

# Usafety

## QUALITY ASSURANCE MANUAL

Rev June 2022

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## Quality Policy

Usafety are engaged in the provision of training and consultancy services in the areas of health and safety and ergonomics.

### Our Vision

Our goal is to be the leading provider of health, safety and ergonomic consultancy services in Ireland, demonstrating quality and excellence in all our activities. We are passionate about improving the safety, health and wellbeing of our customers, both individuals and organisations. Our aim is to provide bespoke, innovative programmes that will develop learners to be confident in their learning and be inspired to continue to progress along their learning journey. We strive for Continuous Quality Improvement in all we do.

## Policy Statement on Quality Assurance and Quality

This Quality Policy statement outlines Usafety's approach to the management of quality and standards. Our Training approach to quality complies with the provisions of the Qualifications and Quality Assurance Act 2012.

Usafety acknowledges that it is ultimately responsible for the academic standards of awards made in its name and for its learners' quality of learning experiences. Our quality assurance policy has the following goals:

- Alignment to all or awarding bodies and all educational standards as laid down by validation requirements.
- Development of a quality assurance culture that is evident in all parts of the company for the benefit of the learners, trainers, staff and all other stakeholders.
- Ensuring Usafety's programme design and development, quality assurance and evaluation support a holistic and quality experience for each learner.
- To make sure that appropriate and transparent governance and management structures are in place to guarantee continuous progress in imposing and assisting first-class quality assurance and development measures.
- To put into effect and maintain procedures referring to the approval, tracking and evaluation of all our educational programmes.
- To take into consideration recommendations of unbiased, independent external peers and organisations, in particular external examiners, professional, statutory and regulatory bodies and external assessors in internal and external reviews of academic, administrative and support units, and in subject matter-primarily based high-quality reviews.
- To accumulate quantitative and qualitative information and to conduct surveys to gain evaluation from our key stakeholder groups including learners, employers and other stakeholders, for quality improvement and policymaking.
- To maintain programmes in good standing in relation to legislative obligations and to make the organisation a centre of excellence for learners.

This Quality Assurance Policy will be reviewed on an on-going basis to ensure that it remains appropriate, consistent and fit for purpose.

## Circulation List

The Quality Assurance Manual is issued on controlled circulation, under the responsibility of the General Manager who must ensure that amendments are circulated to, and obsolete copies are disposed of. The issued number of copies of the Quality Assurance Manual and procedures as follows.

<b>Copy No.</b>	<b>Holder</b>
1.	General Manager (Master Copy)
2.	Training Manager
3.	Governance Consultant

## Purpose of this Quality Assurance System

The purpose of the Quality Plan is to detail how the quality processes for the plan will be implemented to ensure that all educational programmes are delivered fit-for-purpose. This will be achieved by ensuring that all quality assurance processes are conducted in a quality manner and that the development of quality criteria will assist in measurement. ie. quality control.

## Quality Management Plan Components

To achieve this, Usafety's Quality Management system includes the following components:

- Quality Assurance - to ensure quality project management processes.
- Quality Control - via the development of quality outputs; and
- Quality Improvement – review points to assess and improve quality where possible.

## Section 1- Introduction

### 1.1. Company Profile

Welcome to Usafety – We are a leading Irish provider of quality professional development training. We focus on delivering specialist training in the areas of Health and Safety to include training in Manual Handling Instruction, People Handling Instruction, Health and Safety Awareness, Health and Safety Representation and Health and Safety at Work.

Our bespoke training courses have been developed through consultation with our clients to ensure that training delivered is relevant, cost-effective and focused on real outcomes. Every course is tailored to our client's specific business needs to ensure that our professional development training will lead to improved performance, motivation and job satisfaction with the people in your organisation. We offer flexible training packages that are delivered on-site, through "blended learning" approaches and workshops.

Our qualified trainers are highly skilled experts in their field ensuring that every training event will provide a winning combination of face-to-face learning and on the job assimilation of the learning experience. We know from experience (and consistent feedback from past clients) that our innovative training methods enhance employee's ability to manage the demands of their role more effectively, with increased confidence and with greater insight based on new knowledge and skills gained.

Usafety have been awarded two National Framework Contracts:

- Health Services Executive (HSE) "Specialist Ergonomic Services to the HSE" and
- through the Office of Government Procurement, "Lot 9 Manual Handling Training to Irish Public Bodies".

We also work with a range of organisations both public and private across Ireland which include SME's, large enterprises and non-profit organisations. Our Memberships/Associations include QQI (Quality Qualifications Ireland), Irish Human Factors and Ergonomics Society and the National Back Exchange (UK).

### 1.2. Our Mission/Aims

Our mission will help us succeed and meet our personal and business goals. Our mission is to impart knowledge to learners in a caring, equal, and friendly environment which recognises individual needs. We will do this by providing accurate information, consistently in a format which encourages individual growth.



We aim to deliver accredited training and non-accredited training to an equal standard of excellence. Usafety training programmes are designed to challenge, stimulate, and promote the personal and professional development of learners with a focus on encouraging all learners to reach their full potential.

Our quality system is designed to help us achieve this mission and our learners are assured by it. After all they are our customers, and they deserve no less.

### 1.2.1. Our Core Values

- 1. Put People First** – At Usafety we always put people first- at the centre of our work. Listening to our learners is where it all starts. Knowing their life experiences, journeys and needs allows us to continually improve our training and quality.
- 2. Be Fair and Objective- At Usafety we strive to be fair and objective in our dealings with staff, trainers, contractors, learners and our clients.** We believe that by creating a caring, nurturing and open environment drives us to encourage our learners and trainers/staff to achieve the best they can achieve for themselves.
- 3. Respect:** This encompasses integrity, fairness, listening, co-operation, responsiveness and perceptiveness. We treat our learners, staff and trainers as equal partners.
- 4. Passion:** We try to be bold, innovative and creative in our teaching methodology. Our trainers have a passion for the work they do and in turn this enables learners to maximise their own individual potential. We are authentic and consistent- there is a connection between what we say and what we do. We aim to be personal and share our own experiences as part of our teaching methodology.
- 5. Reliable** – While we are committed to ensuring we are diverse and continuously improving, we always remain reliable when it comes to the quality of our programmes, our excellent service, and our complete transparency.
- 6. Be open and accountable:** At Usafety we share information about the nature and outcomes of our work and accept full responsibility for our actions.

### 1.3.2. We support Learners by:

2. Providing professional education environments and provide a rich range of services, supports, resources and assessments to suit all learner requirements.
3. Delivering knowledge, skills and attitudinal objectives of all educational programmes in a holistic and inclusive framework.
4. Assessing learners through fair and consistent assessment tools, where we can provide evaluation for learner growth and skills improvement.

### 1.3. Quality Policy

Universal Safety Associates Ltd. T/A Usafety was established in 1998 to provide training and consultancy services in health, safety and ergonomics to numerous companies that include both private and Irish Public bodies.

Quality is paramount to our business because we value our clients (customers), and we are striving to be one of the leading providers of the aforementioned services in Ireland. We aim to provide our clients with services which meet and exceed their expectations.

We are committed to continuous improvement and have established a Quality Management System which provides a framework for measuring and improving our performance.

We have the following systems and procedures in place to support us in our aim of total client satisfaction and continuous improvement throughout our business:

- Regular gathering and monitoring of customer feedback.
- Continual training and development for our employees/contractors.
- Regular audit of our internal processes.
- Provision of necessary resources and training to enable the Quality System to operate effectively.
- Regular audit of our internal processes
- Measurable quality objectives which reflect our business aims
- Management reviews of audit results and client feedback.

Our internal procedures are reviewed regularly and are held in this Quality Manual which is made available to all stakeholders.

It is the Quality Policy of the Company to ensure that all requirements for quality are recognised by all personnel and that effective, consistent control of these requirements is achieved to enable client satisfaction.

Signed: **Conor Lyons** (Director)

Signed: **LMThomas** (Director)

Date: January 2022

Date: January 2022

## Introduction to our Quality Assurance Manual

Usafety is committed to providing an education and training service that is consistent, reliable and of high quality. To support this, a comprehensive quality assurance system has been developed, which allows monitoring, review and enhancement of the service we provide.

This new QA Manual has been developed as part of the process of re-engagement with QQI. Although a lot of the policies and procedures within are similar to previous ones, we have carefully examined what we do and how we do it with the aim of meeting QQI requirements but also to improve and enhance the service we provide to all our stakeholders, staff, trainers, contracts, learners and clients.

Usafety Training policies and procedures are designed to align with:

- The Core Statutory Quality Assurance Guidelines (April 2016) and [Sector Specific Quality Assurance Guidelines – Independent/Private, QQI Statutory Quality Assurance Guidelines \(2016\)](#)
- [The Qualifications and Quality assurance \(Education and Training\) Act 2012 and the Amendment Act 2019](#) and other applicable legislation.

These policies and procedures are reviewed and approved by our Management in line with self-monitoring and periodic review. Amended versions are published to replace older versions after they have been approved by the Academic Board.

