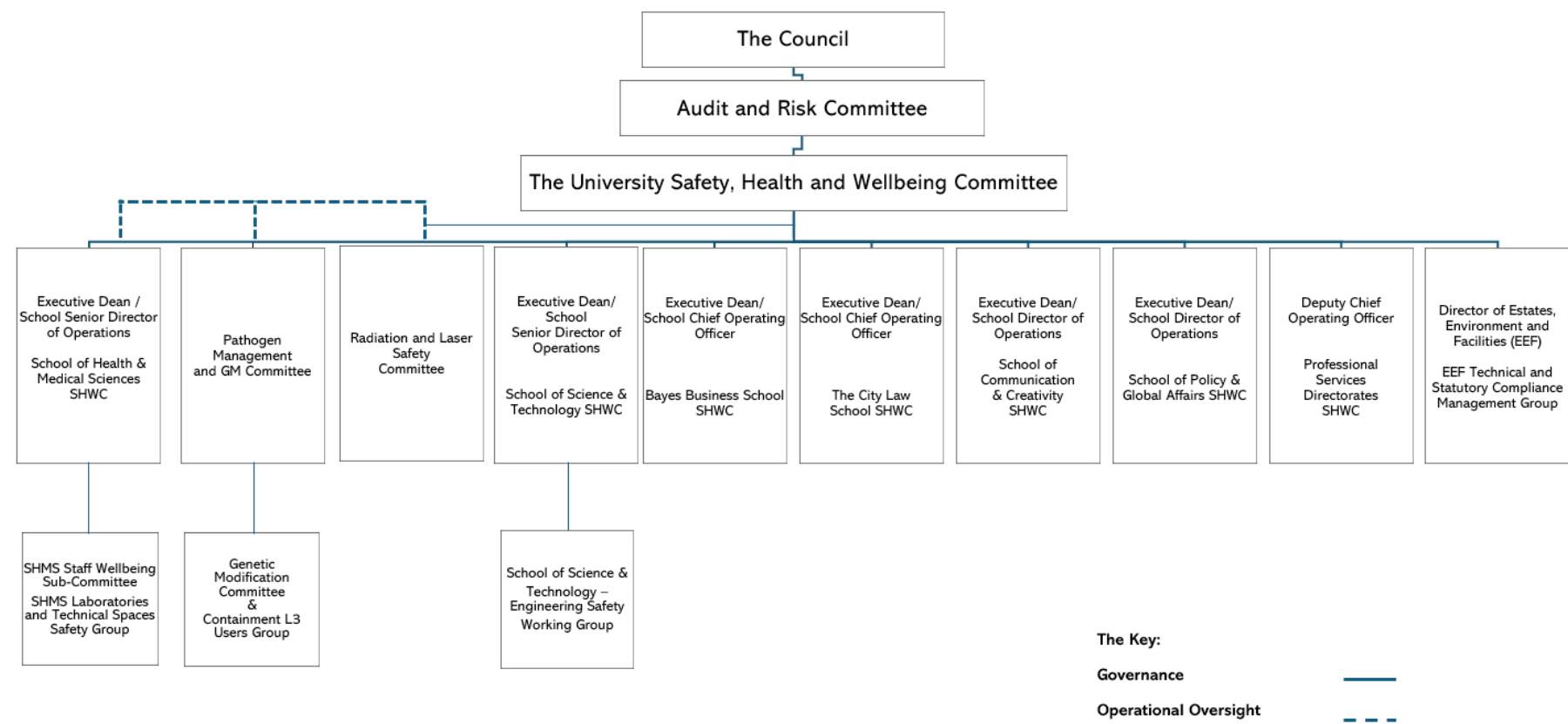
3.3. University Safety, Health and Wellbeing Committee, Sub-Committees, and Groups

City St George's, University of London (City St George's) currently has one Council and one Audit and Risk Committee, which require a single line of assurance. Therefore, the below chart aims to achieve a single line of assurance reporting.

All activities across City St George's will report into the University Safety, Health and Wellbeing Committee (HSWC). The University HSWC and its sub-committees will function as a governance structure and also fulfil a consultative role for the Safety Committees and Safety Representatives Regulations 1977. There will not be separate health and safety consultation committees. In the current structure, multiple sub-committees and/or groups reporting lines exist, they are clearly marked to separate the governance and operational responsibilities.

The Suggested Terms of Reference templates, membership categories and reporting requirements documents are given below.

University Safety, Health and Wellbeing Committee, Sub-Committees, and Groups Structure



3.4. University Safety, Health and wellbeing Committee Terms of Reference

3.4.1. Purpose of the Committee

The University Safety, Health and Wellbeing Committee (USHWC) is responsible to the Audit and Risk Committee and the Council for overseeing the management of risk in all matters relating to occupational health, and safety and wellbeing at City St George's. In its governance function, under Section 2(7) of the Health and Safety at Work Act 1974, and in its consultative role under Regulation 9 of the Safety Representatives and Safety Committees Regulations 1977, the Committee is to keep under review and obtain assurance that all measures taken to ensure the health and safety at work of all employees, students, and visitors, and to consult with recognised Trade Union Health and Safety Representatives.

3.4.2. The Committee's objectives are to:

- 3.4.2.1. Oversee the implementation of City St George's Safety, Health and Wellbeing Policy and its associated procedures, ensuring that health and safety is embedded in all areas of the University's Schools and Professional Services Directorates.
- 3.4.2.2. Monitor the University's performance through risk, and legal register reviews, ensure that the University meets its statutory obligations under health and safety legislation. Where necessary, recommend executive actions to the Senior Leadership Team to address areas of non-compliance, which may include the suspension of a University activity or a closure of space.
- 3.4.2.3. Consider health and safety reports, letters, advice, and information provided by enforcing authorities, including external agencies and accredited bodies.
- 3.4.2.4. Promote a positive health and safety culture, facilitating collaborative and collective responsibility and continuous improvement.
- 3.4.2.5. Act as a main platform for an effective and appropriate consultation with the recognised Trade Unions on the matter of health and safety.
- 3.4.2.6. Consider, and take action as appropriate on, reports from recognised TU Health and Safety Representatives.
- 3.4.2.7. Monitor the health and safety performance of Schools and Professional Services Directorates through internal and/or external health and safety audit and inspection reports, including reviews of area-specific safety practices and procedures.
- 3.4.2.8. Oversee the development of Local Health and Safety Arrangements and Plans (LAPs) to ensure compliance with the central University policy and procedures.
- 3.4.2.9. Review the compliance with the mandatory staff training programme, including an annual review of the training needs assessment and plan.
- 3.4.2.10. Monitor incidents, including near misses, occupational diseases, and dangerous occurrences. Consider investigation reports under approved procedures and make recommendations for improvements where necessary.
- 3.4.2.11. Review accident and notifiable disease statistics and trends, providing reports on unsafe or unhealthy conditions and practices, together with recommendations for corrective action.
- 3.4.2.12. Ensure that University health and safety policies, procedures, and processes are regularly reviewed, and approve new or revised health and safety policies, procedures, and guidance documents in line with the University Health and Safety

Policy, following consultation with recognised Trade Union Health and Safety Representatives. This includes assisting in the development of work safety rules and safe systems of work.

