

	UNIVERSITY OF CAPE TOWN		
	Policy and Procedure Approval	Reference Number	001
		Implementation Date	15/01/2024
		Rev / Amendment No	0
		Rev / Amendment Date	0









POLICY AND PROCEDURE APPROVAL

SUMMARY: THIS DOCUMENT ESTABLISHES THE APPROACH TO THE DEVELOPMENT, DESIGN AND APPROVAL PROCESSES FOR OHSE POLICY AND PROCEDURES AT UNIVERSITY OF CAPE TOWN (UCT).

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APPROVAL PAGE

	NAME & TITLE	DATE	SIGNATURE/ STATUS
Drafted by	Ms. Phumzile Nxumalo	15/01/2024	
Reviewed by	Mr. Mphikeleli Mema	07/03/2024	
Reviewed by	Mr. Michael Langley	07/03/2024	
Reviewed by	Ms. Kim Van Reenen	07/03/2024	
Final Revision By	Central OHSE Division	04/06/2024	Complete
Approved by	Mr. Mphikeleli Mema	23/04/2024	
Approved by	Ms. Kirshni Naidoo	23/04/2024	

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AMENDMENT HISTORY

Doc Issue	Date	Amendments	Doc change proposal No.	Configuration
PRO_001	15 January 2024	New release		PN Nxumalo
PRO_001	23 April 2024	Approved		PN Nxumalo

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1 SCOPE

The document aims to maintain consistency, clarity, and compliance across the institution i.e all Faculties and Departments OHSE management nominees and key stakeholders who will drive OHSE governance as pe the framework established.

1.1 Purpose

The Occupational Health, Safety, and Environmental (OHSE) Policy and Procedural Document Approval Process is a systematic and structured approach designed to ensure the development, review, approval, and implementation of UCT policies and procedures.

1.2 Applicability

This procedure is applicable to Central OHSE documents to ensure that all the policies and procedures are aligned with the International Standards Organisation (ISO 45001) for the Occupational Health and Safety and Environmental management systems.

Central OHSE has a mandate to roll-out the OHSE governance framework across UCT and ensuring that there are effective review, control, and monitoring mechanisms in place. It is therefore a requirement that all UCT Faculties and Departments conforms to the framework that Central OHSE has provided.

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2 DOCUMENTS

2.1 Applicable Documents

ISO 9001:2015 : (International Organization for Standardization) Quality Management Systems - Requirements

ISO 14001: 2015 : Environmental Management Systems

ISO 45001: 2018 : Occupational Health and Safety Management System

2.2 Reference Documents (UCT Documents)

UCT OHSE Policy Statement

3 DEFINITIONS / ABBREVIATIONS

3.1 Definitions / Terminology / Word Descriptions (adopted from ISO definitions)

3.1.1 *Approval*

The action of accepting something or approving something.

3.1.2 *Communication*

The imparting or exchanging of information by speaking, writing, or using some other medium.

3.1.3 *Implementation*

Process of putting a decision or plan into effect; execution.

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3.1.4 *Periodic*

Appearing or occurring at intervals.

3.1.5 *Policy*

Intentions and directions of an organisation, as formally expressed by its top management.

3.1.6 *Procedure*

Specified way to carry out an activity or a process.

3.1.7 *Process*

Set of interrelated or interacting activities which transforms inputs into outputs.

3.1.8 *Review*

A scheduled examination of the system, which is carried out in a formal manner.

3.1.9 *Stakeholder*

Person organisation that can affect, be affected by, or perceive itself to be affected by decision or activity.