The contents of this manual are arranged into different sections.

- Each section defines a specific policy and the associated procedures which underpin that policy, with detailed steps for implementation.
- Responsibilities detailed in the procedures, are reflected in role descriptions and in the Terms of Reference for our governance units.
- Staff training is provided in relation to the implementation of the Quality Assurance System as required.

Staff/trainers are expected to be familiar with the contents of this manual. Any staff/trainer deliberately acting outside of the documented policies and procedures, to the detriment of the company, will be referred for disciplinary action.

## Section 2- Governance and Management of Quality

### 2.1 Governance

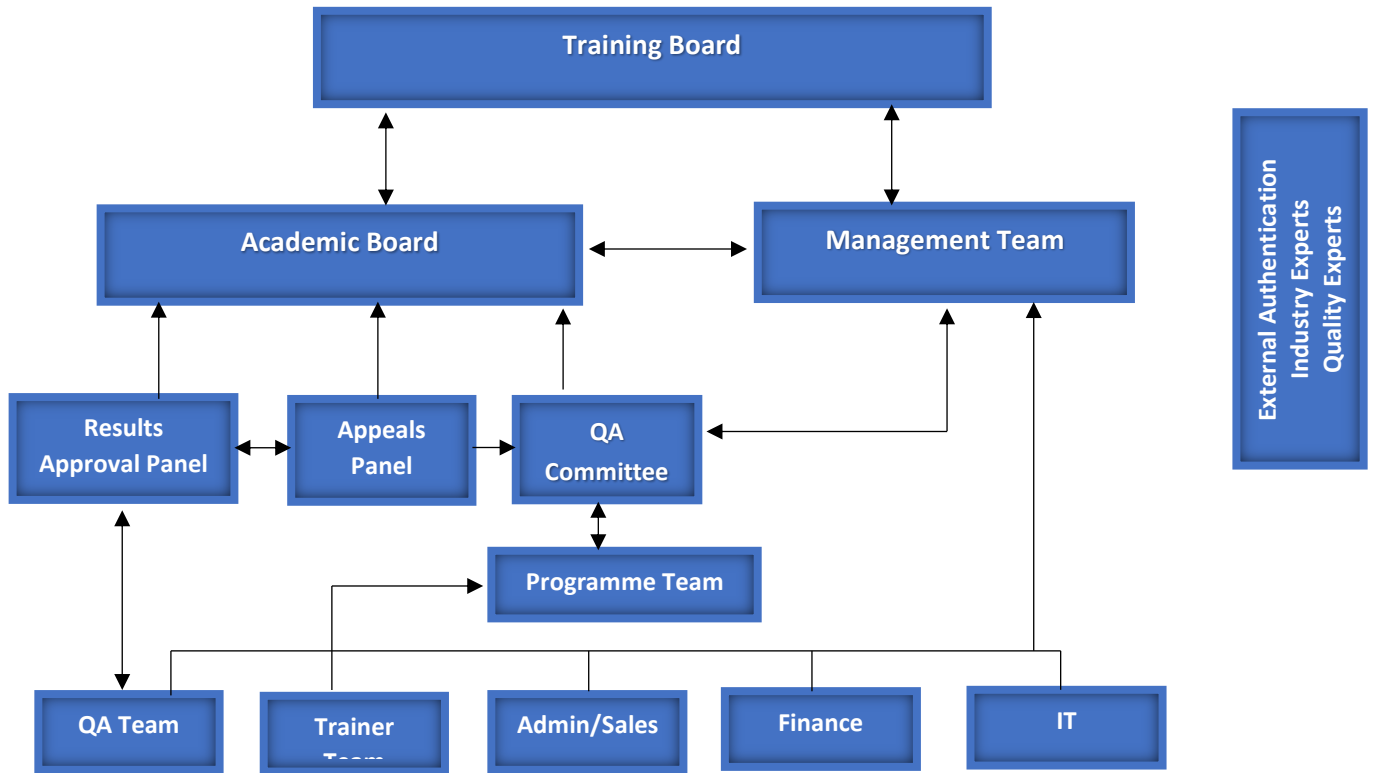
In line with a robust QA system for an organisation similar to ourselves, Usafety's Assurance System ensures that academic and commercial decision-making responsibilities are separated and that there is an external dimension to our academic governance processes. The structure (as outlined in Figure 1- following page) illustrates the clear lines of accountability between each of our governance units. Terms of Reference documents that explain the responsibilities and accountabilities reside within each unit.

Usafety are a small company with 2 Managing Directors, however, we have a large pool of resources available to us to assist with the management of Governance. We have recently engaged the services (consultancy) of one of our trainers who has vast experience in the area of Governance and is currently studying a Level 9 in Governance. His experience also extends to programme development and accreditation to QQI through various organisations where he holds a senior position and who are also QQI training providers.

Commercial and financial decisions are made by the Management Team (General Manager and Training Manager) while academic decisions are made by the Academic Board. The Chair of the Academic Board presents Academic Board reports to the Management Team.

The Academic Board holds ultimate responsibility for academic affairs within Usafety and serves to protect, maintain, and develop academic standards. All academic governance units report to the Academic Board, allowing for the separation of academic decision making and approval processes from that of commercial.

The Results Approval Panel is responsible for ensuring quality of course delivery, assessment techniques and marking is transparent, fair and consistent. The function of this panel ensures that continuous improvement is at the forefront of decision making now and into the future.



**Fig. 1- Usafety Training Governance Structure**

## 2.2. Governance Units

Usafety is dedicated to ensuring clear and unambiguous governance units to ensure legal, policy and ethical requirements are complied with. This is represented at both corporate governance and academic governance level. The core focus is to ensure that the provision of education and training is to benefit the learner with quality as the key driver. At Usafety, there is an interdependent relationship between quality assurance and governance.

### Governance Units:

1. Management Team
  - Quality Assurance Committee
2. Academic Board
  - Programme Board
3. Results Approval Panel
  - Appeals Panel

### Scope

This policy applies to the governance units of Usafety ensuring quality and accountability in the provision of training courses.

### Who is responsible for implementing this policy?

The Management Team are responsible for corporate governance.  
The Academic Board is responsible for academic governance.

### 2.2.1 Corporate Governance

The Management Team maintain oversight of all aspects of Usafety in terms of strategy, finance and corporate decisions and are responsible for ensuring the financial viability and sustainability of the business. Their responsibilities extend to the overseeing the day-to-day management and academic development of Usafety.

### 2.2.2 Academic Governance

The Management Team have set up an Academic team known as the “Academic Board”, who are assigned with the responsibility of overseeing the quality of provision concerning the programmes and supports. The main function of this Board is to maintain oversight of the ongoing monitoring and review of academic and quality standards in respect to programme provision. Although the Management Team are on this Board, having 2 additional members ensures that corporate and academic governance can be separated.

### 2.2.3 Training Board- Terms of Reference

#### Scope

The Training Board has ultimate responsibility for governance of Usafety.

#### Membership

- Board of 4 people (including Management Team, 2 external consultants).

#### Schedule

- Twice per year.

#### Specific Accountability

1. Ensure high standards of governance, transparency, and accountability.
2. Approving organisational strategy and plans considering stakeholder requirements.
3. Ensuring compliance with all relevant legislation and regulations.
4. Review of reports of programme quality.
5. Directors are responsible for the board, while being answerable to the Members.
6. Directors Responsibilities and Relationships are defined through Governance which comprise legislation and the rules.

### 2.2.4 Academic Board- Terms of Reference

#### Scope

The Academic Board holds ultimate responsibility for academic affairs within Usafety and serves to protect, maintain, and develop academic standards.

#### Membership

- Internal Members
  - General Manager
  - Training Manager
  - Trainer
- External Members
  - Independent Occupational Expert.
  - Independent Education and Training Expert.
  - Learner.
  - Governance Advisor.

Schedule- Twice per year

## Specific Accountability

1. Monitor the provision of programmes in line with best practice guidelines and the requirements of awarding bodies.
2. Approve quality assurance policies and procedures and review adherence to same
3. Consider annual programme reports and make recommendations for programme enhancement in an academic capacity.
4. Act as decision makers on academic matters
5. Oversee and comment on self-evaluations and validation/revalidation projects
6. Approve and oversee the development of new programmes, including budget allocation as agreed by the Management Team
7. Where appropriate, approve changes to programmes within the boundaries set at validation
8. Consider the outcomes of programme evaluations and monitoring activities and instigate actions where appropriate
9. Recommend ways in which the learning experience and the learning environment could be enhanced
10. Discuss and develop the resolution to complaints that cannot independently be resolved by the Management Team.
11. Maintain oversight of the programme risk register and highlight issues of concern
12. To make recommendations to the training board in relation to academic affairs
13. Promote excellence in teaching and learning.

## Selection Criteria for external members of the board

- The Management Team agree the appointment of external members to the Board of Directors.