- 3.4.2.13. Advise on the adequacy of measures taken to communicate and publicise relevant health and safety information across the University.
- 3.4.2.14. To reflect the agreed approach on sub-committee minutes and reporting to HSWC

3.4.3. Consider reports from:

- 3.4.3.1. The reports of Schools and Professional Services Directorates sub-safety, health and wellbeing committees, ensuring that these sub-committees are structured appropriately and work effectively in line with the University's health and safety policy and associated procedures and management system. It is the responsibility of PSDs and School HSWCs to provide assurance to the UHSWC that health and safety risks in their areas are managed effectively.
- 3.4.3.2. To require Chairs and Secretaries of Schools and PSD Health, Safety Wellbeing committees to ensure that approved minutes are saved after each meeting in the appropriate School or Professional Services Department Teams Channel folder ([General | CUoL-University Health and Safety Committee and Sub-Committees Shared Site | Microsoft Teams](#)), within the designated sub-folder for the relevant academic year and term, so that they are accessible to Trade Union Health and Safety Representatives.
- 3.4.3.3. The Sub-committees with specialist and technical responsibilities for areas of health and safety, including the Estates Technical and Statutory Safety Management Group, Pathogen Management and Genetic Modification Safety Sub-Committee, and Radiation Safety Sub-Committee, as well as others are formed as required. These sub-committees are responsible for ensuring all statutory reporting is in place and providing assurance to the UHSWC. The chairs of these committees will also be members of relevant sub-committees' members, i.e. Chairs of the PM-GMO Safety Committee and Radiation and Laser Safety Committee will be members of the School of Health and Medical Sciences HSW Committee.
- 3.4.3.4. The Committee members, Occupational Health, Health and Safety Services, Security, Student Health and Wellbeing Services, and other relevant teams and groups.
- 3.4.3.5. Specific areas, organisations, or bodies linked to City St George's, the Students' Union and subsidiary companies, third-party service providers, etc.
- 3.4.3.6. Projects and changes at work that may have significant health and safety implications for staff, students, and others.

3.4.4. Reporting to

- 3.4.4.1. The UHSWC formally reports to the Audit and Risk Committee and the Council. The Committee provides regular reports to the Audit and Risk Committee and the Council on health and safety matters through mid-year and annual reports.
- 3.4.4.2. The Senior Leadership Team in the form of a summary of the termly meeting minutes.

3.4.5. Reports into this Group

- 3.4.5.1. The HSWC and Sub-Committees chart shows the groups and sub-committees that report to the UHSWC. The University Safety, Health and wellbeing Committee, in accordance with the University health and safety management system, can form and disband sub-committees as required.

3.4.6. Membership

Composition	Membership
Chair	Deputy President (Operations)
Members	
Governance, Legal Services and Compliance	General Counsel
HR	Chief People Officer
Estates, Environment and Facilities	Director of Estates, Environment and Facilities
Occupational H&S/Safety Health and Environment	Head of Occupational Health and Safety, and Assistant Director Safety, Health and Environment
Chairs of Statutory Sub-HSWC (In Attendance)	
Radiation and Laser Safety Committee Pathogen Management and	The Chair
Genetic Modification Health and Safety Committee	The Chair
Chairs of School Health and Safety Committees (HSWC)	
Bayes Business School HSWC	School COO
School of Science & Technology HSWC	Director of Operations
School of Health & Medical Sciences HSWC	Senior Director of Operations
The City Law School HSWC	School COO
School of Creativity and Communication HSWC	Director of Operations
School of Policy & Global Affairs HSWC	Director of Operations
Chair of the Professional Services Safety, Health and wellbeing Committee (Representing All Central Professional Services Directorates)	Deputy Chief Operating Officer
Chair of Estates, Environment and Facility Technical and Statutory Compliance Management Group	Director of Estates, Environment and Facilities
Recognised Trade Union Health and Safety Representatives	
UCU	UCU x4
Unison	UNISON x2
Unite	UNITE x2
BMA	BMA x1
	with the ability to nominate an alternate or deputise across all TUs.

3.4.7. In attendance

Ex Officio Members	
Occupational Health, Health and Safety Team Representatives(s)	Occupational Health Physician/Adviser (by invitation Lead Fire Safety Adviser/Health and Safety Adviser/s
Secretary	Health and Safety Administrator
Following members are invited to the UHSWC but not considered as representative of City St George's Management	
The Students' Union Chief Executive	SU Chief Executive
Students' Union	President of the Students' Union
In addition, the exceptional attendance of other staff or Trade Union Regional Officers may be permitted by the Chair for specific agenda items.	

3.4.8. Operational Details

3.4.8.1. **Quorum level for meeting** – Not including the Chair, the quorum shall be at least 3 Management Representatives and 3 Trade Union Representative. In cases when there is only one TU H&S representative attending the Chair will consult the TU representative if the meeting should continue. TU H&S representatives can represent all four recognised TUs.

3.4.8.2. In the absence of a quorum no business shall be transacted other than the adjournment of the meeting. Any urgent health and safety matters to be managed accordingly.

3.4.8.3. **Frequency of Meetings** – The Committee will meet at least once per term. When there are urgent items that need to be addressed prior to the next scheduled UHSW Committee, the chair will convene additional meetings.

3.4.9. Equality and Diversity Statement

3.4.9.1. City St George's is committed to promoting equality, diversity and inclusion in all its activities, processes, and culture, under its Public Sector Equality Duties and the Equality Act 2010. This includes promoting equality and diversity for all, irrespective of any protected characteristic, working pattern, family circumstance, socio-economic background, political belief or other irrelevant distinction.

3.4.9.2. The UHSWC has diverse membership to ensure that all voices are heard and considered to support the work being progressed. The current membership consists of minimum:

- 30% of women
- 30% of men
- 30% of staff from ethnic minority communities

- one member of staff from the LGBTQIA+ community
- one member of staff with a disability.

3.4.9.3. One member may represent multiple categories, and it is acknowledged that members' characteristics, as well as being intersectional, can be seen or unseen.

3.4.9.4. This diversity of representation helps to ensure that health and safety initiatives consider the unique needs and experiences of various groups within the City St George's community.

3.4.9.5. Where this has not been met the committee should be able to demonstrate what action has been taken to achieve this target.

3.4.10. Student Representation

3.4.10.1. The President of the Students' Union or their representative will be invited to the termly meetings.

3.4.11. Link to Values

3.4.11.1. **We care:** The Committee demonstrates care by prioritising the health, safety, and wellbeing of all members of the City St George's community. The Committee works to ensure that the physical and mental wellbeing of staff and students is safeguarded by monitoring the implementation of City St George's Health, Safety and Wellbeing Policy and procedures.

3.4.11.2. **We learn:** The Committee contributes to the value of learning by fostering an organisational culture of continuous improvement and knowledge sharing through termly inspections, audit reports, fire drill reports, data analysis, and evaluations.

3.4.11.3. **We Act:** The Committee takes proactive steps to raise awareness, encourage compliance, and hold individual sub-safety, health and wellbeing committees and role-holders accountable for their health and safety responsibilities.

3.4.12. TOR Review: the terms of reference and membership of this Committee as well as its sub-committees shall be reviewed and updated on at least an annual basis.

3.4.13. The Committee Performance: It is important to note that the Committee is established to ensure that significant actions are identified and implemented in such a way as the University can demonstrate that Health and Safety risks are being effectively managed as a strategic priority. Attendees at Committee are expected to add value to the process and contribute to the outputs produced as a result of the Committee's activities.

3.4.14. Standing Agenda Items (for inclusion at every meeting)

Item No.	Subject	Paper No.	Lead Speaker
	Welcome and apologies		
	Matters arising		
	Governance Matters		
	School/ Statutory /Professional Services Directorates Health, Safety and Wellbeing Committees		
	Matters to be raised by Recognised Health and Safety Trade Union Safety Representatives		
	Incident Monitoring Section		
	Inspections and Audit Section		
	Health and Wellbeing Section		
	Occupational Health EAP and Staff Counselling Staff Surveys/Stress Risk Assessments		
	Operational Matters		
	Consultation Section		
	Regulatory Bodies Engagement		
	Special Business		
	AOB		
	Date of next meeting		

3.5. Professional Services Directorates (PSDs) Safety, Health and wellbeing Committee (HSWC)

3.5.1. Terms of Reference

3.5.2. City St George's, University of London Safety, Health and wellbeing (HSW) Policy statement requires Professional Service Directors to manage safety, health and wellbeing at the local level, while ensuring conformity within their Professional Services to the requirements of the University policy and associated procedures. To this aim, PSDs HSWC is established to obtain assurance from the Professional Services Directors that HSW is managed effectively within their areas and act as a forum for management to consult with the recognised Trade Unions on matters relating to health and safety by considering and ensuring the followings:

3.5.3. Ensuring compliance with the City St George's Safety, Health and Wellbeing Policy, and Fire Safety Policy & Procedures:

- 3.5.3.1. Monitor and obtain assurance from the PSDs that University policies and procedures are implemented within their Professional Services Directorates and other organisational units within the Committee's scope.
- 3.5.3.2. Evaluate the effectiveness of existing policies and procedures and propose amendments where necessary.