3.2 **Abbreviations / Acronyms**

- COHSAC : Central Occupational Health, Safety
Advisory Committee
- COO : Chief Operating Officer
- ED : Executive Director
- GMRC : Governance Monitoring Risk Compliance
- OHSE : Occupational, Health, Safety, and
Environment
- OMP : Occupational Medical Practitioner
- OHNP : Occupational Health Nurse Practitioner

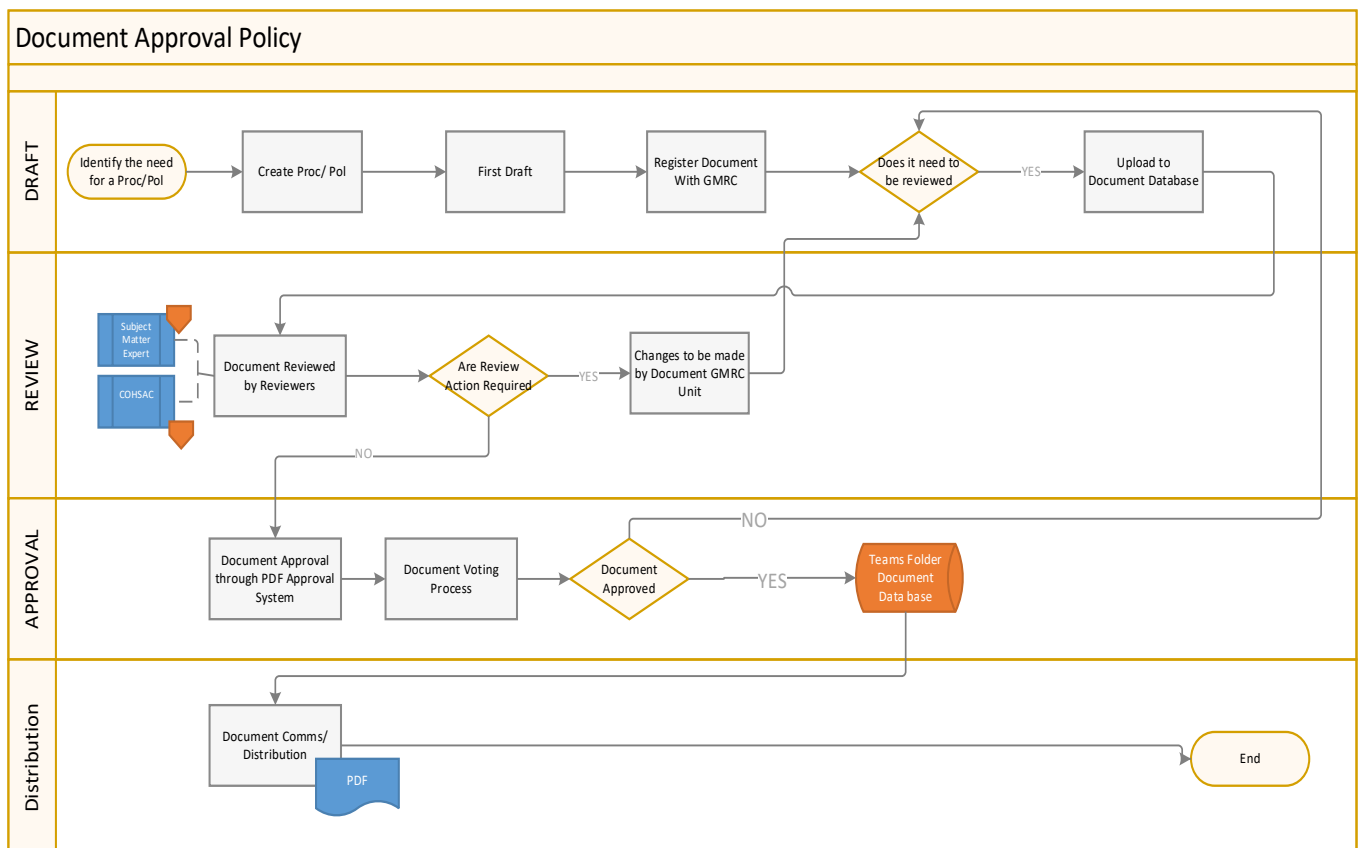
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- PRO : Procedure
- P&S : Properties and Services
- RMEC : Risk Management Executive Committee
- UCT : University of Cape Town

4 PROCESS FLOW – POLICY AND PROCEDURAL DOCUMENT APPROVAL

This process is graphically depicted in Figure 1 and then discussed in detail.