### They must have:

- The knowledge, skills and experience to challenge and constructively critique the objectives and plans devised by the management and staff of Usafety.
- Relevant educational qualifications or equivalent professional experience in the healthcare training and/ or related sectors
- Knowledge of the training needs of the relevant industry e.g., healthcare or public bodies.
- Familiarity with training governance systems, qualifications frameworks and the National Framework of Qualifications (NFQ) in particular
- The commitment to carry out their role with integrity, independence and professionalism it demands.

## Governance

- The Academic Board conducts their duties on the understanding that ultimate responsibility for programme provision lies with the Management Team.
- The successful functioning of the Academic Board relies on the maintenance of strong communication links between the Academic Board and the Management Team.
- The Management Team have the power to remove a member from the Academic Board in instances where the member is not acting appropriately within the terms of reference. They will appoint a replacement member as soon as possible.

## 2.2.5 Management Team- Terms of Reference

### Role

Usafety is a private limited company governed by a Board of Directors (which will be referred to as the Management Team), which oversees the operation of the company as a commercial organisation.

### Membership

Senior Management (General Manager & Training Manager).

### Members commit to:

- Attending all scheduled meetings
- Open and honest communication of information
- Making decisions in a timely manner
- Keeping up to date with industry changes and best-practice guidelines

### Responsibilities:

The Management Team hold responsibility for the following:

- Ensure the financial viability of Usafety
- Ensure sufficient resources (financial, human etc.) for governance and QA.
- Ensure the company meets its statutory obligation
- Maintain corporate and legal responsibility
- Maintain the general business of the company
- Ensure the management of the company is in line with current legal requirements and regulations
- Approve Usafety's Operational Strategy and consider current performance as compared to said strategy
- Consider current opportunities, challenges and risks facing Usafety
- Review and evaluate significant operational concerns such as health & safety, legal or reputational concerns
- Document and communicate to relevant stakeholders the responsibilities, processes, outcomes and oversight of self-evaluation and monitoring.
- Reporting to relevant stakeholders of programme quality in association with Quality Committee e.g., enrolment, learner feedback, resources etc.
- Results of monitoring process are used to maintain and improve quality of programmes and services. Information is shared with Academic Board and trainers.

Each Managing Director has additional responsibilities:

#### Managing Director 1- General Manager

1. Quality Assurance System.
2. Compliance.
3. Information Technology.
4. eLearning.
5. Marketing.
6. GDPR.
7. Internal Verifier.

#### Managing Director 2- Training Manager

1. Human Resources- Staff/Contractor recruitment and development.
2. Training Manager.



3. Programme Coordinator.
  - Management and support of trainers and learners throughout programme planning, delivery and allocation of results. Liaison person between learner and trainer.
  - Internal Assessor.

### 2.2.6 QA Committee - Terms of Reference

#### Scope

The QA Committee is responsible for the maintenance, implementation and ongoing review and enhancement of the internal QA system, policies, procedures, and wider QA activities. The Committee oversees self-evaluation and monitoring of programmes as well as programme development activities.

#### Membership

- General Manager
- Training Manager
- Governance Advisor
- Internal verifier
- External

#### Schedule

Monthly

#### Specific accountabilities

1. Make decisions on Quality Assurance Policies and Procedures development and review and propose decisions to the Academic Board for approval.
2. Oversee Quality Assurance audits and audit teams.
3. Make decisions on Quality Assurance enhancement and propose same to Academic Board for approval
4. Maintain a Risk Log and propose appropriate actions to mitigate against identified risk.
5. Oversee Quality Assurance action planning through self-evaluation, monitoring and review activities.
6. Champion best practice through continuous improvement and standardisation activities.
7. Make decisions in relation to programme review, updates to programmes and external review and propose decisions to the Academic Board for approval.
8. Ensure that all reviews are recorded and stored on one drive.
9. Report to Management Team with QA Evaluation Reports.

### 2.2.7 Programme Board - Terms of Reference

#### Scope

Programme Boards are responsible for the delivery of effective training programmes and contributing to ongoing self-evaluation, monitoring and review as well as the development of appropriate content and assessment.

#### Membership

- Lead trainer(s)
- Quality Assurance Coordinator (General Manager)
- Learner representative

Schedule- Twice yearly or as required.

## Specific Accountabilities

1. Manage programme delivery and monitoring.
2. Contribute to self-evaluation and development of programmes.
3. Maintain effective teaching and learning activities on the programme.
4. Manage assessment methodologies and strategies for the programme.
5. Monitoring and recording student performance on each stage of the programme in line strategy.
6. Manage programme level risk and report on same to the Quality Assurance Committee.
7. Monitor staff, learner, and stakeholder feedback on an ongoing basis.
8. Maintaining content that is relevant, effective, and up to date.
9. Programme development in conjunction with Quality Assurance Committee.
10. Produce programme reports for by Quality Assurance Committee.
11. Ensure that all reviews are recorded and stored on one drive.

### 2.2.8 Results Approval panel – Terms of Reference

#### Scope

The role of the Results Approval Panel is to ensure that the validity, authenticity, and reliability of the programme assessment process is respected, and to ensure fairness and consistency in marking and grading, identifying inconsistencies and proposing corrective action.

#### Membership of the Results Approval Panel

- General Manager/Internal Verifier
- Trainer(s)
- External Authenticator

#### Members Commit to:

- Attending scheduled RAP meetings with a view to continuously improving the learner experience in line with QA procedures.
- RAP meet as required in line with QQI key dates where submissions are being made.
- Being familiar with Usafety's assessment policies and procedures
- Communicating effectively with other members of the panel

#### Members can expect:

- To receive all relevant information for review in advance of the meeting.

#### Responsibilities

- 1 Consideration of Internal Verifier and External Authenticator reports
- 2 Review and approve all assessment results.
- 3 Judging the outcomes and recommendations of any internal verification reports (including changes to assessment grades) made
- 4 Reaching agreement on any response/actions required
- 5 Agreement to the submission of results to QQI to request certification.

## 2.2.9 Appeals Board panel – Terms of Reference

### Scope

Consider applications for learner appeals, deciding on actions and outcomes.

### Membership

- External Academic Consultant/External Authenticator/Examiner
- General Manager

### Accountabilities

1. Consider appeals applications.
2. Consult with programme boards, trainers, and assessors as appropriate.
3. Engage with external expertise where required.
4. Make decisions on appeals.

### Schedule

Ad-hoc

## 2.3. Management of Quality Assurance

### 2.3.1. Usafety Training Organisational Structure

Established in Ireland, Universal Safety Associates Ltd., registered with the Companies Registration Office in 1998 and began trading as Usafety in 2005. The structure of Usafety, as illustrated in Figure 2, is one that prioritises quality assurances and a commitment to continual improvement.

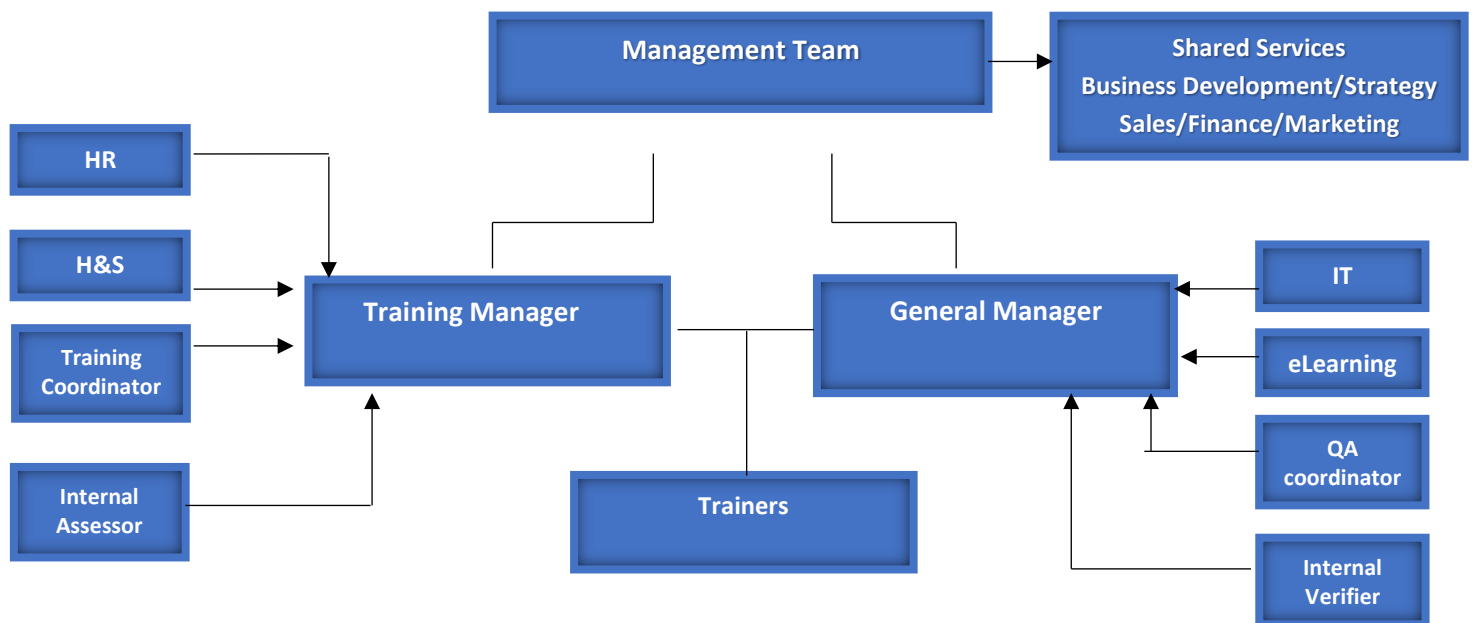


Figure 2- Usafety Organisational Chart and Role Descriptions

### 2.3.2. Management Team

The General Manager and Training Manager have overall responsibility for the management of Usafety Training.