3.5.4. Identifying Hazards, Assessing Risks and Monitoring Effectiveness of the Risk Control Measures

- 3.5.4.1. Obtain assurance from the Professional Services Directorates that they have identified Hazards and conducted Risk Assessments and appropriate control measures are implemented.
- 3.5.4.2. Where necessary, advise on the implementation of additional control measures to mitigate identified hazards and associated risks.
- 3.5.4.3. Review incident reports, note the lessons learned and provide recommendations to prevent future incidents.

3.5.5. Raising Awareness and Training

- 3.5.5.1. Facilitate knowledge sharing and best practices regarding health and safety among central Professional Services.
- 3.5.5.2. Consider all health and safety training requirements (not limited to the Awaken e-learning) and monitor compliance with the training requirements to meet current legislative standards and best practices.

3.5.6. Communication and Consultation:

- 3.5.6.1. Facilitate effective and appropriate communication and consultation between the Professional Services Directors and Managers and recognised TU Health and Safety Representatives regarding safety, health and wellbeing matters.
- 3.5.6.2. Disseminate information on safety, health and wellbeing policies, procedures, and initiatives to Professional Services Directorates Staff through PSDs and DSLOs.

3.5.7. Compliance and Performance Monitoring

- 3.5.7.1. Receive the termly inspection reports from the Professional Services Directorates and other designated areas, monitor completion of action plans via SF65 Form (links: [Clerkenwell and Moorgate](#), [Tooting](#))
- 3.5.7.2. Receive and consider Health and Safety Management System and other relevant H&S audit reports for the Professional Services Directorates and other organisational units within the Committee's scope.
- 3.5.7.3. Keep under review all accidents and incidents which relate to the PSDs activities.
- 3.5.7.4. Monitor compliance level of mandatory and recommended H&S training.
- 3.5.7.5. Monitor Professional Services Directorates' progress against their Health and Safety Local Action Plans via SF54 Form (links: [Clerkenwell and Moorgate](#), [Tooting](#)).

3.5.8. Standing and Suggested Agenda Items (for inclusion at every meeting)

Item No. & Time	Subject	Paper No.	Lead Speaker
1.	Welcome, introductions and apologies		Chair
2.	Minutes		
	Matters arising		Chair
3.	Governance Matters		
	Updates from the University HSWC Meeting		
	Policy, Procedure and Process Updates		
4.	Summary Reports from Professional Services Directors		
	To receive and consider reports from the PSDs Academic Services Internal Audit, President's Office Finance HR IT LEaD Library Marketing and External Relations Estates, Environment and Facilities Research and Enterprise SU		PSDs
5.	Trade Union Health and Safety Representatives Reports/Issues Brought by Trade Unions - 10mins		
	• UCU		
	• BMA		
	• Unison		
	• Unite		
6.	Inspections and Audits		
	LAP Updates, Outcomes of Inspections and audits		
7.	Health and Wellbeing –		
	Staff/Stress Survey Action Plans		
8.	Operational Matters and Monitoring Reports		
	Fire Safety and Emergency Arrangements		
	Accidents and Incidents		
	Training, Competence and Awareness		
	Security Matters		
9.	Consultation		
10.	Update on any information provided by external regulatory bodies –		
11.	AOB		
			All

3.5.9. Membership

- 3.5.9.1. Membership should always include recognised Trade Union Health and Safety Representatives.
- 3.5.9.2. Membership of the committee should include all Professional Services Directors and other organisational units within the Committee's scope. It is important that senior-level accountability (Directors) for Health and Safety as indicated by engagement with the committee; therefore, sending a deputy is acceptable only by exception for cases of sickness, leave, or other absences.
- 3.5.9.3. While the Departmental Safety Liaison Officers (DSLs) are not officially part of the Committee, they will be granted access to meeting papers and minutes in the Committee Teams Channel. This access will enable them to continue supporting their directors in preparing reports for the meetings and disseminating information from the Committee papers to staff in their areas.
- 3.5.9.4. Table below shows suggested membership:

Professional Services Directorates Safety, Health and Wellbeing Committee Membership			
Role	Term 1	Term 2	Term 3
Deputy Chief Operating Officer (Chair)			
Secretary to PSD HSWC			
Deputy Director of Human Resources			
Director of Marketing & External Relations			
Chief Information Officer			
Director of Library Services			
Chief Financial Officer			
Director of Internal Audit (also representing Presidents Office)			
Director of Research & Enterprise			
Director of Careers and Employability			
Director of LEaD			
Director of Estates Environment & Facilities			
Unison, Health and Safety Representative			
UCU Health and Safety Representative			
BMA, Health and Safety Representative			
Unison, Health and Safety Representative			
Unite Health and Safety Representative			
Chief Executive Officer-Students Union			
Head of Occupational Health & Safety			
Assistant Director SHE			
Lead Fire Safety Advisor, Safety Office (In Attendance)	By Invitation/request	By Invitation/request	By Invitation/request
Health and Safety Advisor (In Attendance)	By Invitation/request	By Invitation/request	By Invitation/request
Head of Security - EEF (In Attendance)	By Invitation/request	By Invitation/request	By Invitation/request

- 3.5.9.5. Other members of Professional Services staff can be co-opted by the Chair as necessary.
- 3.5.9.6. In attendance: SHE/Safety Office Team members
- 3.5.9.7. Secretary: PSD Safety Liaison Officer

3.5.10. Quorum

- 3.5.10.1. A quorum shall consist of three TU members, three Professional Services Directors, the Chairperson, or their designated representative. In cases when only one TU H&S representative attends, the Chair will consult the Trade Union H&S representative to determine whether the meeting should continue. The TU H&S representatives can represent all three recognised TUs covering Professional Services.

3.5.11. Equality and Diversity Statement:

- 3.5.11.1. City St George's is committed to promoting equality, diversity and inclusion in all its activities, processes, and culture, under its Public Sector Equality Duties and the Equality Act 2010. This includes promoting equality and diversity for all, irrespective of any protected characteristic, working pattern, family circumstance, socio-economic background, political belief or other irrelevant distinction.
- 3.5.11.2. The UHSWC has diverse membership to ensure that all voices are heard and considered to support the work being progressed. The current membership consists of minimum:
 - 30% of women
 - 30% of men
 - 30% of staff from ethnic minority communities
 - one member of staff from the LGBTQIA+ community
 - one member of staff with a disability
- 3.5.11.3. One member may represent multiple categories, and it is acknowledged that members' characteristics, as well as being intersectional, can be seen or unseen.
- 3.5.11.4. This diversity of representation helps to ensure that health and safety initiatives consider the unique needs and experiences of various groups within the City St George's community.
- 3.5.11.5. Where this has not been met the committee should be able to demonstrate what action has been taken to achieve this target.

3.5.12. Meeting Behaviours and Expectations:

- 3.5.12.1. In order to ensure the effectiveness of the committee, all voices should be heard equally, and each member should be aware of the behavioural expectations of working together as a group. All members are asked to agree to adhere to these:
- 3.5.12.2. **We Care**
 - Respect** – We show respect and kindness to every individual within the group regardless of their position or role in the organisation.
 - Courtesy** – All members treat each other with courtesy; we recognise the role of the Chair in facilitating the conversation, and we allow everyone to speak without

interrupting, raising voices, or talking over each other.

3.5.12.3. We Act

Responsibility – Every member has a responsibility to participate in the decision-making process and support the group's decisions, taking consensus responsibility for democratic outputs even if we do not always agree.

