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creating futures

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POLICY DEVELOPMENT FRAMEWORK

SAFETY, HEALTH, AND ENVIRONMENT (SHE)

POLICY

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Date of Approval	**30 March 2007** **09 September 2023**
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Approver	**Council**
Department/Unit	**SHE**

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1. PURPOSE

1.1. Cape Peninsula University of Technology is committed to provide and maintain as reasonably as practicable a workplace that is safe and is without risk to healthy of staff, students, mandatories (agents, contractors or subcontractors) and visitors as it is prescribed in the Occupational Health and Safety Act 85 of 1993 (OHS Act) and its Regulations.

1.2. Cape Peninsula University of Technology is also committed to adopting environmentally friendly practices.

2. SCOPE

2.1. **Institutional Scope**

2.1.1. All CPUT Staff and Student.

2.2. **Individual Scope**

2.2.1. Mandatories (Agents, Contractors or Subcontractors) and visitors.

3. OBJECTIVE(S)

3.1. To provide and maintain, as far as it is reasonably practicable, an environment that is safe and without risk to health and safety of staff, students, contractor, and visitors.

4. POLICY PRINCIPLE

4.1. CPUT shall establish, implement and maintain an OHS Management system which is in line with the requirements of, but not limited to SANS /ISO 45001 and ISO 14001. The implementation shall be as follows:

4.1.1. **SHE Policy**

4.1.1.1. CPUT commits to comply with the requirements of the OHS Act 85 of 1993 and other applicable legal requirements; and in ensuring such compliance, the University commits itself to achieve the objectives outlined in the Policy Statement (**Annexure A**).

4.1.1.2. The policy must be communicated to all CPUT staff, students, contractors and visitors.

4.1.1.3. It must be reviewed every three (3) years or when the need arises

4.1.1.4. It must be displayed prominently at CPUT Building Main Entrances.

4.1.1.5. The effectiveness of the policy must be the responsibility of the university and its staff, students, contractors and visitors.

4.2. Planning

4.2.1. Hazard identification, Risk Assessment and Determining Controls

4.2.1.1. CPUT shall develop, implement, and maintain a HIRA procedure for the ongoing hazard/environmental aspects identification, risk/impact assessment and determination of necessary controls.

4.2.1.2. The HIRA procedure shall outline the methodology, which shall:

4.2.1.2.1. Be defined with respect to its scope and ensure that it is proactive rather than reactive.

4.2.1.2.2. Each Department / Faculty must develop a risk register identifying all SHE risks associated with their operations.

4.2.1.2.3. A risk register must include the likely impact of risks, risk rating as well as measures to eliminate or minimise identified risks.

4.2.1.2.4. A risk register must be documented and kept up to date by the department / faculty.

4.2.1.2.5. Risk register should be reviewed and updated annually or whenever there are changes in operations, taking into account the new hazards (e.g., exposure to COVID-19 in the workplace or disaster).

4.2.2. Legal and other Requirements

4.2.2.1. CPUT shall develop, implement and maintain a register that includes legal requirements that are applicable to the activities of the university.

4.2.2.2. Information on the applicable legal requirements including Disaster Management Act 2002 shall be kept up-to-date and communicated to affected and interested parties.

4.2.3. Objectives and Programme(s)

4.2.3.1. CPUT shall develop, implement and maintain documented SHE objectives, at relevant functions and levels. The objectives shall be measurable, where practicable, and consistent with the SHE policy and must include commitment to the prevention of injury and ill- health.

4.2.3.2. A programme shall be established, implemented and monitored to achieve the set SHE objectives, and be reviewed at planned intervals.

4.3. Implementation and Operations.

4.3.1. Resources, Roles, Responsibility, Accountability and Authority.

4.3.1.1. The VC shall take ultimate responsibility for SHE and the SHE management system, and demonstrate commitment by:

4.3.1.1.1. Ensuring the availability of resources essential to establish, implement, maintain and improve the system.

4.3.1.1.2. SHE roles and responsibilities for staff and students are detailed in SHE Roles, Committee and Responsibility Procedure.