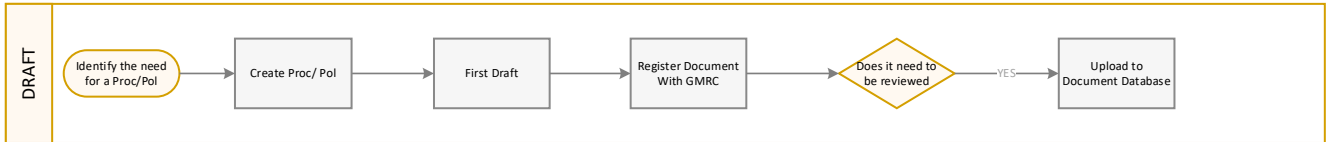
Figure 1 – Flow diagram for the Process for Policy and Procedural Document Approval



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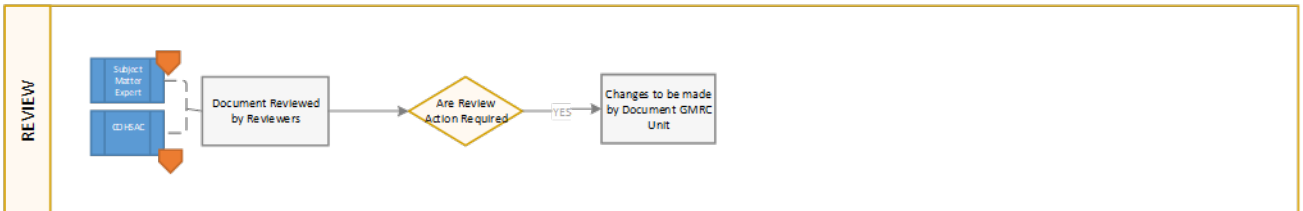
5 PROCESS DESCRIPTION

5.1 Drafting



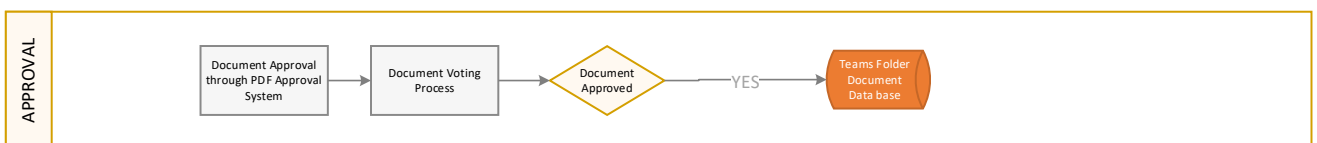
Once a need is established to compile a document (either governance, statutory compliance, or risk mitigation). A discussion ensues between the GMRC Unit and Director: OHSE. The process begins with the identification of a Policy/Procedure Owner, who is responsible for drafting the initial document within a period of 1-2 month unless the documents warrant an extensive stakeholder input.

5.2 Review



Drafts undergo thorough review by Department Heads and COHSAC Reps/ Subject Experts and relevant stakeholders over a period of 2-4 weeks. Feedback is collected through document review track changes. The Policy/Procedure Owner incorporates feedback and revises the document within 2 weeks.

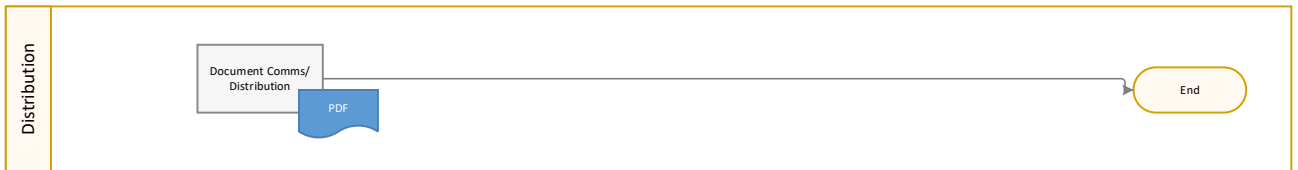
5.3 Approval



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The revised document is submitted for approval to the designated authority (Department Head, Dean, or Approval Authority), with a typical approval period of 2 weeks.

