OHS-MS 2.2	Procedure Document	Management System

H&S Policy Development

January

2015

This document outlines the process for to the development and management of H&S policies and information.

CONTENTS

Following the work completed on the H&S policy document during 2009/2010, the University of Otago formalized the policy framework requirements in October, 2010. This version of the H&S policy development procedures includes requirements to ensure compliance with the University framework.

University of Otago - Policy Framework

Type	Administration and Management
Approved by	Vice-Chancellor. 18 October 2010
Last Modified	Monday, 29 November 2010
Sponsor	Chief Operating Officer; Secretary to the Council, and Registrar
Review	18 October 2012

Purpose

To establish a University-wide approach to the development, approval, implementation and review of Policies, Procedures and Guidelines at the University of Otago.

The aim is to ensure that the University has a set of Policies, Procedures and Guidelines which:

o   meet the University's administrative and compliance needs;

o   are consistent and integrated with each other;

o   are practical and easy to implement;

o   are appropriately approved and reviewed.

Definitions

Legislation: Statutes enacted by the New Zealand Parliament and Statutory Regulations made pursuant to those Statutes, and enforced by law. Examples: Education Act 1989, Crown Entities Act 2004.

Statutes and Regulations: University Statutes and Regulations are rules that cover the formal expectations of the University concerning academic and other general matters. Statutes and Regulations are normally permanent in nature and reviewed only as required. They are established by the University Council under the authority of the Education Act and are legally binding. Examples: Senate Statute 1995, Discipline Regulations.

Policy: A Policy sets out the University's position on a specific matter and requires a certain line of action to be taken, although it does not necessarily detail that line of action. Policies, except Human Resource (HR) Policies, are formally documented and approved by Council or under its delegated authority. The Vice-Chancellor establishes HR Policies pursuant to his authority under the State Sector Act. Compliance is mandatory. Examples: Research and Study Leave Policy, Purchasing Policy, Email Policy.

Procedures: Procedures set out, often in a step-by-step manner, the way in which the University undertakes appropriate or best practice. Procedures sometimes elaborate on, and give effect to, a Statute, Regulation or Policy. Compliance with Procedures is expected. Procedures are approved variously by Committees or Divisional Heads. Examples: Academic Grievance Procedures for Students, Reimbursement Procedures.

Guidelines: Guidelines embody the University's current view of appropriate or best practice. They are not necessarily set out in a step-by-step fashion, though they are sometimes associated with, and give effect to a Statute or Policy. It is expected that they will be complied with, and any departure from the Guidelines will need to be explained or justified. Guidelines are approved variously by Committees or Divisional Heads. Examples: Adverse Weather Conditions Guidelines, Quality Advancement Review Guidelines.

Codes of Practice: A Code of Practice sets out minimum expectations and best practice. Codes may be established internally, or may have an external source such as government legislation or adoption by a relevant professional body with the power to regulate. Internal Codes of Practice would normally be approved by Senate and Council. Relevant external Codes are established by an external regulatory body or by government. Compliance with all Codes of Practice is mandatory. Examples: Code of Practice for the Pastoral Care of International Students, Code of Conduct for Responsible Practice in Research.

Approving Body: The relevant body that has authority to approve Policies, Procedures and Guidelines in accordance with the requirements of this Policy Framework, e.g. Senate, Council, the Vice Chancellor.

Policy Management Group: A small Group convened by the Secretary to Council, and Registrar that has responsibility for overseeing management of University Policies, including development of forms and procedures.

Policy Sponsor: A person who will present the Policy to the appropriate Approving Body. A Policy Sponsor must be a member of the Vice-Chancellor's Advisory Group or a Director of a Service Division.

Responsible Officer: This is the senior person in whose portfolio of responsibilities the Policy matter most clearly resides. He/she has overarching responsibility for developing the Policy and related Procedure/s and for ensuring the Policy and Procedure/s is/are approved, implemented and reviewed as required under this Policy Framework.

Policy Content

1 Policy

1.1 Policies guide University practice and support the achievement of the University's mission and objectives. Policies also support the achievement of quality outcomes and reduce institutional risk.

1.2 University Policies should be relevant, transparent in their intention and meaning, and developed in consultation with the University community and other key stakeholders. They should comply with the requirements set out in this Policy Framework.