#### Responsibilities:

- Manage general business operations.
- Identify and manage organisational risks.
- Maintain an organisational risk register.
- Develop and issue corporate policies.
- Human resource management.
- Make decisions on non-academic concerns.

### 2.3.3. Training Manager

This person is responsible for the day-to-day management of Usafety Training and acts as the Head of Centre in relation to QQI.

## Responsibilities:

- Maintain the risk register and implement the risk management process.
- Recruit new staff/trainers.
- Approve and secure the services of External Authenticator.
- Conduct trainer/staff performance reviews and implement improvement plans.
- Manage budgets and report on the use of resources.
- Approve and monitor training venues.
- Ensure all training activities are conducted in line with health and safety guidelines and are properly insured.
- Conduct an annual Training Need Analysis (assisted by General Manager).
- Review programme re/validation applications before submission to the awarding body (final approval in consultation with General Manager).
- Approve public information prior to publication.
- Implement academic misconduct, disciplinary, complaints and appeals procedures.
- Member of the Academic Board and the Results Approval Panel.
- Regularly report to the Academic Board.
- Oversee the self-monitoring and self-evaluation procedures.
- Establish and maintain relationships with all stakeholders.
- Update the trainer handbook, learner handbook and learner induction presentation.
- Develop, facilitate, and evaluate upskilling days for staff and trainers.
- To be available to train on programmes as contingency plan in case of non-availability of trainer.

### 2.3.4 General Manager

The General Manager supports the Training Manager for all Usafety Training.

## Responsibilities

- Ensure compliance with the Quality Assurance system.
- Make decisions on:
  - learner application, selection and registration
  - recognition of prior learning
  - extensions, deferrals, and penalties
  - reasonable accommodations
  - personal circumstances
- Monitor learner supports.
- Inform trainers of assessment and grading techniques and monitor compliance.
- Brief examination invigilators.
- Act in the role of examination invigilator/supervisor where required.
- Conduct regular programme reviews and produce programme reports.
- Lead and manage the re/validation process.
- Oversee and lead all programme self-evaluation.
- Manage quality assurance, the quality of programmes and services, and the promotion of a culture of quality and an appropriate learning.
- Oversee the development, monitoring, implementation and evaluation of QA Maintenance of the quality assurance manual and associated documentation Compile quality reports. Publish findings on QA evaluation reports.
- Ensure that QA Evaluation Reports are published on website.
- Data protection and GDPR adherence.
- This person will also act as the Internal Verifier.

### 2.3.5. Training and Learning Coordinator

This position is currently being filled by the Training Manager. When appointed this person will report directly to the Training Manager.

#### Responsibilities:

- Communication of:
  - Programme information to all learners.
  - Any formal decisions needing to be issued to individual learners.
  - Programme content and schedules to trainers.
  - External authentication schedules and information to External Authenticators.
- Schedule training venues and arrange servicing of equipment.
- Report to General Manager any information that needs to be published on the website.
- Deal with general enquiries.
- Prepare programme materials and distribute these to learners and trainers.
- Act as coordinator for learner supports across all programmes.
- Record and maintain records on the monitoring database to include learner records, learner feedback (evaluation form-[form.pdf](#)) and trainer feedback form.
- Safe and secure storage of assessment materials and processes.
- Act in the role of examination invigilator/supervisor where required.
- Retain signed records of seating and invigilation arrangements.
- Facilitate the Internal Verification process.
- Present internal verification reports at Results Approval Panel meetings.
- Support the External Authenticator in implementing the External Authentication procedure.
- Submission of certification data to QQI via the Quality Business System (QBS)
- Issue results and award certificates to learners.
- Notify QQI of any grade changes as a result of an appeal, in compliance with Procedure for Assessment Review and Appeals.

### 2.3.6 Internal Verifier

#### Purpose

The purpose of the IV role is to systematically check that Usafety's assessment procedures have been applied consistently across assessment activities and to verify the accuracy of assessment results.

#### Key Responsibilities

- Agree and sign off an assessment and verification plan for all cohorts with QA Manager/ Assessors/ Trainers.
- Ensure assessment meets national standards.
- Ensure assessment procedures are adhered to.
- Check learning has been assessed using the correct assessment techniques and instruments.
- Ensure evidence is available for all learners presented for awards.
- Ensure evidence is generated as per the techniques specified in the award specifications.
- Ensure that marks are totalled, percentages are calculated correctly and that grades awarded are consistent with QQI grading bands (or other awarding bodies).
- Produce internal verification reports.
- Provide feedback directly to trainers /assessors.
- Share information about standards with trainers /assessors to ensure consistency through staff inductions/workshops etc.

### 2.3.7 Trainer Role Description

The trainer role description is detailed in the Trainer Handbook.

Associate trainers are suitably qualified contractors who deliver, assess and evaluate programmes on behalf of Usafety. Associate trainers have the same responsibilities as trainers directly employed with Usafety, in terms of programme delivery and the management and support of learners and documentation.

#### Key Responsibilities

- Teaching on assigned modules or full programme(s).
- Support Training Manager.
- Work with Training Manager in curriculum development and assessment instrument development.
- Provide ongoing learner feedback and opportunities for development.
- Attend programme board meetings and other internal committee meetings as required.
- Work with Internal Verifier and External Authenticator/s.

### 2.3.8. Administration

#### Key Responsibilities

- Ensure the day-to-day administrative running of multiple contracted training courses.
- Administer trainer search, contracting and delivery process.
- Ensure timely submission of course paperwork including daily, weekly, and monthly reports.
- Financial administration/invoicing as required.
- Support the monitoring and quality assurance of training as per guidelines.

### 2.3.9. Learner Representative

#### Purpose

The purpose of the Learner representative is to inform and provide a Learner's perspective to the relevant Academic Council, or any sub-committees. The Learner representative is ideally a current senior Learner which has completed a few modules with Usafety. The same expectation of confidentiality applies to the Learner representative as it does to all attending members of committees.

#### Responsibilities

- Attend the Academic Council meetings
- Provide Learner feedback and perspective to the relevant Council/Board
- Attend Programme Board meetings
  - Attendance at the Examination Board may be confined to those sections where the Learner representative does not have a conflict of interest within the item of discussion such as results sheet which include the attending Learner representative results.
  - Maintaining confidentiality and adherence to data protection policies and guidelines.

## Section 3- Documented Approach to Quality Assurance

Usafety is dedicated to implementing, maintaining and continually improving an appropriate quality assurance system that is applicable to the size and scope of the service provided.

Usafety's Quality Management System is supported by a range of QA policies and procedures (Table 1), covering all aspects of programme development, delivery, along with a suite of internal self-assessment and monitoring measures, that detail key quality assurance tasks in terms of ownership and responsibility. The documented approach to quality assurance with policies and procedures is aligned to statutory quality assurance guidelines set out by Quality and Qualifications Ireland (QQI).

The trainer manual and the Usafety QMS includes regularly updated policies and procedures on each area of the 11 core QQI statutory guidelines which facilitates clear decision-making and follow-up. Systematic formal decision-making procedures are built into our QMS policies and procedures. Information is disseminated to all trainers.

The management of QMS will be applied through the quality team, applying separation of roles and checks which maintain quality management integrity: Table 1 illustrates the policy areas and related policies and procedures in operation at Usafety.

Continuous improvement and enhancement of the Quality Assurance Management System will be carried out using a systematic approach to self-assessment (Fig. 3).

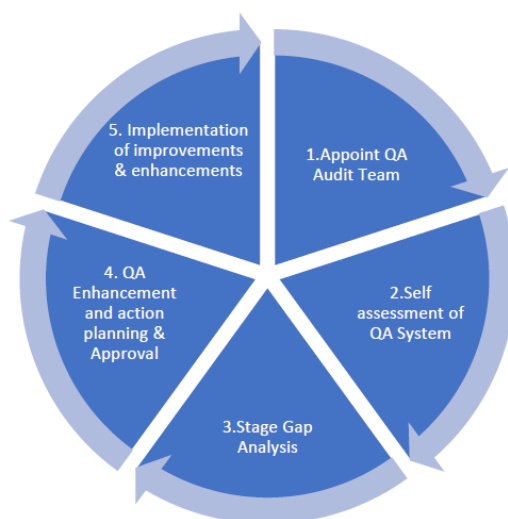


Fig. 3- Usafety Continual Improvement & Self-assessment Model

### Scope

This policy applies to all policies, processes and procedures representative of Usafety Quality Assurance System.