5.4 Distribution and Implementation

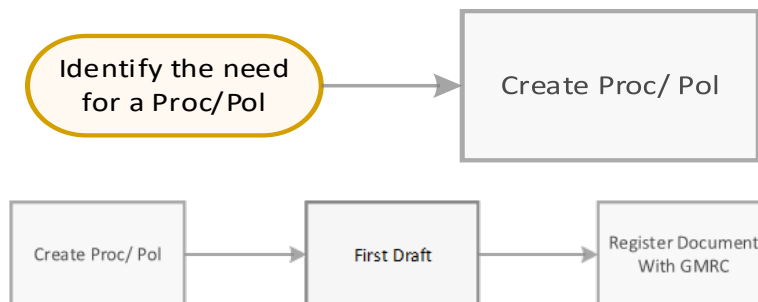


The GMRC Manager/Director: OHSE communicates the approved document to relevant parties within 1 week, following a predetermined communication plan. Implementation is carried out by the relevant departments according to the document's specifications, guided by an implementation plan.

6 POLICY AND PROCEDURAL DOCUMENT APPROVAL PROCESS

The approval process emphasizes transparency, collaboration, and adherence to regulatory requirements, ensuring that university policies and procedures are robust, well-informed, and aligned with institutional goals.

6.1 Identifying the need for a Proc/Pol



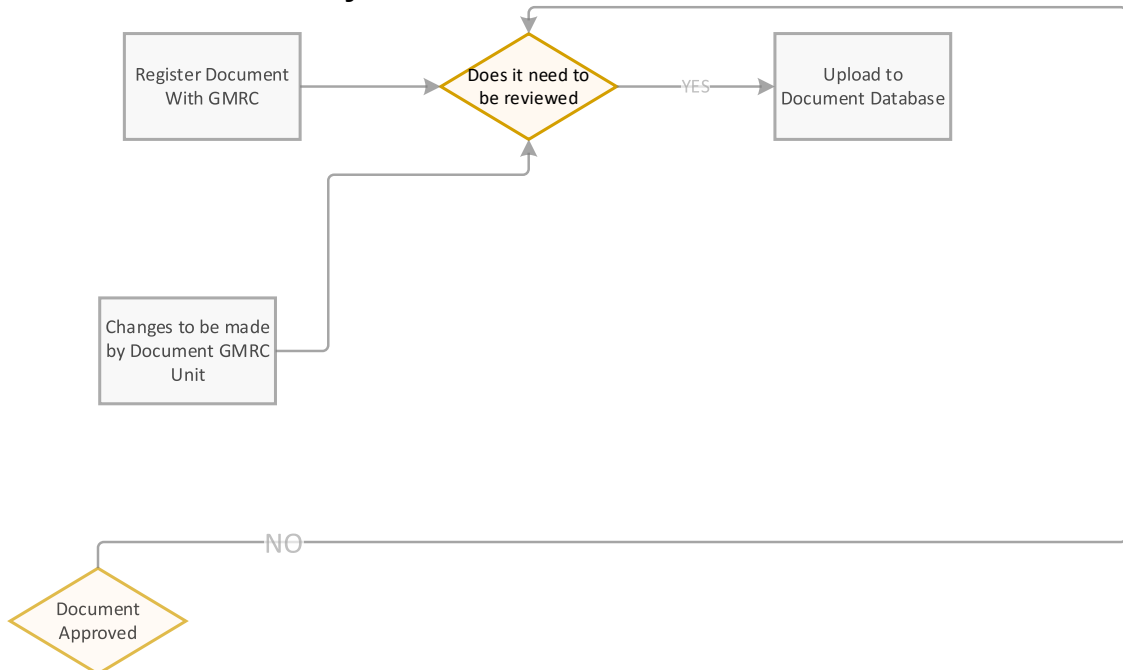
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The Policy/Procedure Owner submits the drafted document to the designated Approver (Department Head, Dean, or Approval Authority) along with a cover letter summarizing key changes and reasons for the update and register the document with GMRC Unit.