1.3 This Policy Framework covers the University's processes for the drafting, approval, implementation and review of Policies and Procedures which are of University-wide significance.

1.4 Matters which have a more limited application or scope (i.e. matters that apply only to a particular division, department, organisational area, management unit or to members of the

University dealing with a particular area), require formulation and approval by the head of that area.

2 Policy Development

2.1 University Policies, Procedures and Guidelines should be consistent with any relevant legislation, and any other Policies, Procedures, Guidelines and Codes of Practice dealing with similar or related subject matter.

2.2 All University Policies should be:

o   Developed and authorised in accordance with the Policy Framework;

o   Sponsored by a member of the Vice-Chancellor's Advisory Group or a Director of a
    Service Division for approval by the Vice Chancellor or delegate; and

o   Approved by the appropriate Approving Body as outlined in Section 3.

2.3 All University Procedures and Guidelines should be:

o   Developed and authorised in accordance with the Policy Framework;

o   Consistent with the Policies to which they refer;

o   Reviewed and approved by the Policy Sponsor;

o   Referred to the appropriate Approving Body.

2.4 Responsible Officers will use the Policy Development Template to ensure consistency in documentation.

2.5 In some cases modification to the template may be required in order to meet requirements of the specific proposal, but this should be done in consultation with the Policy Management Group.

2.6 Policies, Procedures and Guidelines should be drafted in plain English, concise, consistent and appropriate for their audience.

3 Approval Pathway

3.1 Governance Policies shall be approved by the University Council.

3.2 Academic Policies shall be approved by the Senate, which is responsible for all Policies relating to teaching, learning and research. All Policies approved by the Senate are forwarded to Council for endorsement.

3.3 All Operational / HR / Other Policies shall be approved by the Vice-Chancellor (or delegated officer).

3.4 All Procedures and Guidelines shall be approved by the relevant Committee or Divisional Head (or delegated officer).

3.5 Before seeking approval from the relevant Approving Body, the Responsible Officer should ensure that the appropriate consultation has taken place.

4 Regular Review

4.1 Approved University Policies, Procedures and Guidelines should be reviewed two calendar years from the date of implementation and every five years after that.

4.2 Reviews will be completed by the Responsible Officer. The purpose of the review is to ensure that information is current and accurate, and that the Policy, Procedure or Guideline is widely understood and achieving its intended purpose.

4.3 Policies, Procedures and Guidelines that have not been reviewed within five years of the last review date may be considered for removal by the Policy Management Group.

4.4 In some circumstances, such as a legislative change, the review will need to occur prior to the review date.

4.5 The review date and the Responsible Officer should be included in the policy database on the University website.

5 Records Management

5.1 The latest approved version of all Policies, Procedures and Guidelines will be stored on a centrally controlled policy database accessible through the University of Otago website.

5.2 Previous versions will be stored in the appropriate Records Management system.

5.3 Those on the policy database will be considered the authoritative source. Individual organisational unit websites will always link to this source.

5.4 Responsible Officers should maintain a record of issues related to Policies, Procedures and Guidelines for consideration during subsequent reviews.

6 Responsibility

The Policy Management Group is responsible for ensuring the effective implementation of this Policy.

WHAT IS THE PURPOSE OF OUR H&S POLICIES?

The method of control of identified high risk H&S activities and requirements is through University H&S Policies. These polices have a number of objectives:

1. To exceed and extend legal compliance requirements in the interests of providing a healthy and safe environment for all, supporting excellence in research and teaching, and staff and student wellbeing.

2. To ensure that the University compliance have established at least minimum legislative requirements to protect the University from risk of prosecution and reputational damage.

3. To provide a clear pathway for staff to be able to meet the compliance requirements for health and safety.

4. Our health and safety policies and related documents will be leading health and safety best practice within the Tertiary Sector.

POLICY DEFINITIONS:

For this system to work, definitions are required to ensure that there is common understanding. The terms defined in the University Policy framework apply to H&S policies. Policies, procedures, guidelines and codes of practice may be based on AS/NZS standards e.g.: Diving Standard, Laboratory Safety standards, as these have legal precedence.

H&S policies will set the minimum levels of compliance for the identified H&S risks. Departments or divisions may extend and customise the requirements for their internal use, so long as the minimum requirements are covered. The guidelines that are generated at the same time as the policy provide examples of forms and systems to support the implementation of the policy, however, departments will need to identify and implement the controls required for their specific situation.