### Who is responsible for implementing this policy?

1. Managing Director 1- General Manager.
2. Managing Director 2- Training Manager.



## 3.1 Health & Safety Policy

### 3.1.1. Health & Safety Policy Statement

Usafety are passionate about providing a safe and healthy environment for all our staff, learners and all other stakeholders. We recognise the fact that good health and safety management has positive benefits for the organisation and a commitment to a high level of safety makes good business sense. We also know that health and safety is a business function and must, therefore, continually progress and adapt to changes. The approach to health and safety will be based on the identification and control of risks.

As there are distinct benefits to be gained from providing a safe and healthy working environment, appropriate levels of resources will be allocated to ensure health and safety within the organisation. A positive culture will be encouraged within the organisation and this encouragement shall be actively supported by management.

Employees will be involved in the decision-making processes. The performance of both individuals and the organisation will be monitored with continual improvements being made to health and safety standards. Adequate planning, monitoring and review of the implementation of the health and safety policy will be carried out.

#### **To achieve our aims, we will:**

- Ensure adequate arrangements are in place for effective planning, development and review of this policy statement.
- Ensure appropriate systems are developed and maintained for the effective communication of health and safety matters throughout the organisation.
- Provide sufficient information, training and instruction to employees and others, including temporary staff to ensure their competence with respect to health and safety.
- Consider health and safety equal to all other business functions and will attach equal importance to achieving health and safety targets.
- Devote the necessary resources in the form of finance, equipment, personnel and time to ensure health and safety. The assistance of expert help will be sought where the necessary skills are not available within the company.
- Liaise and work with all necessary persons to ensure health and safety. We will ensure adequate arrangements are in place for ensuring the health and safety of learners, visitors etc.
- Constantly improve health and safety standards and performance. To this end we will endeavour to ensure that all relevant statutes, Regulations and Codes of Practice are complied with. The minimum standards that will be adopted are those required by law, although we will seek always to supersede these where there is a demonstrable benefit.
- Recognise that safety is the responsibility of everyone within the company and not just a function of management. The Management Team will have specific duties and responsibilities to company policy. We will ensure that health and safety management is an integral part of everyone's functions, and we will monitor their performance along with their other duties. Employees/contractors will have specific responsibilities to take reasonable care of themselves and others who could be affected by their activities and to co-operate with management in achieving the standards required.
- Ensure that the health and safety is fully integrated into the management and decision-making process within the organisation.
- Design a system to ensure that accidents and 'near misses' are fully investigated and appropriate actions are taken to reduce the likelihood of their occurrence.
- Ensure that procedures are established to ensure safe equipment and plant is provided for employees and others affected by our activities.

## Scope

This policy applies to all learners, staff and contractors within Usafety. Learners, trainers, and all other staff members are all responsible for implementing this policy

<b>Working Documents</b>
Company Safety Statement <a href="#">Usafety Safety Statement- Rev 2020</a>

## 3.2. Risk Management

<b>Policy Name</b>	Risk Management Policy
<b>Policy Code</b>	Usafety004
<b>Policy Author</b>	Senior Management
<b>Revision No.</b>	4
<b>Draft Date</b>	August 2021
<b>Expected Revision Date</b>	+1 year

Organisations are affected by a wide range of internal and external factors that make their operating environments uncertain. These factors create uncertainty as to whether, and to what extent objectives can be met. The effect this uncertainty has on the achievement of an organisation's objectives is known as 'risk'.

When the management of risk is effective it generally goes unnoticed. Conversely, when it is absent or fails, the impact is often highly visible and felt across the entire organisation, rather than just at individual service or project level or by individual staff. The consequences may also be publicly embarrassing, politically damaging or compromising to the organisation.

The aim is not to eliminate risk, but to manage it. Risk management refers to the coordinated set of activities an organisation takes to direct and control risk.

Adopting good risk management ensures that an organisation can undertake its activities in the knowledge that appropriate and adequate measures are in place to maximise the opportunities and minimise the negative or unanticipated effects of risk on the achievement of the organisation's objectives.

The Management Team are responsible for identifying and managing organisational risks and maintaining an organisational Risk Register. The Risk Register is reviewed at Board of Director meetings. The Management Team are responsible for managing programme-related risk. Programme-related risks are identified at the design stage and are reviewed on an ongoing basis through the evaluation process. The sections of the Risk Register pertaining to training provision and quality assurance are presented to the Academic Board. Usafety risk management policy.

### 3.2.1 Risk Management Policy Statement

Usafety is committed to ensuring that risk management principles and practices form an integral part of its:

- Culture
- Governance and accountability arrangements
- Decision-making processes
- Strategic and operational planning
- Reporting, review, evaluation and improvement processes

Staff at all levels have an individual and collective responsibility for identifying and managing risk in day-to-day decision making and planning. In order for risk management to become part of everyday practices each person must recognise and accept this responsibility.

Risk management is not optional; it is a necessary consideration each time a decision is made, whether it is a decision which is taken in everyday operations, or a decision taken about major policies, strategies or projects.

Risk management is not a static one-time process; it is a continual process that must be capable of adapting to changing internal and external environments.

Usafety is committed to establishing and providing the necessary structures, processes, training and other supports required to implement this policy and procedure. Usafety requires the commitment of all staff in supporting this policy and in return will promote a positive and supportive environment that encourages individuals to identify risks and report adverse events promptly.

### 3.2.2. Purpose

The purpose of this policy and procedure is to formally affirm Usafety's commitment to building a risk management culture in which risks, and opportunities are identified and managed effectively and to set-out Usafety's approach to the management of risk.

This policy and procedure:

- Communicates that risk management is everyone's responsibility
- Sets out respective responsibilities for the management of risk for all staff/contractors working with Usafety.
- Describes Usafety's approach to the management of risk i.e., procedures to be used in identifying, analysing, evaluating and controlling risks that can impact on the achievement of its objectives
- Provides guidance on the development and maintenance of risk registers
- Describes the procedure for the escalation of risks to the next management level.

### 3.2.3. Scope

This policy and procedure apply equally to the management of risks that arise at an organisation wide or strategic level, at an operational or day-to-day business level, or for new projects and new initiatives.

This policy does not apply to the management of individual clients. This policy and procedure apply to all staff and contractors under our remit.

### 3.2.4. Roles and Responsibilities

Risk Management (identification, measurement, assessment and management) is the responsibility of the Management Team. They are responsible for the accountability arrangements for managing risk at all levels within Usafety and ensuring that all staff/contractors are familiar with any arrangements in place. These arrangements are part of the normal reporting mechanism to ensure that risk management is embedded into the business/service process.

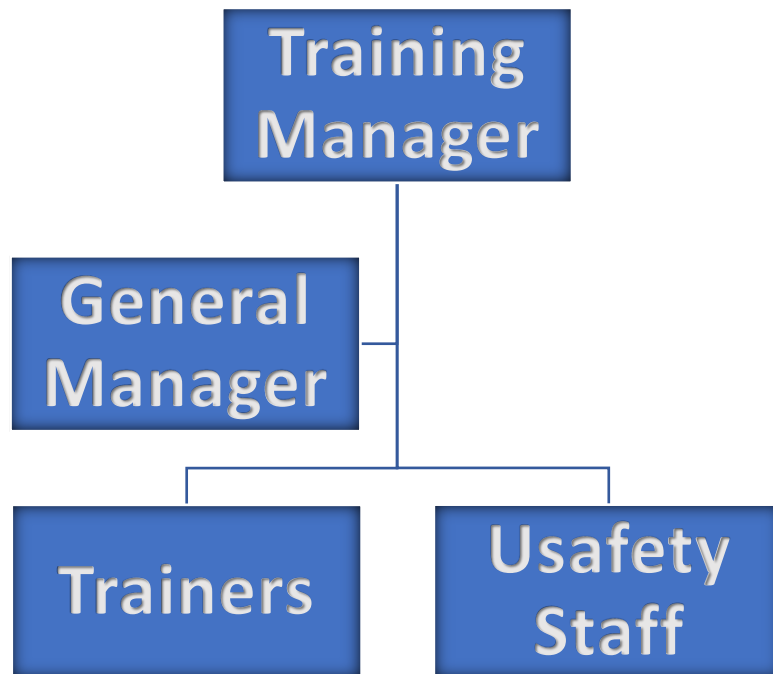


Fig.4 – Structure of Risk Accountability within Usafety

<b>Working Documents</b>
<a href="#">Usafety Safety Statement- Rev 2020</a>

### 3.3 Procedure: Risk Management

Procedure	Management of Risk
Associated Policy	Risk Management
Version	2
Owner	Senior Management
Review date	1 Year

#### 3.3.1 Purpose

To provide clear guidance on the management of risk throughout all aspects of the organisation and clearly define all roles in these activities.