4.3.1.1.3. VC is appointed in terms of Section 16.1 of OHS Act, however, the VC may choose to delegate responsibilities for specific matters.

4.3.1.1.4. Ensuring that roles, responsibilities, accountability and authority is documented and communicated.

4.3.2. Competence, Training and Awareness.

4.3.2.1. CPUT shall ensure that any person under its control performing tasks that can impact on SHE is competent.

4.3.2.2. Training needs shall be identified based on the University's risks. Action to meet these needs shall be taken, effectiveness of the training evaluated, and records kept.

4.3.2.3. CPUT shall develop, implement, and maintain a training procedure which shall take into account different levels of responsibility, ability, language skill, literacy and risks.

4.3.2.4. CPUT shall provide staff and students with up-to-date education and training on risk factors and prevention thereof.

4.3.2.5. CPUT shall train staff who need to use protective clothing and equipment on how to put it on, use/wear it and, take it off correctly and maintaining it in a good condition, including, in the context of their current and potential duties.

4.3.2.6. CPUT shall ensure that contractors perform specific risk assessment of jobs to be executed with accompanying competency certificates of these persons performing the works additionally other persons receive Departmental specific training/induction that would deem these person's competence and awareness.

4.3.3. Communication, Participation and Consultation

4.3.3.1. CPUT develop, implement and maintain a procedure for internal communication with staff, students and other affected parties.

4.3.3.2. The procedure shall further address issues for the participation, consultation and involvement of staff in HIRA and determination of controls, policy review as well as representation on SHE matters.

4.3.3.3. Interested and affected parties shall be informed of matters that affect their health and safety.

4.3.3.4. All relevant information on disaster / outbreak (e.g., COVID-19) shall be from a balanced selection of government, scientific, medical, and public health experts and will include journal references to all sources of fact.

4.3.3.5. CPUT shall communicate the process with staff and students to be adhered to if they have symptoms of infectious disease such COVID 19 and also follow the guidelines from Department of Health.

4.3.4. Documentation

4.3.4.1. As part of the SHE Management System, documentation is an important element of enabling the University to implement a successful SHE Policy.

4.3.4.2. Documentation shall include:

4.3.4.2.1. The SHE Policy Statement.

4.3.4.2.2. Documents, including records, required by the SHE Management System such as Policies, Procedures, Guidelines and associated tools.

4.3.4.2.3. Documents, including records for ensuring the effective planning, operation and control of processes that relate to the management of the SHE risks (Risk Registers, Inspection Reports).

4.3.4.2.4. Documents, including records, of infectious disease screening and monitoring (Health and Hygiene Surveillance).

4.3.4.2.5. Disaster management documents laying out an effective plan, control measures in place on how to manage a disaster in the workplace.

4.3.4.2.6. Documents on reporting and claiming Compensation for Occupational and Disease Act

4.3.4.3. The Procedure shall further define the identification of the documents and document governance in accordance with Records Management protocols

4.3.5. Control of Documents

4.3.5.1. All documents required by the SHE Management System shall be controlled.

4.3.5.2. CPUT shall establish, implement and maintain a procedure to:

4.3.5.2.1. Approve documents for adequacy prior to their issue.

4.3.5.2.1.1. Review and update as necessary and re-approve documents.

4.3.5.2.1.2. Ensure that changes and the current revision status of documents are identified.

4.3.5.2.1.3. Ensure that relevant versions of applicable documents are available at points of use.

4.3.5.2.1.4. Ensure that documents remain legible and readily identifiable.

4.3.5.2.1.5. Ensure that documents of external origin determined to be necessary for the planning and operation of the management system are identified and their distribution controlled.

4.3.5.2.1.6. Prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose

4.3.6. **Operation Control**

4.3.6.1. CPUT must identify the operations and activities that are associated with hazards and risks and implement the necessary control measures to manage such risks.