DEVELOPMENT OF POLICIES

Any staff member should be able to nominate that a policy is required. This may be by an individual, or via committees, to the Head, Health and Safety Compliance. The submission will be investigated and a needs assessment as to the current process, identification of any gaps and if there is a need for specific policy to achieve compliance. Case documentation will be forwarded to senior management for approval for the development of the policy. The senior management audience will depend on the scope of the policy and which areas will be impacted. Senior management may nominate specific departments or individuals to be a part of the consultation group for the policy development. The need for supporting information (codes, guidelines, etc) will be endorsed by senior management. The working group approach including the key stakeholders is the preferred method of policy development. Consultation documents will be circulated to a wider group for consideration by the working party. The final draft will be forwarded to the initial senior management group, and any related committees (IBSC, HSRC). The final draft will then go to the Vice Chancellor with a covering memo, outlining the consultation process and support for the policy, for authorisation.

Once the need for a policy has been confirmed, the policy development process must include:

1. Issue identification and analysis – paper for discussion/management support
2. Stakeholder analysis
3. Client needs analysis
4. Identify the Working Party
5. Solutions proposal and draft policy formation completed in consultation through working parties of key stakeholders areas
6. Decision Making of key management points if required
7. University wide consultation
8. Finalization of policy
9. Authorisation of policy/guidelines
10. Implementation
11. Evaluation and Review

1. ISSUE IDENTIFICATION AND ANALYSIS:

This may come through a committee or direct request from a staff member or group. The issue must be documented identifying:
- Potential breach
- Potential effects of not addressing the policy
- Risk factors for implementation/policy formation
- Likely policy requirements.

The proposal paper will be forwarded to the appropriate senior management for authorisation of the policy development. Senior management may nominate specific individuals or departments to be involved in the policy development working party.

2. STAKEHOLDER ANALYSIS

This process must identify who has an interest, concern or be affected by the policy implementation. The stakeholder analysis chart may be used (appendix).

Once the stakeholders are identified, their likely perceptions (positive or negative) and potential impact need to be plotted. This will affect how the stakeholder groups will be managed to influence the implementation (champions and challengers). Where possible, the reasons for their influence should be identified.

3. CLIENT NEEDS ANALYSIS

The clients are the end users of the policy – not only the staff doing the work, but the managers that rely on the policy for compliance. These groups will serve as a checklist to make sure the policy answers all the likely questions and implementation requirements.

4. IDENTIFY THE WORKING PARTY

A member of the H&S Compliance team will generally manage the policy development process, based on work load and area of expertise.

The working party needs to represent the client and stakeholder group, although the stakeholder group may have more of a consultation role, rather than development role. The working party needs to reflect the action 'client group'. For those departments or work areas involved, a memo outlining the policy, VCAG support and proposed scope of the policy should be forwarded to the HOD or manager requesting a nomination for participation in the policy development. An indication of time requirements is useful, although this may not be very clear at the early stages. At the least, a review date/time period must be set. Once the working party members are identified, write to them (copy to their manager) and invite them to the initial meeting, and provide any back ground information and documentation available.

5. DRAFT POLICY

The draft policy is formulated based on the findings, and any additional supporting information such as the context, legislative requirements, best practice, history of events within the University and wider Industry group, current environment and requirements are explored, with a plan formulated for the policy, guidelines, code of practice, as appropriate. There may be appropriate committees to view the policy draft for preliminary approval before submitting to VCAG (e.g.: IBSC, HSRC).

6. KEY MANAGEMENT DECISIONS

There may be some key management decisions that are required before the policy can be finalised or progressed. For example, the smoking policy required a key decision on the desired direction of the policy. If required, the proposals must be written up with the pros and cons for discussion with the Director, HR and Head, H&S for representation at VCAG. VCAG may require further information. Once a decision is reached, the group can reconvene to move the policy forward. It may also be possible at this stage to obtain support/approval for guidelines and supporting material to be produced. This can be developed to support the final policy.