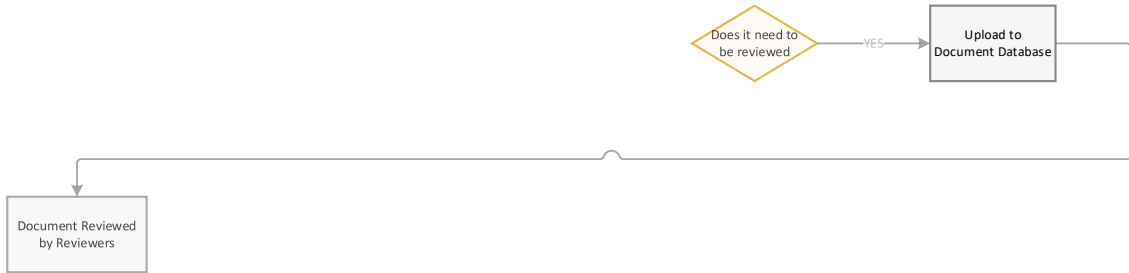
Function	DRAFT
Owner	
Process Number	
Status	
Start Date	
Connected Step(s)	Create Proc/ Pol

Function	DRAFT
Owner	
Process Number	
Status	
Start Date	
Connected Step(s)	Register Document With GMRC Create Proc/ Pol

6.2 Preliminary Review below



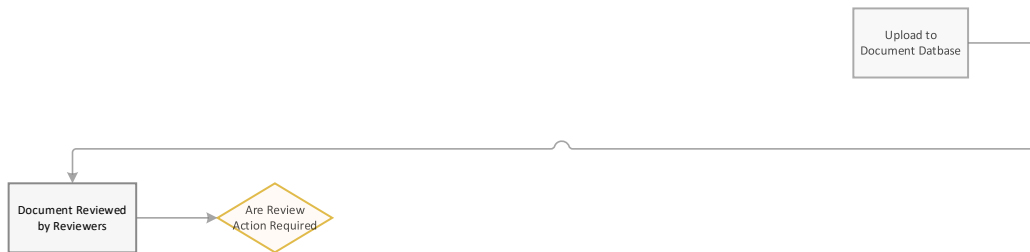
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The Approver conducts an initial review to ensure the document aligns with the university's goals, complies with relevant regulations, and addresses any major concerns.

The Approver may seek input from other stakeholders, as needed, to gather diverse perspectives and ensure comprehensive consideration.

6.3 Formal Review Meeting

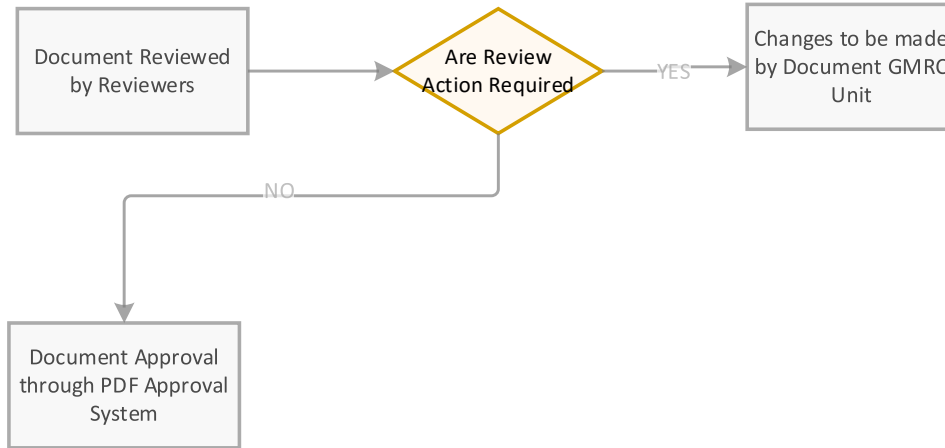


A formal review meeting may be convened, involving the Policy/Procedure Owner, relevant stakeholders, and the Approver, to discuss any outstanding issues and finalize the document.