Professionalism – We are all professionals and are collaborating for the benefit of City St George's students and staff; when we disagree, we address this professionally, seeking productive solutions to resolve tensions.

3.5.12.4. We Learn

Empathy – We value our collective contributions and create a safe environment where diverse perspectives can be shared honestly without fear of criticism; we enhance our decision-making by listening to all available information and insights.

3.5.13. Frequency of Meetings

3.5.13.1. The Committee will meet at least three times a year i.e., once a term. Meetings may need to be held more frequently to cover areas or complex risks that may arise. The chair can convene extra committee meetings if required but would give at least five working days' notice. Where possible, the first meeting of the year shall be held in person, and the format of the other two meetings (hybrid or MS Teams) shall be agreed upon by the members.

3.5.13.2. Ideally, the PSD HSWC meetings will be held 3-4 weeks before the main University HSWC meeting. The Chair will agree with the members on a summary of PSD HSWC meeting points to be submitted to the University HSWC using the form SF63 Local HSW Committee Summary Report (links: [Clerkenwell and Moorgate](#), [Tooting](#)).

3.5.14. Documentation

3.5.14.1. The Committee Chair will draw up the necessary agenda and papers for each committee meeting in consultation with the members and the recognised trade unions.

3.5.14.2. The agenda, minutes, action updates, and reports shall be uploaded by the members to the Committee's MS Teams channel according to the agreed timetable.

3.5.14.3. A copy of the meeting minutes and actions shall be uploaded to the Committee's MS Teams channel. The documents will be made available to all members and listed stakeholders on the Committee channel before the meeting and draft minutes within 21 days of the meeting.

3.5.15. Reporting: The PSD Safety, Health and Wellbeing Committee formally reports to the University HSWC.

3.5.16. Review: The Terms of Reference (TOR) and the Committee members will undergo regular reviews, which will occur on an annual basis. These reviews will be conducted by the chair and subsequently endorsed by the members and the main HSWC.

3.6. School Safety, Health and Wellbeing Committee Terms of Reference

3.6.1. Purpose

- 3.6.1.1. City St George's safety, health and wellbeing policy requires Schools manage safety, health and wellbeing while ensuring conformity within their school to the requirements of City St George's policy, associated procedures, and management system.
- 3.6.1.2. To this aim, School HSWC is established to provide assurance to the Executive Dean/Chair that each department in the School manages H&S effectively within their areas and acts as a forum for management to consult with the recognised Trade Unions on matters relating to health, safety and wellbeing.
- 3.6.1.3. Its remit is to:
 - 3.6.1.3.1. Ensure there are suitable local arrangements in place for the implementation of health, safety, and wellbeing, fire safety and security policies, procedures and guidance notes.
 - 3.6.1.3.2. Review the School's health and safety hazard register and ensure that suitable and sufficient risk assessments are in place for high and medium hazards and associated risks.
 - 3.6.1.3.3. Review the School Safety, Health and wellbeing Local Action Plan (LAP) and ensure that appropriate objectives are set for the School and monitor completion of the LAP and annual online submission.
 - 3.6.1.3.4. Evaluate new initiatives being proposed within the School in relation to any health, safety and security implications of any new hazards which arise, and suggest appropriate mitigating action.
 - 3.6.1.3.5. Monitor and ensure on the induction and role specific training provided for all staff, students, visitors and contractors within School, in addition to the mandatory health and safety training on Awaken (Be online).
 - 3.6.1.3.6. Receive the health & safety inspection and audit reports of School, and recommend appropriate actions and monitor completion of actions.
 - 3.6.1.3.7. Act as the School forum for consultation with staff, students and recognised Trade Union Health and Safety representatives on health, safety and security matters.
 - 3.6.1.3.8. Ensuring that there is proper coordination, cooperation and communication with other users of shared space, for example through the consideration of reports from the SLO and DSLOs.
 - 3.6.1.3.9. Monitor and review the School arrangements for dealing with emergencies, and the provisions for emergency evacuations and PEEPs, evacuation drills, first aid and reporting accidents, incidents, non-compliances and business continuity arrangements.
 - 3.6.1.3.10. Receive reports of accidents, near misses, lessons learned and work-related health problems and monitor follow up action as appropriate.
 - 3.6.1.3.11. Consider reports from Trade Unions, Student body and higher risk departments within the School.

3.6.2. Membership categories

- 3.6.2.1. The School Safety, health and wellbeing Committee should have a management representative of each department within the School and their DSLO to limit its membership to facilitate focus and direction.

The membership should be determined by the Chair and should include:

- The Head of Individual Academic Departments from the School
- H&S representatives of the Partner Organisations, where applicable i.e. NHS Trust
- Staff with specialist health and safety duties and/ or responsibilities within the School.
- Trades' Union Safety Representatives
- Students' Union Body Representative
- The Executive Dean (or suitably senior nominated management representative) should always attend and chair the Committee.
- A representative from the Health and Safety Team and Estates, Environment and Facilities Directorate.

3.6.3. Reporting

- 3.6.3.1. The outcome of each meeting of the Committee shall report:
- To the next scheduled meeting of the University main Safety, Health and Wellbeing Committee, in the SF63 Assurance Report form, presented by the Chair and copy of full meeting minutes uploaded to the relevant SHSW Committee Teams channel.
 - Key outcomes of the Committee meetings should be disseminated across the School as appropriate.

- 3.6.4. Meetings:** The School Safety, Health and wellbeing Committee should meet regularly, normally once a term, more frequently if deemed necessary by the Chair.

3.6.5. Equality and Diversity Statement

- 3.6.5.1. City St George's is committed to promoting equality, diversity and inclusion in all its activities, processes, and culture, under its Public Sector Equality Duties and the Equality Act 2010. This includes promoting equality and diversity for all, irrespective of any protected characteristic, working pattern, family circumstance, socio-economic background, political belief or other relevant distinction.
- 3.6.5.2. The School HSWC has diverse membership to ensure that all voices are heard and considered to support the work being progressed. The current membership consists of minimum:
- 30% of women
 - 30% of men
 - 30% of staff from ethnic minority communities

- one member of staff from the LGBTQIA+ community
- one member of staff with a disability

- 3.6.5.3. One member may represent multiple categories, and it is acknowledged that members' characteristics, as well as being intersectional, can be seen or unseen.
- 3.6.5.4. This diversity of representation helps to ensure that health and safety initiatives consider the unique needs and experiences of various groups within the City St George's community.
- 3.6.5.5. Where this has not been met, the committee should be able to demonstrate what action has been taken to achieve this target

3.6.6. Student Representation: An SU representative will be invited to the termly meetings.

3.6.7. Link to Values

- 3.6.7.1. **We care:** The Committee demonstrates care by prioritising the health, safety, and wellbeing of all members of the City St George's community. The Committee works to ensure that the physical and mental wellbeing of staff and students is safeguarded by monitoring the implementation of City St George's Health, Safety Wellbeing Policy and procedures.
- 3.6.7.2. **We learn:** The Committee contributes to the value of learning by fostering an organisational culture of continuous improvement and knowledge sharing through termly inspections, audit reports, fire drill reports, data analysis, and evaluations.
- 3.6.7.3. **We Act:** The Committee takes proactive steps to raise awareness, encourage compliance, and hold individual sub-health and safety committees and role-holders accountable for their health and safety responsibilities.
- 3.6.7.4. **TOR Review:** the terms of reference and membership of this Committee shall be reviewed and updated on at least an annual basis and to be approved by the main HSWC.
- 3.6.7.5. **The Committee Performance:** It is important to note that the Committee is established to ensure that significant actions are identified and implemented so that the School can demonstrate that safety, health and wellbeing risks are being effectively managed as a strategic priority. Attendees at the Committee are expected to add value to the process and contribute to the outputs produced as a result of the Committee's activities.