7. UNIVERSITY WIDE CONSULTATION

With the key decisions made, the policy draft can be prepared for wider consultation. This should include information on how and why the policy requirements have been made. Include a time frame and identify an individual to return the comments to. A spread sheet of comments should be maintained and circulated to the working group. Once the feedback time frame is complete, the working party reconvenes to discuss the comments, seek further information and decide on actions or changes. All those that submitted feedback

should get a response from the group, on the result of the feedback they submitted, with reasoning. Depending on the situation, the individual may be invited to meet the group, or a group member meets with them to discuss further.

8. FINALISATION OF POLICY

The final version is submitted to VCAG through the Director, HR in consultation with Head, H&S. By this stage, there should be no surprises. The accompanying paper should outline who has been consulted, if any significant changes have been made from the initial draft, and references where applicable.

9. AUTHORISATION OF POLICY/GUIDELINES BY VC

The final policy is successfully signed off by the Vice Chancellor. Once finalised, the policy needs to be submitted to the Web Office by H&S for inclusion in the University policy database.

10. IMPLEMENTATION

An implementation plan is drafted and approved at this time, including training, timeframes, and review periods. An audit tool is developed with each policy and a time frame for auditing the policy application timed. The approved policy implementation plan is advertised through the health and safety network, including training sessions available, etc., as required. The final version is circulated and posted on the web managed by the Head, H&S Compliance.

11. EVALUATION AND REVIEW

Included in the implementation plan should be a time period for audit and review. The working party may reconvene to conduct the audit, or at least review the audit results. Where issues are identified, recommendations for changes can be made (step 8 onwards). The policy will have a set date for review at 2 years after the initial audit, or if a significant event in the policy area occurs, or where it is known that there are legislative or industry changes in the area. When the 2 year review is satisfactorily completed, the review period will extend to 5 years as per the University policy framework requirements.

DOCUMENT MANAGEMENT SYSTEM

A document management system must record the details of the policy development, plans and minutes to document key decisions. This includes the policy development project, as well as the final document. As a minimum, the document management system must include the version, date, author, and review date for each policy. Policies on the web are designated uncontrolled copies, with the original and final versions held by the Records Department within the University archives.

BRANDING AND STANDARDISATION

The policy template has been developed by the Review Group and the template is attached as appendix 4. This template is likely to change as it currently is a work in progress.

As with any system, there needs to be a starting point. There are concerns that there are H&S policy gaps. The H&S policy list from each NZ University has been requested, and compared to the University of Otago system. The QS[1] provides a worldwide ranking of Universities, based on a weighting system of 5 main categories: academic peer review, employer review, faculty student review, citation per faculty and international students. Based on the QS findings, the top ten Universities have been identified, and the H&S policies, or at least a list of the policies, have been obtained. This overall list has been compared with Otago policies and the key policy gaps identified.

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[1] http://www.topuniversities.com/worlduniversityrankings/

Current Active Policies	Date/Signatory	Related Documents
H&S policy	2009/VC	
Safe Boating Policy	VC – under review	Code of Practice Rule 35 Exemption
Scuba Diving Policy	VC – under review	Code of Practice
Testing of Portable electrical equipment policy	VC	Guidelines
Employee participation system	VC	
Hazard Management Policy	VC	Guidelines
Compliant Contractors Policy	VC – under review	Process document
Incident/Injury reporting policy	VC – under review	
Vehicle Policy	VC	Guidelines
Rehabilitation policy	KS	
ACC Disputes Management Policy	KS	
ACC Entitlements Policy	KS	
ACC File Management policy	KS	
ACC Self Assessment Policy	KS	
Microorganism non-compliance policy	Council	
Blood and body fluid policy	IBSC	Biohazard safety manual
HSNO Exempt Laboratory Compliance Policy	VC	Compliance manual
Vertebrae Laboratory Animal non-compliance policy	Council	
Draft Policies Currently in Development		
Vaccination/immunisation policy		
Laboratory Animal Allergy		
Personal Protective Equipment		
Radiation Safety Plan/Policy		