#### 3.3.2 Scope

Usafety business and overall operation.

#### 3.3.3 Responsibility

Management Team.

#### 3.3.4 Risk Management Procedure

Senior management as part of management meetings measure risk scenarios for financial loss, reputation and cessation of services and consider the following:

- Organisational responsibilities for health and safety.
- Relevant applicable legislation.
- How to achieve our aims and objectives for risk management.
- What impacts/consideration are there from external sources.
- Resources required.
- Current safety policies in place and gap identification.
- Risk factors associated with training provision and all associated activities.
- What are our contractual relationships and obligations to all stakeholders?

The risk categories include:

- Governance.
- Human Resources.
- Reputation.
- Finance.
- Legal.
- Technology.
- Health and Safety.
- Compliance.

The risk management process adopted by Usafety is based on the Australia/New Zealand Standard for Risk Management (AS/NZS ISO 31000:2009)<sup>1</sup> and presented graphically in Figure 5. It enables a consistent and comprehensive approach to risk management across Usafety.

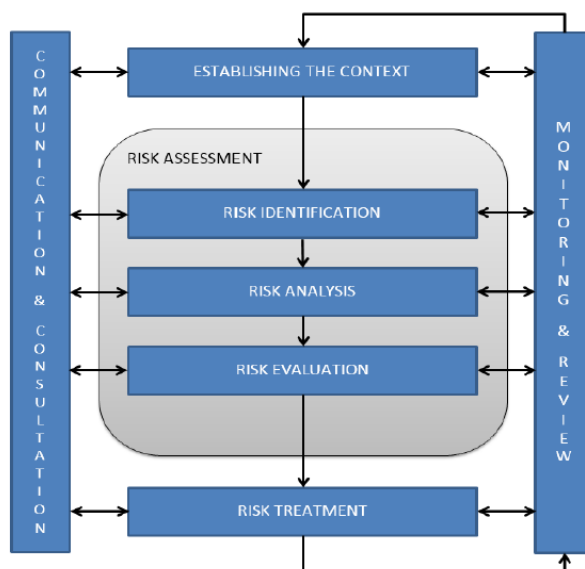


Fig. 5- Risk Management Process (AZ/NZS ISO 31000:2009)

It comprises five key steps which are taken sequentially:

- Step 1: Establishing the context
- Step 2: Risk Identification
- Step 3: Risk Analysis Risk Register
- Step 4: Risk Evaluation
- Step 5: Risk Treatment

Two elements ‘Communication and Consultation’ and ‘Monitoring and Review’ occur continually throughout the process. The entire process is on-going, enabling it to be repeated many times leading to on-going service improvement.

#### Step 1: Establishing the context

The first step in the risk management process is to establish the context. As part of the planning process, it is an important and essential step, and sets the framework within which the risk assessment is undertaken. It involves:

- Establishing key information related to the subject (e.g., activity, strategic or operational plan, administrative process, project or other management initiative etc.) to which the risk assessment process is being applied.
- Establishing the scope of the risk assessment activity being undertaken.
- Developing a structure for the risk identification activities.

## Step 2: Risk Identification

Risk identification involves identifying sources of risk, areas of impact, events and their causes and consequences.

Identifying risks involves considering what, when, why, where and how things can happen:

- What are the sources of risk or threat – i.e., the things that have the inherent potential to harm or facilitate harm
- What could happen - events or incidents that could occur whereby the source of risk or threat has an impact on the achievement of objectives
- How could it happen - the manner or method in which the risk event or incident could occur?
- Where could it happen - the physical location/assets where the event could occur or where direct or indirect consequences may be experienced
- When could it happen - specific times or time periods when the event is likely to occur and/or the consequences realised?
- Why could it happen/causes - what are the direct and indirect factors that create the source of risk or threat.
- What might be the impact were it to happen/consequences - what would be the impact on objectives if the risk was realised.
- What parts of the organisation and what stakeholders might be involved or impacted?

The aim is to generate a comprehensive list of threats and opportunities that may impact (enhance, prevent, degrade, accelerate or delay) the achievement of the objectives identified in the context.

The objective of risk description is to display the identified risks in a structured format. A good risk statement must be clear, comprehensible and unambiguous. The risk description should encompass:

- The uncertain event – what could occur, area of uncertainty
- Its cause – trigger, source, factor contributing to risk occurring or increasing the likelihood of it occurring
- Its effect – consequence, impact, effect on objectives.

The three elements of a risk statement can be stated in any order, depending on how the information is used. However, it is recommended that the risk (uncertain event) be placed at the beginning to enable the reader to understand the major risk detail.

“There is a risk that [uncertain event] due to [cause] which may lead to [effect]” In stating risks, avoid:

- Stating impacts which may arise as being the risks themselves
- Including risks that do not impact on objectives
- Including risks that are simply the converse of the objectives.



**Risk Category:** Risks identified during this initial phase of the process should be allocated a risk category. Risk categories are based on the 'cause' of the risk. Grouping risks this way helps understand where the largest risk exposure originates from.

The following categories have been identified for use. Risks should be allocated to one category only:

- Reputational and Profile
- Financial Loss
- Injury to Staff/Public/Learner
- Compliance with Standards/Regulations/Legislation
- Operational

**Risk Owner:** once risks are identified, they should be assigned a risk owner who has the responsibility for ensuring that the risk is being managed and monitored on an ongoing basis. All identified risks should be documented on a Risk Assessment/Risk Register Form. The documentation at this point should include a brief description of the risk, potential impact of the risk, the risk owner and the category of the risk. Completed Risk Assessment/Risk Register Form forms should be held locally. Individual risks will form the basis of a risk register.

### Step 3: Risk Analysis

Through risk analysis, causes and effects of risks are identified, along with the likelihood of their occurrence. It also provides input into determining whether treatments are required. Risks are rated in terms of the likelihood and the consequences of the risk occurring.

#### Stages involved include:

- 1 Assessing the adequacy of existing controls: In subjecting a risk to analysis it is essential that account is taken of the existing control measures in place to mitigate the impact of the risk. Controls are any pre-existing process, policy, device, practice or other action that acts to minimise negative risk or enhance positive outcomes. They can be strong or weak. Each control needs to be evaluated to ensure that it is effective, reliable and being applied. When controls are working effectively and as intended, they will reduce the risk level. All existing control measures in place to mitigate the impact of the risk should be documented on the Risk Assessment/Risk Register Form.
- 2 Determining the likelihood (frequency or probability) of the risk occurring taking into account the adequacy of existing controls using the Risk Likelihood Table below. To determine the impact of this harm should it occur each type of harm has been assigned descriptors over 5 levels ranging from negligible to extreme harm. In scoring impact, the anticipated outcome of the risk is graded from 1-5 with 5 indicating a more serious impact.

	Rare / Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood Score	1	2	3	4	5
Actual Frequency	Every 5 years or more	Every 2 – 5 years	Every 1 – 2 years	Bi-annually	At least monthly
Probability	1%	10%	50%	75%	99%

Fig. 6- Risk Likelihood Matrix

- Determining the consequence (Impact or magnitude of the effect) of the risk should it occur., considering the adequacy of the existing controls, using the Risk Assessment Impact Table.

To determine the impact of this harm should it occur each type of harm has been assigned descriptors over 5 levels ranging from negligible to extreme harm. In scoring impact, the anticipated outcome of the risk is graded from 1-5 with 5 indicating a more serious impact.

- Assigning a risk level (rating) considering the adequacy of the existing controls using the 5 x 5 Risk Matrix below. This is done by plotting the likelihood and consequence scores determined above and translating this information into a risk level (rating). For example, a risk with a likelihood score of 3 (possible) and an impact score of 3 (moderate) will have a risk rating of 9 (medium).

Likelihood Score	Impact Score				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare / Remote (1)	1	2	3	4	5

- High risk is scored between 15 and 25 and coloured **RED**
- Medium risk is scored between 6 and 12 and coloured **AMBER**
- Low risk is scored between 1 and 5 and coloured **GREEN**

Fig.7- Risk Matrix (5x5)

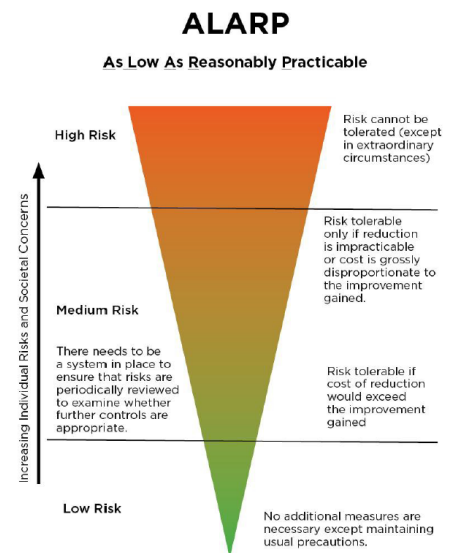
The risk rating determined provides an estimate of where the most serious risks lie. In analysing risk, it is important to consider not only the issue of minimising risk but also maximising opportunity. The resultant analysis should be recorded on the Risk Assessment/Risk Register Form i.e., existing control measures, likelihood, impact and initial risk rating.