3.7. Estates, Environment and Facilities Technical and Statutory Compliance Management Group Terms of Reference

3.7.1. Purpose

- 3.7.1.1. City St George's health, safety and wellbeing policy requires the Director of Estates, Environment and Facilities to manage and ensure that the design, construction, specification, procurement, maintenance and statutory inspections are in place for all plant, equipment and structures.
- 3.7.1.2. The EEFTSCG terms of reference to include and advise on all matters associated with:
- EEF statutory compliance,
 - EEF maintenance compliance,
 - EEF projects compliance
- 3.7.1.3. To provide to the UHSWC dashboards showing:
- The current status of statutory inspections undertaken and successfully passed, and the number of statutory inspections required. The dashboard should show percentage 'in date' and actions taken for expired inspection items for the preceding 12 months to date.
 - The current status of maintenance undertaken / completed against the planned maintenance schedule for the preceding 12 months to date.
 - The status of projects including any compliance issues.
- 3.7.1.4. This meeting will be used for reviewing and taking corrective and improvement action on all aspects of Estates, Environment and Facilities statutory compliance matters, including Capital Projects and Contractors health and safety.
- 3.7.1.5. The Group membership is determined by the Chair and membership categories are given in the table below:

Chair: Director of Estates, Environment and Facilities
Secretary: Estates, Environment and Facilities Office Manager
Membership
• Assistant Director of Facilities
• Facilities Manager
• Head of Maintenance
• AD EEF Strategy & Planning
• Long Term Maintenance Manager
• Head of Projects
• Head of Security
• Head of Technical Compliance & Risk.
• Head of Maintenance and Engineering – Tooting
• Sports & Residential Services Manager
• Membership from FM Service providers who are contracted by the Director of Estates, Environment and Facilities to provide Facilities Compliance Services to City St George's.
Advisory members
• Head of Occupational Health and Safety
• Assistant Director SHE
• Fire Safety Adviser

Members by invitation
Contract organisations responsible for design, construction and maintenance of Facilities at City St George's.
- External Facilities Compliance auditors/advisers engaged by City St George's to audit and/or advise on Estates, Environment and Facilities Compliance. - Contract Managers from Service Partners.

3.7.2. Reports to University Safety, Health and Wellbeing Committee

3.7.3. Frequency of Meeting is Termly

3.7.4. Scope

3.7.4.1. The scope of activities is all services and facilities provided by Estates, Environment and Facilities whether delivered by City St George's staff or through contract partners.

3.7.4.2. The scope of this includes:

• Access and Egress
• Accessibility
• Air Quality and HVAC
• Asbestos Management
• CDM, Construction and Contractors Safety
• Electrical Systems
• Environmental Noise
• Facilities cleaning and hygiene
• Facilities Security
• Fire Safety Management
• Food Safety
• Gas Safety and Pressure Systems
• Keeping Groundwater and Rainwater out of occupied facilities
• Lifts and Lifting Equipment
• Lighting
• Pest control
• Planned Property Maintenance & Reactive Maintenance
• Waste Management – including discharge to sewer.
• Water systems and quality including legionella risk management
Others to be determined by the Group

3.7.5. Meeting structure

3.7.5.1. For each compliance area there is an expectation that all aspects of a compliance management system are in place and necessary action is taking place on an ongoing basis to ensure management of that compliance area.

3.7.5.2. Suggest 9 areas per year reviewed by this Group. The meetings will review these topic areas at a management system level – 3 per meeting (9 per year with three meetings)

3.7.5.3. For Each compliance area the review should Include:

- Review of any changes to legislation, standards, internal governance

concerning the compliance area.

- Review of objectives and workplan relating to the compliance area.
- Review of responsibilities and resourcing in relation to the compliance area.
- Hazard Identification and Risk Assessments.
- Operating procedures and process for the compliance area.
- Training and competence of those involved in the service/activity.
- Actions identified during inspections, audits and management monitoring of the activity/service.
- Review of data on performance of systems (e.g. HVAC systems)/Operational logs (e.g. Security).
- Review of concept jobs concerning the area of compliance to identify recurrent issues requiring attention.
- Review of non-conformances raised by the Technical Compliance Manager.
- Review of Incidents, complaints, interaction with regulators concerning the compliance area.
- Review of corrective actions taken in response to non-conformances.
- Emergency preparedness and business continuity.
- Document control for the compliance area.
- Opportunities for improvement.

3.7.5.4. Minutes of the meetings will be kept. Actions and opportunities for improvement will be identified during the review of each compliance area and tracked using Estates, Environment and Facilities compliance process.

3.8. Pathogen Management and Genetic Modification Safety Committee - Terms of Reference

- 3.8.1.** The Pathogen Management and Genetic Modification Safety Committee (PM-GMSC) is a sub-committee of the University Safety, Health and wellbeing Committee (HSWC). The chair of PM-GMSC is also a member of the School of Medical and Health Sciences (SMHS) HSWC (Tooting) and the Committee meeting minutes are shared with the SHMS HSW Committee (Tooting) to support operational oversight.
- 3.8.2.** The PM-GMSC is responsible for advising on, reviewing, approving where appropriate, and monitoring the safety arrangements for work involving pathogens and genetic modification in accordance with the Management of Health and Safety at Work Regulations 1999, The Control of Substances Hazardous to Health Regulations 2002, The Genetically Modified Organisms (Contained Use) Regulations 2014, The Environmental Permitting Regulations (England and Wales) 2010, The Genetically Modified Organisms (Deliberate Release) Regulations 2002, and any other relevant legislation. It also operates in accordance with the Regulations on Safety Committees and Safety Representatives 1977, and guidance from the Advisory Committee on Dangerous Pathogens (ACDP - 2013)
- 3.8.3.** The committee is responsible for completing and reviewing the risk assessments for projects involving the use of Hazard Group 3 agents. In addition, the committee is responsible for ensuring that projects involving Hazard Group 3 agents are notified to the HSE using the appropriate form—currently [cba1](#).
- 3.8.4.** The committee is also responsible for reviewing risk assessments for and, where appropriate, approval of projects involving the use of Hazard Group 2 agents, according to City St George's guidelines SHEP26A and SHEP26B and protocol flow chart (below item 5). It will also receive from the Genetic Modification Safety Committee (GMSC) reviewed and approved projects that involve the use of genetically modified organisms and, where necessary, ensure that they have been notified to the HSE via the appointed Biological Safety Officer for Genetic Modification (BSO-GM).
- 3.8.5.** An Academic Member of the School of Health and Medical Sciences, who the Chair of University HSWC appoints, will independently chair the PM-GMSC.

3.8.6. Terms of Reference

- 3.8.6.1.** To advise UHSWC on all relevant matters and to make and receive reports of meetings. This includes advising the UHSWC on all aspects of laboratory pathogen management and genetic modification health and safety, as well as the preparation and approval of relevant policies and procedures with the Health and Safety Team, taking into consideration statutory obligations.
- 3.8.6.2.** To oversee the implementation of the University Policy and related strategies relating to pathogen management and GMO safety and to formally review these every three years or as necessary.
- 3.8.6.3.** To present a written report/minutes of each meeting to University HSWC and to identify items for escalation to University HSWC and where applicable to the SHMS for further action.
- 3.8.6.4.** To hold a meeting of the PM-GMSC three times a year. Members of the committee will review submitted new risk assessments for HG2 organisms via email between meetings in order to ensure a timely process for new projects to be considered.
- 3.8.6.5.** To receive minutes of the meetings of GMO (as appropriate) and the Containment Level

- 3 Laboratories Users group (CL3) meeting.
- 3.8.6.6. To maintain expertise and continuity, the chair of PM-GMSC will serve for four years and be eligible for re-election.
- 3.8.6.7. To make recommendations for necessary actions arising from the business of the University HSWC and GMSC to ensure that reasonable steps are taken to safeguard the health and safety of staff, students, contractors, visitors and members of the public entering City St George's University of London property.
- 3.8.6.8. To advise and consult with the University on all relevant matters and to make and receive reports of meetings.
- 3.8.6.9. To support the Health and Safety Team and University HSWC with the promotion of a culture of health and safety awareness within the staff and students of the various Research Institutes and research centres.
- 3.8.6.10. To receive reports or advice from the Health and Safety Team, Laboratory Manager, Biological Safety Officer (BSO-GM) and Occupational Health Physician, as necessary.
- 3.8.6.11. To receive data from the Health and Safety Team regarding occupational accidents, dangerous occurrences and ill-health relating to pathogen or GM health and safety for discussion at each meeting.
- 3.8.6.12. To receive, review and advise on risk assessments for any new projects involving HG2 micro-organisms; to review and approve risk assessments for use of TORCH organisms; and monitor via an annual audit all existing activities involving microbiological agents and GM projects.
- 3.8.6.13. The PM-GMSC will receive formal notification from the BSO-GM of approved GM projects that have been reviewed by the GMSC.