Policy or similar	Otago Equivalent	Status/Comments
Laboratory related policies/HSNO Compliance		
Laboratory Safety	HSRC committee, manual and policy in draft format	OK – in progress
Compressed Gas use	Part of laboratory safety manual	OK – in progress
Contaminated laboratories	Part of laboratory safety manual	OK – in progress
DEA controlled Substances	Controlled drugs managed by Pharmacy and AWO – regular audits	?Documentation status
Laboratory Ergonomics	Part of laboratory safety manual	OK – in progress
Laboratory Personnel	Part of laboratory safety manual	Need to implement training and records for approved lab personnel
Nanotechnology	Nil	? needed
Hazardous Waste Management	In progress, guidelines	OK – in progress
Hazardous Substances Transportation	Part of Laboratory Manual	OK – in progress
Spill Prevention	Part of Laboratory Manual	OK – in progress
Toxic Substances Management	Laboratory Management – HSNO exempt labs	OK – in progress
Blood Borne Pathogens	Biological safety manual – exposure procedures in place Draft vaccine policy	Need to update vaccine policy and integrate with Smart Start - pre employments.
Bio Safety	Manual	OK
Biological Waste Management	Guidelines in place	OK – in progress
Biological Spill Response	Guidelines in place	OK
Chemical Hygiene Plan (Formaldehyde Programme)	HSNO exempt labs – monitoring of high risk substances.	?need more
Cyanide Handling	Not specifically	?needed
Eating and Drinking in laboratories	HSNO exempt lab	OK – in progress
Exposure control plan	HSNO Exempt lab	OK – in progress
Fume Hood Repairs	Replacement and annual testing in place	OK – in progress
Minors in Laboratories	HSNO exempt labs	OK – in progress
Natural Rubber Latex Gloves	Reference in lab manual	OK – in progress

Liquid Nitrogen	Lab Manual	OK – in progress
Biological Safety Cabinet Management	Biological safety manual – annual certification	OK
Hydrofluoric acid	Nil specific	Needed?
Perchloric Acid	Nil	?need high risk substance controls
Storage Tank Management		Property Services – certified tanks under HSNO
Laser Safety	No	Needs doing
Exit Process – Laboratory Workers	Nil	Needed
Occupational Health Policies		
Back Safety	Manual Handling programme in place	OK
Computer/ergonomics	Guidelines developed, need process for workstation assessments	Safe@Work programme
Lead Management	Nil	?needed
Respiratory Protection	Covered by hazard – LAA, spray booth, construction, etc.	?collate
Fungi in Indoor Environments, Assessment and Remediation	Nil	?needed
Noise	Noise monitoring in place, hearing tests in place	OK
Infection Control	Some – dental school and hospital, halls.	Needs full review
Misuse of drugs and alcohol	Nil	Nil
EAP	In place	OK
Stress and Mental Health	Guidelines and investigation procedures	OK – audits?
Immunization/vaccine policy	Draft	
Indoor Environment Quality	Thermal Discomfort guidelines. Ergonomic/office guidelines cover other environment aspects	OK
Pre-employment Screening	Some	Smart Start integration
General Health and Safety Systems		
Fire Safety/Emergency	Emergency Plans with	OK

Evacuations	Nevan	
Defibrillators		Some on campus ?need overall policy
Basic Electrical Safety	Policy and Guidelines in place	OK
Hazard Management	Policy	OK
Machine Guarding	Audit tool and checks in place	OK
Mail Safety and Handling	Suspect packages procedure	OK
Powered Industrial Trucks		Nil
Safe Driving/Vehicle purchase	Policy and guidelines	OK
Walking and working surfaces	Slips, trips and falls prevention programmes	Check
Hazard Communication Programme	Hazard register in place	Needs improved. Ideally send hazard list to new staff and prospective staff
Theatre Safety Guidelines	Done with Theatre studies	?consider college of Ed
Field work Policy and Guidelines	In draft format	Need urban RMP Need Work placement guide Need home based field work guidelines
Injury/incident reporting policy	Policy and process	OK
Training Policy	Nil	Needs more
Personal Protective equipment	Draft	Draft
Building/Construction Related		
Concrete and Masonry		Check
Hand and Portable Power Tools	Electrical safety covered.	? need more
Contractor Management	Compliant Contractor Process	OK
Excavations	?PS training	Check
Fall Protection Scaffolding Steel erection Aerial lifts Cranes and hoists Ladders	Height work permit/contractor management	OK