#### Step 4: Risk Evaluation

Risk evaluation is about deciding whether risks are acceptable or unacceptable. Based on the initial risk rating and the adequacy of the existing controls in place an evaluation must be made on whether to accept the risk or that additional controls or other actions are required to mitigate the risk e.g., risk treatment. This enables risks to be ranked so as to identify management priorities. Whether a risk is acceptable or unacceptable relates to the willingness to tolerate the risk; that is, the willingness to bear the risk after it is treated in order to achieve objectives. The evaluation should take account of the degree of control over each risk and the cost impact, benefits and opportunities presented by the risks. The significance of the risk and the importance of the policy, program, process or activity, need to be considered in deciding if a risk is acceptable. It is accepted that risk will never be eradicated from services, however it is important that managers seek to minimise risk to the lowest reasonably practicable level (ALARP Principle).

A risk is called acceptable if it is not going to be treated, accepting risk does not imply that the risk is insignificant. A risk may be accepted for a number of reasons as follows:

- The level of the risk is so low that specific treatment is not appropriate within available resources.
- The risk is such that no treatment option is available within the control of the organisation. For example, the risk that a project might be terminated following a change of government is not within the control of Usafety.
- Treatment costs are prohibitive (particularly relevant with lower rated risks).
- The opportunities presented outweigh the threats to such a degree that the risk is justified. Once a decision has been made to accept the risk a process needs to be put in place to monitor and review the risk. The review date and risk status 'Monitoring' need to be documented on the Risk Assessment/Risk Register Form. For risks that are deemed unacceptable, treatment options (additional controls) need to be considered (see Step 5 below).



**Fig. 8- ALARP**

### Step 5: Risk Treatment

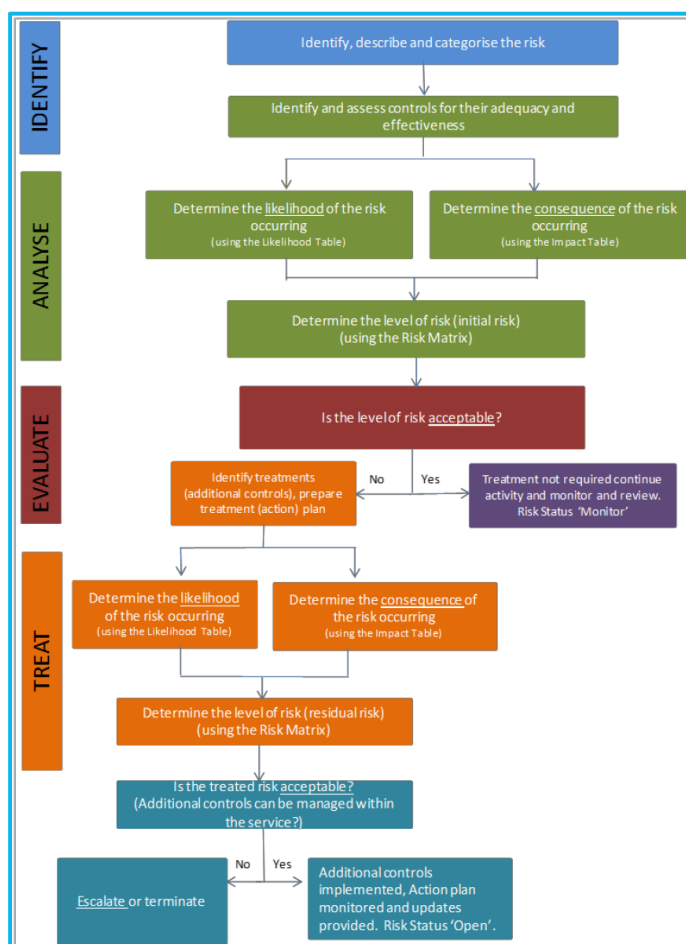
This stage of the process is about dealing with risks determined as being unacceptable at the initial risk level (rating). Risk treatment involves identifying the range of options for controlling or treating the risk, assessing those options, preparing risk treatment plans (action plans) and implementing them. The options available for the treatment of risks are:

- **Avoid the risk** – this is achieved by either deciding not to proceed with the activity, choosing an alternate more acceptable activity which meets the goals and objectives of the organisation, or choosing an alternative less risky methodology or process.
- **Transfer the risk** – this is achieved by transferring the risk to an outside party (e.g., insurer, out-sourcing, contractor etc.).
- **Control the risk / risk reduction** - this is the most commonly used treatment option. It is focussed on reducing the likelihood of the risk occurring or the impact of the risk if it occurs, or both. There may be a trade-off between the level of risk and the cost of reducing those risks to an acceptable level. The most effective methods for risk control are those which redesign the system and processes so that the potential for the adverse outcome is reduced. In choosing additional internal controls the hierarchy of controls should be considered.

The treatments chosen should target the impacts/vulnerabilities and are only considered controls when they are effectively implemented.

After the additional controls required have been agreed, a named person should be identified and assigned responsibility for ensuring that these additional controls are implemented via a treatment/action plan. For those additional controls that can be managed within the service the name of the person who has been assigned responsibility for ensuring that these additional controls are implemented and the timeframe for implementation should be captured on the Risk Register.

A summary of the actions and decisions within the risk identification, analysis, and evaluation and treatment steps is presented in Figure 9.



**Fig. 9- Summary of Actions & Decisions**

### Monitor and Review

On-going monitoring and review are essential components of the overall risk management process as factors that affect likelihood and consequence of risk may change. A review date and risk status of monitoring must be documented on the risk assessment form. The risk register is a live document, and the status of risks is subject to continual change. In addition, new risks will inevitably emerge from time to time. Newly identified risks should be included on the risk register following assessment and the identification of actions required in the same way as those that were identified through the initial risk register development process.

Risk re-assessments should take place as required, to take account of any new controls that have been put in place since the original assessment. This will allow for a re-prioritisation of the risk list. When re-assessing existing risks, services should compare the risk rating from the reassessment with the risk rating of the original assessment. If the reduction (or maintenance in certain circumstances) of risk levels is not as anticipated in the original assessment, then they need to check why, i.e., have the additional controls been effectively implemented? If they have why are they not reducing the rating? Are they the right controls and if not is there a need to revisit and enhance the control measures?

## Communicate and Consult

The risk management process should involve those who carry out or might be affected by the activities under consideration. It is the responsibility of the risk owners to ensure that risks and the control measures identified are communicated to those who may be affected by the activities. Within the service, good communication is paramount in developing a 'culture' where positive and negative dimensions of risk are valued. Engaging with others serves to embed risk management as a normal part of the way services operate. Communication efforts must be focused on consultation, rather than one way flow of information from decision makers to stakeholders.

## Section 4- Programmes of Education and Training

Usafety is committed to providing a quality education and training service. As such all programmes developed within Usafety are approved only if they satisfy predefined criteria.

In this section of the QA Manual all policies and procedures associated with programmes of education and training are included. Links are provided for associated documents and forms. Usafety programmes are developed and delivered in line with the requirements of QQI, and with the learners in mind. Development, monitoring and review of programmes is conducted with input from both internal and external stakeholders.

All programmes have received validation from QQI. These programmes are updated where necessary in line with limitations set out in the QQI publication Policies and criteria for the validation of programmes of education and training.

All programmes of education and training are designed to meet statutory regulations relevant to our core business and in all areas of corporate responsibility.

### 4.1. Programmes of Education & Training Policy Statement

The proposal for the development of a new programme must be based on one or more of the following:

- a demonstrated industry need
- evidence of learner demand
- evidence of employment opportunities and/or meeting genuine educational and training needs.

The Academic Board approve programme proposals once objectives and strategies comply with Usafety's strategy as well as any applicable legal requirements. If the development of a programme intends to extend Usafety's scope of provision, an application is made to QQI requesting approval to extend. Programme content and structure is designed in line with QQI validation policies and criteria. Final approval is given by the Management Team before the programme is submitted to QQI for validation.

Usafety recognises the importance of providing programmes which are up-to-date and reflect current best practice and as such, are committed to continually reviewing programmes and implementing necessary changes to maintain a quality, up to date, offering.

#### 4.1.1. Scope

This policy applies to all programmes leading to awards on the National Framework of Qualifications.

#### 4.1.2. Who is responsible for implementing this policy?

The Management Team are responsible for implementing this policy.  
The Academic Board is responsible for approving proposals to develop new programmes.