3.8.7. Membership

- 3.8.7.1. The membership of the Pathogen Management and Genetic Modification Safety Committee reflects a range of scientific backgrounds and expertise relevant to the use of pathogens and genetically modified organisms, the assessment of associated risks and appropriate safety management. Where possible members should appoint a deputy with appropriate knowledge to cover in their absence.
- 3.8.7.2. The membership is shown in the table below:

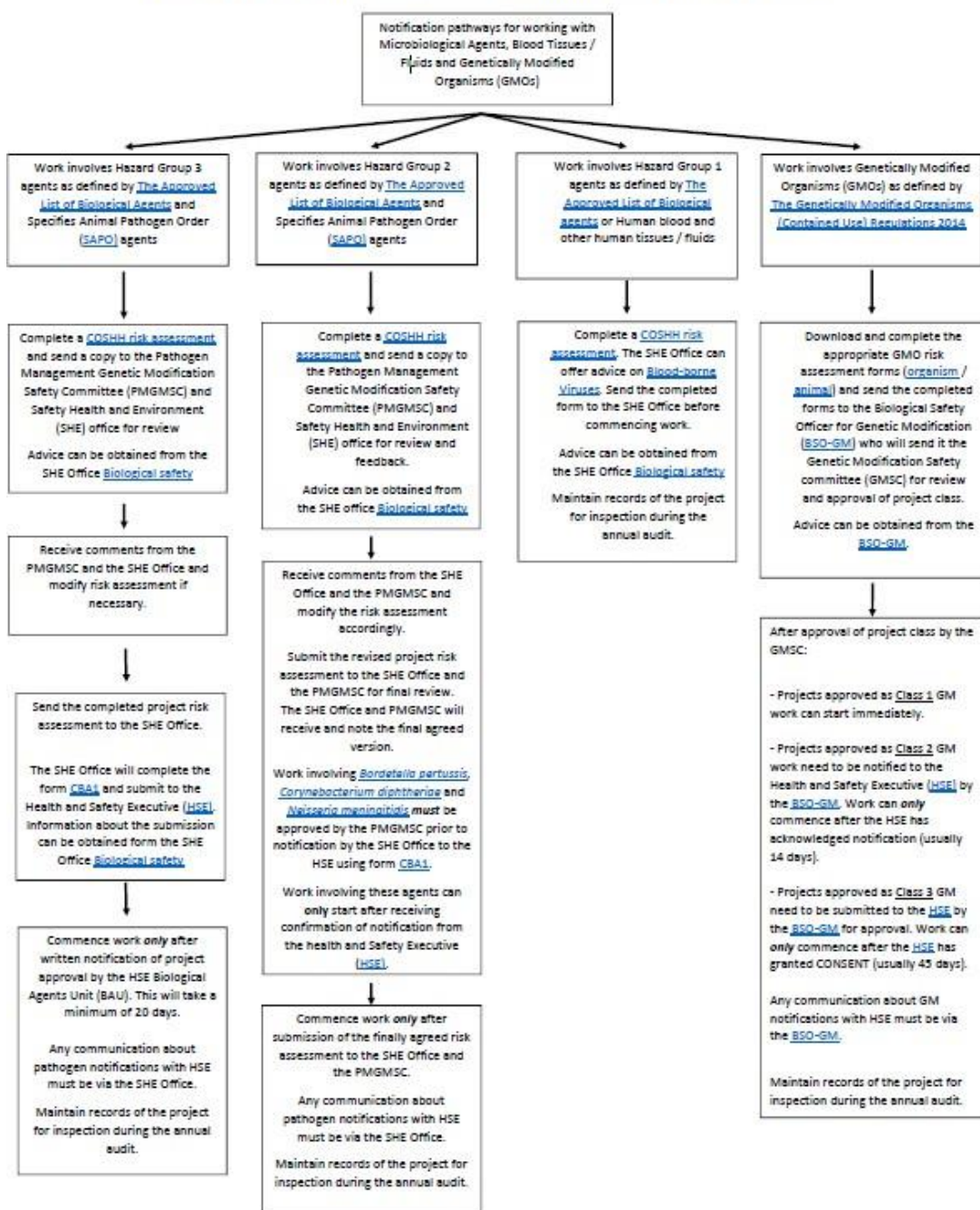
Chair-Lecturer in Virology, Infection & Immunity
Laboratory Operations/ CL3 technical management/ Biological Safety Officer for Genetic Modification
University Biological Safety Adviser
BRF
IMBE/MCS Research Institute members: The expertise that covers the ongoing projects
Institute for Infection and Immunity (Medical Microbiology): The expertise that covers the ongoing projects
Institute for Infection and Immunity: The expertise that covers the ongoing projects
Union Representatives
The following Officers of the Council are invited to attend, as appropriate:
Head of OHS/ADHSE

Research Institute Managers
St. George's Healthcare Trust Occupational Health Physician
Estates and Facilities Manager
At the Chair's request, specialists will be nominated to attend specific meetings or co-opted where the business agenda dictates that independent or specialist advice is required.

3.8.8. Flowchart for assessment and approval of projects involving HG 2 and 3 organisms and all GM projects. Projects involving non-GM HG1 organisms should undergo a COSHH Risk Assessment with advice from the Health and Safety Team, if necessary

3.8.9. Flowchart for assessment and approval of projects involving HG 2 and 3 organisms and all GM projects. Projects involving non-GM HG1 organisms should undergo a COSHH Risk Assessment with advice from Health and Safety Team, if necessary, prior to

Notification requirements for working with Microbiological Agents, Blood Tissues / Fluids and Genetically Modified Organisms (GMOs)



3.9. Genetic Modification Safety Committee (GMSC) Terms of Reference

(GM Centre 92)

3.9.1. Purpose

- 3.9.1.1. Overseeing the safety of activities involving the contained use of Genetically Modified Organisms as required by The Genetically Modified Organisms (Contained Use) Regulations 2014.
- 3.9.1.2. The GMSC is a sub-committee of the Pathogen Management & Genetic Modification Safety Committee (PM-GMSC) dealing with revision and approval of activities involving genetically modified organisms (GMOs).
- 3.9.1.3. The GMSC is responsible for reviewing, producing recommendations and approving all new GM activities and reporting them to the PM-GMS Committee. The reviewing process must ensure compliance with The Genetically Modified Organisms (Contained Use) Regulations 2014, The Environmental Protection Act 1990, The Genetically Modified Organisms (Deliberate Release) Regulations 2002, and any other relevant legislation.
- 3.9.1.4. The GMSC will monitor all active GM projects via an annual audit. The GMSC will produce recommendations in accordance with new and emerging legislation or scientific evidence when appropriate.
- 3.9.1.5. The GMSC is chaired by the Biological Safety Officer (BSO) for Genetic Modification (GM).