4.3.6.2. To manage the operations and activities, CPUT shall implement and maintain:

4.3.6.2.1. Applicable operational controls.

4.3.6.2.2. Control related to purchased goods, equipment and services.

4.3.6.2.3. Controls related to contractors and visitors.

4.3.6.2.4. Documented procedures, to cover situations where their absence could lead to deviations from the SHE policy and the objectives.

4.3.6.2.5. Stipulated operating criteria where their absence could lead to deviations from the SHE policy and objectives.

4.3.7. **Emergency Preparedness.**

4.3.7.1. CPUT shall develop, implement and maintain an emergency procedure:

4.3.7.1.1. To identify the potential for emergency situations.

4.3.7.1.2. To identify the potential for a natural disastrous situation.

4.3.7.1.3. To identify the potential for an employee having symptoms of or testing positive for infectious disease.

4.3.7.1.4. To respond to such emergency situations.

4.3.7.1.5. To respond to such disastrous situations.

4.3.7.1.6. To respond to such positive infection case.

4.3.7.1.7. To establish Disaster Committees which include all relevant managers.

4.3.7.1.8. Disaster Committees to meet constantly to respond to such emergency.

4.3.7.2. CPUT shall respond to emergency and disastrous situations and prevent or mitigate associated adverse SHE consequences.

4.3.7.3. The emergency response procedure must take into account the needs of staff, students and affected parties such as emergency services and neighbours.

4.3.7.4. The emergency response procedure must be tested periodically and reviewed where necessary and after the occurrence of emergency situations.

4.3.7.5. The disaster management plan and procedure must be reviewed periodically and updated with latest information for disaster management control

4.3.8. **Measurement, Monitoring and Evaluation.**

4.3.8.1 Performance Monitoring and Evaluation.

4.3.8.2. CPUT shall develop, implement and maintain a procedure to monitor and evaluate SHE performance on a regular basis.

4.3.8.3. The procedure shall:

4.3.8.3.1. Provide for monitoring objectives, effectiveness of controls, incident management (including ill-health, accidents, near - miss, etc.), equipment calibration and maintenance as well as recording of data. Determine the frequency that compliance will be evaluated.

4.3.8.3.2. Evaluate compliance and take action if needed.

4.3.8.3.3. Maintain knowledge and understanding of its compliance status.

4.3.8.3.4. CPUT shall retain documented information as evidence of the compliance evaluation result(s).

4.3.9. **Incident Reporting, Recording and Investigations.**

4.3.9.2. CPUT shall develop, implement, and maintain a procedure to report, record, investigate and analyse incidents in order to:

4.3.9.2.1. Determine underlying SHE deficiencies and other factors that might be causing or contributing to the occurrence of incidents.

4.3.9.2.2. Identify the need for corrective action.

4.3.9.2.3. Identify opportunities for continual improvement.

4.3.9.2.4. Communicate the results of such investigations and discussed in the SHE Committee meetings.

4.3.9.2.5. The investigations shall be performed in a timely manner and corrective or preventative action implemented.

4.3.9.2.6. The results of incident investigations shall be documented and maintained.

4.3.10. **Non-conformity, corrective Action and Prevention Action**

4.3.10.2. CPUT shall develop, implement and maintain a procedure for dealing with actual and potential non-conformities and for taking corrective and preventive action.

4.3.10.3. Where corrective and preventive action identifies new or changed hazards / controls, the procedure shall require that the proposed actions be taken through a risk assessment process prior to implementation.

4.3.10.4. Any corrective or preventative action taken to eliminate the causes of actual and potential non-conformities shall be appropriate to the magnitude of problems and risks encountered.

4.3.11. **Health Surveillance.**

4.3.11.2. CPUT shall develop, implement and maintain a Health Surveillance Procedure which sets out the requirements for Health Surveillance program to:

4.3.11.2.1. Ensure early detection and prevention of any adverse health effects on staff.

4.3.11.2.2. Assist in the evaluation of risk control measures.

4.3.12. **Record Keeping**

4.3.12.2. CPUT shall develop, implement and maintain a procedure for the identification, storage, protection, retrieval, retention and disposal of records.