Function	REVIEW
Owner	
Process Number	
Status	
Start Date	
Connected Step(s)	Upload to Document Database Are Review Action Required

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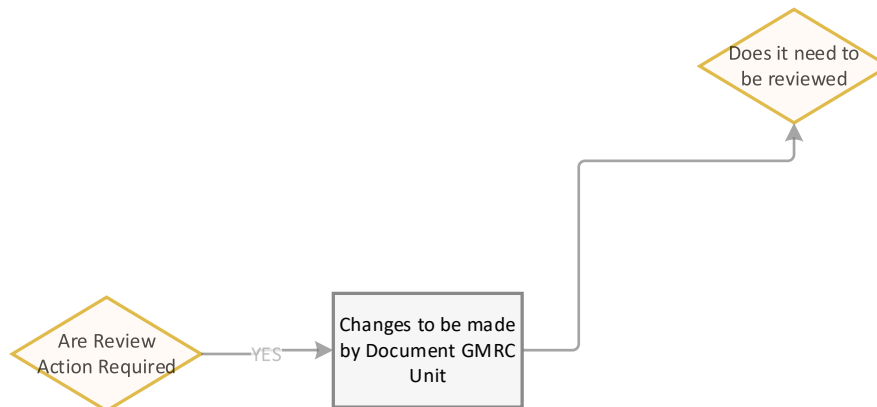
6.4 Approval Decision



The Approver makes an informed decision to approve, request revisions, or reject the document. Feedback is provided to the Policy/Procedure Owner.

Function	REVIEW
Owner	
Process Number	
Status	
Start Date	
Connected Step(s)	Document Reviewed by Reviewers Changes to be made by Document GMRC Unit Document Approval through PDF Approval System

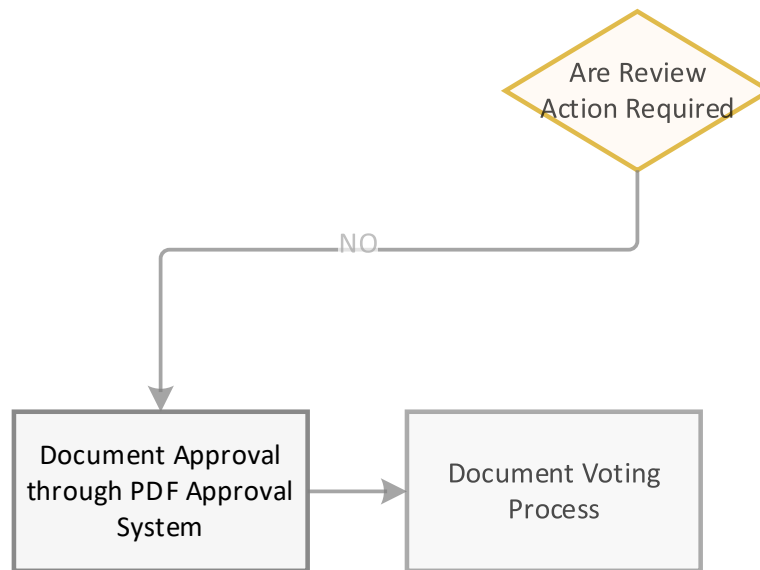
6.5 Revision and Resubmission



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If revisions are requested, the Policy/Procedure Owner incorporates feedback and submits the revised document for reconsideration.

6.6 Final Approval



Once the Approver is satisfied with the document, final approval is granted. The document is deemed official and ready for dissemination.

Function	APPROVAL
Owner	
Process Number	
Status	
Start Date	
Connected Step(s)	Are Review Action Required Document Voting Process

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Function	APPROVAL
Owner	
Process Number	
Status	
Start Date	
Connected Step(s)	Document Approval through PDF Approval System Document Approved

6.7 Documentation/ Communication



The approved document is officially documented, and records are maintained for future reference and auditing purposes. The Policy/Procedure Owner communicates the approved document to relevant stakeholders according to the predetermined communication plan.

6.8 Implementation Oversight

The Approver, along with relevant departments, oversees the implementation of the approved document, ensuring adherence to its guidelines.

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APPENDIX A – DOCUMENT APPROVAL COVER

Each UCT Policy and Procedure should have the following cover for Document approval:

	NAME & TITLE	DATE	SIGNATURE
Drafted by			
Reviewed by			
Reviewed by			
Final Revision By			
Approved by			
Approved by			

*Lines may be added for the additional Reviewers and Approvers as required.