3.9.2. Terms of Reference

- 3.9.2.1. To advise the PM-GMS Committee and the BSO - GM on all aspects of genetic modification and its effects on health and safety and the environment taking into consideration statutory obligation and new scientific developments.
- 3.9.2.2. In order to reduce the time taken to produce decisions regarding GM activities to no more than two weeks and to avoid unnecessary delays in starting projects.
- 3.9.2.3. To hold discussions via email, referred to as “virtual meetings”, and to produce recommendations for every proposed new GM activity.
- 3.9.2.4. To hold virtual meetings and produce recommendations on already approved GM activities in light of new legislation or scientific advances, as it may be required. To meet in person -as frequently as the circumstances may require- to discuss new legislation or scientific advances that could impact on the suitability of control measures for current and future activities.
- 3.9.2.5. To review GM risk assessments and to produce recommendations (but not to approve) for other organisations, such as St George’s NHS Trust or commercial partners, at the request of the university’s authorities.
- 3.9.2.6. To promote a culture which inculcates health and safety awareness and consciousness within Research Institutes, and in staff and students.
- 3.9.2.7. To review the annual audit of all approved GM activities.

3.9.3. Quorum

- 3.9.3.1. To approve class 1 projects, agreement between the BSO GM and at least 30% of the membership. To approve class 2 or 3 projects, more than 50% of the membership including the BSO – GM.

3.9.4. Membership

Chair: Lecturer in Virology, Infection & Immunity
The current membership reflects the expertise that covers the ongoing projects- these members will be identified by the chair of the PM-GMS Committee from the Committee members
Biological Safety Adviser
Special member for activities involving Clinical Trials
Special member for activities involving Clinical Trials
Members sit on the GMSC for three years with eligibility for re-election. Members of the GMSC who no longer participate in meetings actively -as recorded by the BSO-GM- will not be re-elected to the committee.
New members of the GMSC are nominated by current members, the chair of the PM-GMS Committee, or the Safety, Health and Environment (SHE) office and approved by the GMS Committee.
Members of the GMSC should have -at least- three years of working experience with Generically Modified Organisms (GMOs) or being experts in the areas of human health or environmental protection. At the request of the Chair, specialists will be nominated to participate on specific discussions where the business of the agenda dictates that specialist advice is required.

3.10. Radiation and Laser Safety Committee Terms of Reference

- 3.10.1.** The Radiation and Laser Safety Committee (RLSC) is a subcommittee of the University Safety, Health and wellbeing Committee (HSWC). The chair of the Radiation and Laser Safety Committee is also a member of SHMS HSWC and will provide a copy of the RLSC minutes to the SHMS HSWC to support operational oversight.
- 3.10.2.** Terms of Reference, and Membership are designed to underline the RLSC's role as an advisory body reporting to the University HSWC.
- 3.10.3.** The RLSC is responsible for advising on, reviewing, approving where appropriate, and monitoring the safety arrangements for work involving ionising (open and sealed radiation sources, γ rays and X-rays) and non-ionising radiation (lasers, electromagnetic fields) in accordance with the Environmental Permitting Regulations 2018, The Ionising Radiation Regulations 2017, The Control of Artificial Optical Radiation at Work Regulations 2010, The Control of Electromagnetic Fields at Work Regulations 2016 and other relevant legislation. It also operates in accordance with the statutory regulations, overseen by the statutory regulators: Environment Agency (EA) and the Health Safety Executive (HSE). The RLSC also has appointed Radiation & Laser Protection Advisor / Radiation Waste Advisor and other competent individuals and organisations, as required, to advise.
- 3.10.4.** The committee is responsible for ensuring that the risk assessments for projects involving the use of open or sealed sources are in place. The committee is responsible for ensuring that projects involving open and sealed sources are registered and that individuals wishing to use open or sealed sources follow the appropriate City St George's guidelines Radiation Management System for Open Sources SHEP 29 – A and Radiation Management System Sealed Sources SHEP 29 -B (Tooting), SP53 Ionising Radiation (Clerkenwell) and for Artificial Optical Radiation SP42 (Clerkenwell), for Electromagnetic Field Safety SP43 (Clerkenwell).
- 3.10.5.** It will also, where necessary, ensure that equipment has been notified to HSE, via the Safety, Health and Environment (SHE/Safety Office).
- 3.10.6.** An academic member of the SHMS who is appointed by the Chair of the University HSWC will independently chair the RLSC.
- 3.10.7.** Members of the committee will keep the SHE/Safety Office advised and the SHE/Safety Office may report to the EA, HSE and other regulators as needed.
- 3.10.8.** To advise the SHMS and SST Engineering Department on all aspects of health and safety associated with the use of ionising, non-ionising radiation and optical radiation, including the preparation and approval of policies and procedures in association with the SHE/Safety Office, and provide assurance to University HSWC, taking into consideration statutory requirements.
- 3.10.9.** To oversee the implementation policies and procedures relating to the use of ionising, non-ionising radiation and optical radiation in line with the University Policy and to formally review these, as necessary.
- 3.10.10.** To present a written report of each RLSC meeting to University HSWC and copy of the minutes to the SHMS HSWC for operational oversight knowledge.
- 3.10.11.** To hold a meeting of the RLSC three times a year. Members of the committee will discuss any submitted risk assessments that have been brought to the committee if necessary after they have been discussed between the Biological Safety Officer (BSO) and the Radiation & Laser Protection Advisor / Radiation Waste Advisor.
- 3.10.12.** The maximum term of the Chair of the RLSC will be three years, with eligibility for re-election in order to maintain expertise and continuity.

- 3.10.13.** To make recommendations to the University, the SHMS and SST Engineering Department for necessary actions arising from the RLSC to ensure that reasonable steps are taken to safeguard the health and safety of staff, students, contractors, visitors and members of the public entering City St George's, University of London property.
- 3.10.14.** To provide advice to and consult with the School HSWC on all relevant matters and to make and receive reports of meetings.
- 3.10.15.** To support the SHE/Safety Office and SHMS HSWC s with the promotion of a culture of health and safety awareness within the staff and students of SHMS and STT Engineering Department.
- 3.10.16.** To receive reports or advice from the SHE/Safety Office, BSO, Radiation & Laser Protection Advisor / Radiation Waste Advisor, Laboratory Manager and Occupational Health Physician, as appropriate.
- 3.10.17.** To receive data from the SHE/Safety Office regarding occupational accidents, dangerous occurrences and ill-health relating to the use of ionising, non-ionising, and optical radiation health and safety for discussion at each meeting.
- 3.10.18.** The RLSC will receive formal notification from the BSO of any equipment that has been registered with the HSE and/or EA.
- 3.10.19.** Membership: The membership of the RLSC reflects a range of scientific backgrounds and expertise relevant to the use of ionising, non-ionising and optical radiation and electromagnetic fields, the assessment of associated risks and appropriate safety management. Where possible members should appoint a deputy with appropriate knowledge to cover in their absence.
- 3.10.20.** The suggested membership is as follows:

Chair:
Secretary:
Radiation Protection Advisor / Radiation Waste Advisor
Senior Radiation Protection Officer
Biological Safety Officer
South-West London Pathology – Immunology
Image Resource Facilities
SST Engineering Department
The following individuals are invited to attend, as appropriate:
Assistant Director of Safety, Health & Environment (SHE)/Head of Occupational Health and Safety
Head of Maintenance
Academic Department Managers
St. George's University Hospitals NHS Foundation Trust
Occupational Health Physician
Director of Research Operations (Tooting)
Vice-President Designate (Research and Innovation)
Senior Director of Operations

At the request of the Chair, specialists will be nominated to attend specific meetings, or be co-opted, where the business of the Agenda dictates that independent or specialist advice is required.

4. Implementation

Implementation will be through the principles and methodology outlined in the City St George's [Health & Safety Management System Manual](#), the Policy Implementation Plan and requirements set out in the individual safety, health and wellbeing topic procedures and guidance notes ([Safety Procedures | City St George's, University of London](#)). Schools and Professional Service Directorates are expected to draw on these procedures and guidance notes when carrying out risk assessments of their activities and drawing up local codes of practice setting out their detailed day to day arrangements for specific operations.