4.3.12.3. Records shall be legible, identifiable, and traceable (e.g., daily signed attendance register and questionnaires).

4.3.13. **Internal Audits**

4.3.13.2. CPUT shall develop, implement and maintain an Internal SHE Management Audit procedure. The procedure shall address:

4.3.13.3. The responsibilities, competencies and requirements for planning and conducting audits, reporting results and retaining associated records.

4.3.13.4. The determination of audit criteria, scope, frequency and methods.

4.3.13.5. Selection of auditors and conduct of audits shall ensure objectivity and the impartiality of the audit process.

4.3.14. **Management Review**

4.3.14.2. CPUT shall develop implement and maintain Management Review Procedure. The procedure will address the following:

4.3.14.2.1. Management review responsibilities - at what level of management, senior manager, facility manager etc.

4.3.14.2.2. Management review scheduling.

4.3.14.2.3. Management review inputs (agenda).

4.3.14.4. Management review outputs (minutes, actions).

5. COMMONLY USED TERMS & DEFINITIONS

5.1. **CPUT** - Cape Peninsula University of Technology.

5.2. **COID** - Compensation for Occupational Injuries and Diseases.

5.3. **VC** - Vice-Chancellor.

5.4. **ISO** - New international standard for occupational health and safety providing a framework for managing the prevention of workplace injury, illness or death.

5.5. **DVC**- Deputy Vice-Chancellor

5.6. **OHS**- Occupational Health and Safety

5.7. **SANS** - South African National Standards.

5.8. **OHSAS** - Occupational Health and Safety Assessment Series, referring to the Occupational Health and Safety Management System Standard.

5.9. **Construction work** - Refers to any work in connection with the erection, maintenance, alteration, renovation, repair, demolition or dismantling of, or addition to, a building or any similar structure, including work which involves the risk of a person falling, as well as installation/construction, maintenance of civil engineering structures such as roads, bridges, canals, sewer and water reticulation systems, excavations, earth - moving, and clearing of land.

5.10. **Contractor** - Any persons not an employee of CPUT who performs specifics works at CPUT or for CPUT.

5.11. **Danger** - Anything that could cause injury or damage to a person or to property.

5.12. **Employee** - Any person who is employed by or works for an employer and who receives or is entitled to receive any remuneration or who works under the direction or supervision of an employer or any other person.

5.13. **Employer** - Any person who employs or provides work for any person and remunerate him but excludes a labour broker as defined in section 1 (1) of the Labour Relations Act 28 of 1956.

5.14. **Environment** – The surroundings in which CPUT operates, including air, water, land, natural resources, flora, fauna, human, and their interrelation. The surroundings in this context extend from within an organisation to the global system.

5.15. **Environmental Aspects** – Elements of CPUT's activities or products or services that can interact with the environment.

5.16. **Environmental Impact** – Any change to the environment, whether adverse or beneficial, wholly or partially resulting from the institution's behaviour.

5.17. **Hazard** - A source of, or exposure to, danger.

5.18. **Healthy** - Free from illness or injury attributable to occupational causes.

5.19. **Health and Safety Committee** - Means a committee established under section 19 of OHS Act 85 of 1993.

5.20. **Legal Compliance** - Ensure that this SHE Policy is kept current in terms of any changes in legislation.

5.21. **Machinery** - Refers to any mechanical or electrical device that transmits or modifies energy to perform or assist in performing a task.

5.22. **Mandataries** - Agents, contractors or subcontractors or who conduct their business on campus.

5.23. **Other person** - In the context of this Policy, any person other than CPUT staff and students who are on CPUT campuses or performing work for the University.

5.24. **Reasonably practicable** - In the context of in risk management, means taking into account how significant any hazards and risks are (their extent and severity), current knowledge and practices, the availability of mitigation measures, and the costs of removing or minimising such hazards and risks.

5.25. **Risk** - The probability that injury or damage may occur.

5.26. **Safe** - Free from any hazard.

5.27. **Safe Working Procedures** - Ensure that all members of the University community are provided with safe working procedures and adhere to appropriate health and safety standards.