Air emissions/discharge		Property Services – fume cupboard discharge monitoring
Pest Control		Property Services - contracted
Pollution Prevention	Sustainability Manager?	
Storm water Management/Waste Water Management	Trade Waste system – monitoring of discharge points	In progress – need to document
Confined Space	confined space permit to work system	OK
Lock out/Tag out	Property Services system	OK
Welding, cutting and brazing Hot Work Permit	Property Services – hot work permit	OK
Asbestos	No documented policy, asbestos removal programme through statutory budget	Need to document policy/procedures
Animal Welfare Policies		
Adverse event reporting Non-compliance/enforcement	No documented policy ?vertebrae lab animal non-compliance policy	Needed
Animal Welfare Policy	?manual with over-riding policy as with lab and bio requirements?	Needed
Training Policy	?part of H&S training policy	Needed
Prescription animal remedies policy		Needed
Site visits	? include in welfare policy and manual	Needed
AEC committee protocols	?separate issue – need protocols for all H&S committees	Needed – probably not policy

APPENDIX 2: STAKEHOLDER IDENTIFICATION

| Who are the key stakeholders?	What is their interest/involvement in the policy or implementation	What are they likely to want?	Are there positive or negative implications (Champion or challenger?)

APPENDIX 3: CLIENT NEEDS GROUPS

Who are the clients/client groups for this policy?	What do we provide for them currently? What do they need?	What will the needs be when the policy is operational?	Are there any implications for the policy? –ve or +ve?

APPENDIX 4: POLICY TEMPLATE

TEMPLATE FOR DEVELOPING POLICIES, PROCEDURES AND GUIDELINES

This template has been specifically designed to assist with the drafting of policies, procedures and guidelines and with setting out a communication and implementation plan. **Forms for the development of general regulations and course regulations may be found at** http://www.otago.ac.nz/acadcomm/proformas.html
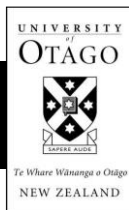
This proposal is for a: ☐ Policy   ☐ Procedure   ☐ Guidelines

[Name of Policy, Procedure or Guidelines]

[The name should be specific and easily searchable]

Category or type	[Choose from the following: Academic, Financial, Health & Safety, Human Resources, Information Technology, Marketing & Communications, Research, Student Services, University Administration]

Approved by, and date	[Vice-Chancellor (or delegated officer) or Council]

Last modified	

Sponsor	[Role responsible; must be a member of the Vice-Chancellor's Advisory Group or a Director of a Service Division]

Responsible Officer	[Role responsible; the senior position with which responsibility for the matter most clearly resides]

Date Policy will	[Date from which the Policy, Procedure or Guidelines come into effect]

Review date	[Two calendar years from date of implementation and every five years after that]

Purpose

[Succinct description of the purpose of the Policy, Procedure or Guideline and a statement as to why it is being proposed at this time. Does it protect the University from a particular risk? Is it consistent with the University's Strategic Direction to 2012? Does it replace an existing Policy, Procedure or Guideline? If so which one(s)?]

Organisational Scope

[To what part of the University does it apply? Does it apply to staff? Students? Is it University-wide or does it apply to a certain sector within the University?]

Definitions

[Supply definitions of jargon or key words used.]

Content

[The proposed text of the Policy, Procedure or Guidelines goes here. It should be submitted as you would like it to appear in University publications or on the University website. All other information provided on this template, e.g., Purpose, Organisational Scope etc., is for the University's internal use only. Policy developers are asked to number headings, sections and subsections consistent with programme regulations in the Calendar, i.e., Arabic numerals for headings, small letters in brackets for sections and small Roman numerals in brackets for sub-sections, e.g., 1.(a)(i), 2.(c)(iii). Procedures should be described in a step-by-step manner; guidelines do not need to be step by step.]

Related Policies, Procedures and Forms

[List any relevant Policies, Procedures, Guidelines, Statutes, Legislation or other documents that users should consider in relation to this Policy, Procedure or set of Guidelines.]

Implementation Process

All Policies, Procedures and Guidelines must include an implementation plan, which should respond to each of the following headings:

Person responsible	[Who will be responsible for the actions or task?]

Communication strategy	[How will information about the Policy, Procedure or Guidelines be disseminated within the University to the relevant audience(s)?]

Other Actions/tasks	[What action or tasks will need to be undertaken to implement the Policy, Procedure or Guidelines?]

Resources	[Will the implementation cost money? Printing costs? Staff time? What is the estimated cost of implementation?]

Completion Date	[When will the implementation be completed? If the action or tasks are to be completed in phases what are the completion dates for each phase?]

18 October 2010