5. Failure to comply

Failure to comply with the requirements set out in this policy and [associated Safety Procedures](#) may result in the University being in breach of its statutory duties under applicable health and safety legislation, including but not limited to the Health and Safety at Work etc. Act 1974 and associated regulations. Such non-compliance may expose the University to enforcement action by the Health and Safety Executive (HSE) or other relevant regulatory authorities, including the potential for improvement or prohibition notices, financial penalties, and reputational damage.

All staff, students, contractors, and other relevant parties are required to adhere to this policy and any associated procedures or guidance. Failure to do so may increase the risk of harm to individuals and undermine the University's ability to maintain a safe and healthy working and learning environment.

Any breach of this policy and associated procedures (will be taken seriously and may be addressed in accordance with the University's disciplinary procedures. For staff, this may result in formal disciplinary action, up to and including dismissal in cases of serious or repeated non-compliance. For students, breaches may be managed under the applicable student disciplinary regulations and could result in sanctions proportionate to the severity of the breach.

Where appropriate, failures to comply may also lead to the withdrawal of access to facilities, suspension of activities, or other control measures necessary to protect health, safety and wellbeing.

The University reserves the right to report serious breaches to external authorities where required by law.

6. Review

This policy will be reviewed on annual basis and any changes and updates to the policy will be considered and approved by the University Safety, Health and Wellbeing Committee.

7. Resources

- Health and Safety At Work etc. Act 1974: <https://www.legislation.gov.uk/ukpga/1974/37/contents>
- USHA: [Leadership and Management of Health and Safety in Higher Education Institutions](#)
- <https://www.usha.org.uk/guidance-documents/>
- HSE: <http://www.hse.gov.uk/>
- UCEA: health & safety documents <http://www.ucea.ac.uk/>
- The Higher Education Code of Governance: [The Higher Education Code of Governance](#)

8. Appendices:

Appendix 1 - University Safety, Health and Wellbeing Committee - Summary Report to SLT

- Contents of the report to be agreed at the end of each Committee meeting.
- The Chair and Secretary will then be responsible for compiling this report from the discussion at the end of the meeting.

Committee Name	
Date of meeting	
Attendees	
Key items discussed at the Committee <i>Outline any key items presented or reported to the Committee.</i>	
Impact of Committee matters on University Strategy:	
Any risks for escalation <i>Please outline any risks or issues that the Committee would like to escalate for consideration or decision.</i>	
Values <i>How did the work of the Committee advance our values. add them in</i>	
Equality, Diversity and Inclusion <i>How did the work of the Committee advance the Equality, Diversity and Inclusion Objectives of The University?</i>	
<i>Please outline how the Committee considered Equality, Diversity and Inclusion. This could include when the Committee identified that a request would have a differentiated impact on a certain group of staff and students, identifying this does not mean that the decision is wrong as it might be the right thing to do but it needs to be acknowledged.</i>	

Appendix 2 - SF63 - Safety, Health and wellbeing Sub-Committee – Assurance Report Template

Please follow this link to download the fillable Word version of the SF63 form:

[Forms | City St George's, University of London](#)

This form should be used to report to the Main University Safety, Health and wellbeing (SHW) Committee meetings from the last Local SHW committee meeting. Completed forms should be uploaded to the Main SHWC Teams Channel at least two weeks prior to the Main SHWC committee meeting.

To: University Safety, Health and wellbeing Committee	
From: [Insert School Name/PSD] Safety, Health and Wellbeing Committee	
Reporting Period:	[Term/Date Range]
Date of Committee Meeting:	Click or tap to enter a date.
Report Submitted By:	[Name and Role]
Approved By – Name, Role:	[Executive Dean or Chair of School SHWC/PSD Director]
1. Committee Overview	
• Date of last meeting:	Click or tap to enter a date.
• Quorum met:	Choose an item.
• Attendance summary:	
- Total Members:	
- Attendees:	
- Trade Union Reps present:	Choose an item.
- Student Representative present:	Choose an item.
- EDI representation achieved (as per TOR):	Choose an item.
- Actions taken if representation target not met: [Insert summary]	
2. Key Assurance Themes	
a) Policy and Local Governance	
• Confirmation that the School/PSD HSWC is operating in accordance with its Terms of Reference:	Choose an item.
• TOR last reviewed on:	Click or tap to enter a date.
• Local HSWC meetings scheduled termly and aligned with main HSWC:	Choose an item.
• Minutes prepared and circulated in line with agreed timelines:	Choose an item.
b) Implementation of Health and Safety Policy	
• Confirmation that local implementation of the University's Health, Safety, Wellbeing, Fire and Security policies is in place:	Choose an item.
• Summary of local arrangements updated/introduced during the period:	
c) Risk Profile and Management	
• Date of last Hazard Register review:	Click or tap to enter a date.
• High and medium risk assessments completed and reviewed:	Choose an item.

• Any new significant hazards identified: [if yes, summarise and note mitigating controls]	Choose an item.
• Status of Departmental Stress Risk Assessments (DSRA)	
d) Training and Induction	
• Induction compliance status:	[Insert % or narrative]
• Mandatory Awaken e-learning completion rate:	
- Assisting with Evacuation	[Insert %]
- Display Screen Equipment training and self-assessment of workstation safety	[Insert %]
- Manual Handling	[Insert %]
- Fire Safety Awareness (Induction)	[Insert %]
- Stress and Resilience	[Insert %]
• Role-specific or risk-based training compliance:	[Insert commentary]
e) Audits and Inspections	
• Number of workplace inspections completed this period:	
• Led by Executive Dean/Director:	
• Number of outstanding actions:	[Insert number]
• High-priority actions overdue: [if yes, explain]	
• Date of last internal/external audit (if applicable):	Click or tap to enter a date.
f) Incidents and Investigations	
• Accidents reported:	[Insert number]
• Near misses reported:	[Insert number]
• Serious incidents (RIDDOR / notifiable): [Insert details if applicable]	
• Lessons learned and corrective actions monitored:	
• Any trends or concerns identified: [Brief narrative]	
3. Progress Against LAP (Local Action Plan)	
• Date that LAP tabled at local HSWC:	Click or tap to enter a date.
• LAP implementation status:	
• Highlights of completed actions or positive impact:	
[Insert key achievement]	
[Insert key achievement]	
[Insert key achievement]	
Support or escalation needed: [e.g. training, resource, estate issues]	

4. Consultation and Engagement	
• Trade Union consultation actively maintained:	
•	
• Student involvement and representation: [Summarise]	
• Evidence of staff consultation and engagement: [Insert examples]	
5. Emerging Risks or Concerns to Escalate	
• [Summarise any strategic risks or repeated issues requiring institutional attention]	
6. Summary and Assurance Statement	
Based on the School's/PSD's monitoring, governance arrangements, and evidence reviewed during this reporting period, the Committee confirms that safety, health and wellbeing risks are being actively managed. Areas requiring attention are noted above, and appropriate mitigating actions are in progress. This report provides assurance to the main Safety, Health and wellbeing Committee on the School's/PSD's compliance with University HSW Policy and its contribution to institutional risk management.	
Sign-Off	
Name:	
Role:	
Signature:	
Date: Click or tap to enter a date.	

9. Policy information

Should you require further information regarding this policy or access to the policy in an alternative format, then please contact Safety, Health and Workplace Wellbeing Office, safetyoffice@citystgeorges.ac.uk.

Policy Title:	City St George's, University of London, Safety, Health and wellbeing Policy
Policy Version:	V2
Primary Author:	Safety, Health and Workplace Wellbeing Office safetyoffice@citystgeorges.ac.uk
Related Policies:	City St George's, University of London Occupational Health and Safety Management System Manual (GN20) and associated safety procedures (Policies, Procedures and Forms City St George's, University of London)
Accountable Authority:	City St George's, University of London
Approving Authority:	University Safety, Health and wellbeing Committee
Date of Approval:	March 2026
Policy effective from:	March 2026
Date of Review:	February 2026