5.28. **Student** - Any person registered for a degree, diploma or certificate at CPUT.

5.29. **Sustainability** – The integrated of social, economic, and environmental factors into planning, implementation and decision-making so as to ensure that development serves present and future generation, i.e., meeting the needs of the present without compromising the ability of future generation to meet their own needs.

5.30. **Trade Union** - Refers to RTU and other trade unions at CPUT.

5.31. **Workplace** - In the context of this Policy, any premises or place on campus where a person performs work or study or resides for the purpose of study.

6. RESPONSIBILITY

6.1. The Policy Sponsor: DVC – Operations responsible for the initiation and development of the SHE Policy has delegated the process of development to the SHE Coordinator. The SHE Unit will be responsible for the ongoing monitoring and evaluation of the implementation of the SHE Policy.

6.2. The Compliance Management Unit: SHE Unit will review the SHE Policy for consistency with relevant legislation.

6.3. Legal Services: Responsible for vetting of all CPUT Policies for the protection University interests and that the SHE Policy is legally sound.

6.4. The Registrar's Office: Ensure that the development and review of the SHE Policy are in line with the approved processes. The Registrar will further determine the SHE Policy number and manages the document according to the Procedures for document management and official register.

6.5. Internal Audit Unit: Conduct periodic audits on the SHE Policy development and review process.

6.6. Vice-Chancellor: Overall responsibility for the development, approval and review of the SHE Policy.

Accountability and Authority:	
Implementation:	DVC: Operations
Compliance:	ALL
Monitoring and Evaluation:	SHE
Development/Review:	SHE
Approval Authority:	Council
Interpretation and Advice:	SHE

Policy Development Framework					
Policy Type(s):	A: Institutional Governance Policy B: Administrative Policy				
Type: Tick document category	Policy	√	Guideline		Manual
	Procedure		Regulation		Plan
CPUT Statute and/or Regulation Reference no. and date:	Cape Peninsula University of Technology Statute, Government Notice No 46382 of 20 May 2022.				

Relevant Legislation and/or Policy, Codes of practice, Professional authorities:	a) Constitution of the Republic of South Africa Act No.108 OF 1996 b) Occupational Health and Safety Act No. 85 of 1993 and its Regulations. c) Compensation for Occupational Injuries and Diseases Act 130 of 1993. d) National Environmental Management Act No. 107 of 1998. e) National Environmental Management: Air Quality Act 39 of 2004. f) National Environmental Management: Biodiversity Act 10 of 2004. g) National Environmental Management: Waste Act 59 of 2008. h) National Water Act 36 of 1998. i) National Energy Act 34 of 2008. j) National Radioactive Waste Disposal Institute Act 53 of 2008. k) Compensation for Occupational Injuries and Diseases Act No. 130 of 1993. l) Basic Conditions for Employment Act 75 of 1997, as amended. m) Disaster Management Act 57 of 2000 as amended. n) Western Cape Provincial and City of Cape Town Municipal By-Laws o) SANS 10400 p) ISO 45001: Occupational Health and Safety Management System. q) ISO 14001: 2014 – Environmental Management System.

Relevant Institutional Policies/ documents/manuals/ handbooks	a) CPUT Statute, Government Gazette No. 33202, 17 May 2010 b) SMART CPUT 2030 Strategic Plan c) Compliance management policy and Programme d) Risk Management policy e) Information Security policy f) Quality Management policy g) Combined Assurance Framework h) Enterprise Risk Management Framework and Methodology i) National Framework for Sustainable Development in South Africa j) Internal Audit Strategy and plans k) ERM Strategy and Plans l) Quality Management Strategy and Operational plans m) Records and Archives Management policy				
Policy Reference and Version no.:					
Consultation Process To be verified and signed off before approval					
Policy Owner/Sponsor					
Compliance Officers	Compliance Owners				
Certification of Due process: To be verified and signed once approved by the relevant authority	Vice Chancellor 06.12.2023 Date				
Approval Date		**Commencement Date**		**Review Date**	

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