## 4.2. PROGRAMME DEVELOPMENT AND APPROVAL

### Policy:

There is a systematic process in place that underpins programme design and development with current employment and skills needs at national level. Learner admission, progression and recognition is supported by a joined-up approach, that consistently applies fair and consistent assessment of learners, recognition of prior learning, and protection of enrolled learners. Programme monitoring and review is supported by willingness to ensure that the programme achieves its aims and objectives in terms of producing candidates with the required skills and aptitudes that allow them to adapt themselves to the changing demands of work-based learning.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>1. <b>Market Research</b></p> <ul style="list-style-type: none"> <li>○ Conduct market research on the need for programmes.</li> <li>○ Attend meetings with stakeholders including learners, clients,</li> <li>○ Collate information on Learner enquiries to identify programme needs.</li> <li>○ Review Legislation and Regulations and EU Directives</li> <li>○ Review the previous learner feedback evaluation reports for requests for further programmes</li> </ul>	Management Team	<ul style="list-style-type: none"> <li>○ Market Research Report</li> </ul>
<p>2. <b>Business Case Proposal</b></p> <ul style="list-style-type: none"> <li>○ Prepare a business case identifying objectives, resourcing plan and financial information.</li> </ul>	Management Team	<ul style="list-style-type: none"> <li>○ Business Case Proposal</li> </ul>
<p>3. <b>Business Case Review- Internal Approval</b></p> <ul style="list-style-type: none"> <li>○ Consider proposal and make decisions to refuse or progress proposals for further development.</li> <li>○ Review resource requirements and make decisions to approve resource plan or to make proposals to the training board for decisions.</li> </ul>	Management Team presents to Academic Board & Training Board	<ul style="list-style-type: none"> <li>○ Minutes of Decision meeting</li> </ul>

<ul style="list-style-type: none"> <li>○ Review resource plan and make decision to refuse or invest in the development of new programmes.</li> <li>○ Academic Board reviews and approves programme development proposals and recommend commencement of development activities.</li> </ul>		
<p>4. Draft Programme- Design &amp; Development</p> <ul style="list-style-type: none"> <li>○ Appoint programme development team to include trainer/s</li> <li>○ Develop programme development project plan.</li> <li>○ Develop programme:</li> <li>○ Programme Overview</li> <li>○ Programme Management, Staffing and Implementation</li> <li>○ Programme Concept</li> <li>○ Access, Transfer and Progression procedures, Criteria and Arrangements</li> <li>○ Programme Curriculum</li> <li>○ Programme Module Information- to include learning outcomes, evidence-based information, alignment with relevant standards (Irish/International) and assessment criteria</li> </ul>	<p>General Manager Programme Development Team</p>	<ul style="list-style-type: none"> <li>○ Programme Development Project Plan</li> <li>○ Programme Descriptor Template (QQI)</li> </ul>
<p>5. Review &amp; Evaluation</p> <ul style="list-style-type: none"> <li>○ Carry out a review of completed Programme Descriptor Templates and related documentation.</li> <li>○ Evaluation of the programme against QQI validation criteria</li> </ul>	<p>QA Committee QA Manager Independent Evaluator</p>	<ul style="list-style-type: none"> <li>○ Programme Descriptor Template (QQI)</li> <li>○ Evaluation Report</li> </ul>
<p>6. Review &amp; Evaluation - Internal</p> <ul style="list-style-type: none"> <li>○ Review of evaluator report and carry out any corrective action as required.</li> </ul>	<p>Programme Development Team</p>	<ul style="list-style-type: none"> <li>○ Updated Programme Descriptor Template</li> </ul>



<p>7. Prepare Validation Application</p> <ul style="list-style-type: none"> <li>○ Complete QQI Application Form</li> <li>○ Review Programme Descriptor Template</li> <li>○ Include Evaluation Report</li> <li>○ Forward application and draft programme to Academic Board</li> </ul>	<p>General Manager Programme Development Team QA Committee</p>	<ul style="list-style-type: none"> <li>○ QQI Application Form</li> <li>○ QQI Programme Descriptor Template</li> <li>○ Independent Evaluation Report</li> </ul>
<p>8. Internal Approval of Application</p> <ul style="list-style-type: none"> <li>○ Review and approval of draft programme and documentation related to application for validation of programmes</li> </ul>	<p>Academic Board</p>	<ul style="list-style-type: none"> <li>○ Academic Board meeting minutes</li> </ul>
<p>9. Submit Application to QQI</p> <ul style="list-style-type: none"> <li>○ Submit validation application to QQI in line with guidelines.</li> <li>○ QQI will carry out an initial review for completeness of application and will then arrange for an expert panel review of the developed programme.</li> </ul>	<p>Quality Management QQI</p>	<ul style="list-style-type: none"> <li>○ Correspondence relating to application</li> </ul>
<p>10. Panel visit</p> <ul style="list-style-type: none"> <li>○ Expert panel site visits to review programme against specific criteria. Panel will produce a report and make recommendations to QQI in relation to validation.</li> </ul>	<p>Review Panel General Manager Programme Development Team</p>	<ul style="list-style-type: none"> <li>○ Agenda-panel visit</li> <li>○ Panel Report</li> </ul>

**Document Control**

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2	August 2021	Management Team	Academic Board	October 2021

### 4.3. PROGRAMME UPDATES

**Policy:**

It is the purpose of the Usafety procedure on Change Request to ensure that our approach to regulate and outline the steps and responsibilities are followed when any changes are requested to programmes, and to establish how changes will be proposed, approved, monitored, and controlled.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ul style="list-style-type: none"> <li>○ Propose changes to programme.</li> <li>○ Enter the particulars of the proposed changes on the Change Request Form and define the priority and time to carry out the changes.</li> <li>○ Submit the Change Request Form for review by email to the Trainer for the programme.</li> </ul>	Trainer	<ul style="list-style-type: none"> <li>○ Change request form.</li> <li>○ Email</li> </ul>
<ul style="list-style-type: none"> <li>○ Review required changes to programme and make decisions to propose changes to the programme board for approval.</li> </ul>	Trainer Programme	<ul style="list-style-type: none"> <li>○ Meetings minutes</li> </ul>

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#### 4.4. Programme Planning

**Purpose:**

This procedure describes the scheduling of programmes, including timing, resources and resources required. Planning and running of programmes are so important and based on many contributing factors and must be well planned in advance, so specific items like resources, facilities must be available, and permission sought from Senior Management Team.

**Responsibility:** Management Team.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>The Training Manager:</p> <ul style="list-style-type: none"> <li>- Ensure that there is a schedule of programmes to be advertised on the website and assist with other promotional tools/material.</li> <li>- Will book and confirm all Trainers and venues</li> <li>- Prepare all programme resources, supporting materials, equipment, learner induction pack/presentation, Evaluation forms, etc. are all prepared and checked by General Manager.</li> </ul> <p>The Trainer: -</p> <ul style="list-style-type: none"> <li>- is responsible for double checking that all the required resources are in place before the programme starts.</li> <li>- All venues/facilities must meet the organisations selection criteria and be approved prior to selection.</li> </ul>	<p>Trainer Training Manager General Manager</p>	<ul style="list-style-type: none"> <li>○ Instructor Course Report</li> <li>○ Training Evaluation Form</li> <li>○ Training Facilities Checklist</li> </ul>
<ul style="list-style-type: none"> <li>○ Review required changes to programme and make decisions to propose changes to the programme board for approval.</li> </ul>	<p>Trainer Programme</p>	<ul style="list-style-type: none"> <li>○ Meetings minutes</li> </ul>

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#### 4.5 Programme Planning- Programme Delivery

**Purpose:**

To ensure that all programmes are delivered in a consistent manner so that learners can maximise their learning experience while also allowing for enhanced delivery by Trainer.

**Responsibility:** Trainers.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>At the beginning of each programme the Trainer delivers a comprehensive learner induction to include:</p> <ul style="list-style-type: none"> <li>- An introduction to the organisation and the programme.</li> <li>- Health &amp; Safety induction and learner welfare arrangements</li> <li>- Learner workbook is given to learners to include hand-outs, notes and support material.</li> </ul> <p>The Trainer(s) are encouraged to make use of a variety of delivery styles Trainers must:</p> <ul style="list-style-type: none"> <li>- Advise Learners with identified support needs that they will be accommodated, as necessary and inform the Training Manager.</li> <li>- Ensure all relevant course documentation is distributed to learners and completed e.g., daily sign in sheets, Evaluation forms etc.</li> <li>- All relevant documentation is returned to the Training Manager.</li> <li>- Be responsible for ensuring all assessment activities are carried out according to internal procedures and validation.</li> </ul>	<p>Trainer</p>	<p>Learner Handbook Trainer Declaration Learner Induction Checklist Course Booklets Daily Training Record Training Evaluation Form</p>

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## 4.6. Learner Admission, Progression and Recognition Policy

Usafety aim to provide a quality further education service that is accessible to all and allows for the acquisition and development of skills and knowledge at all levels. It is the policy of Usafety, as far as practical, to admit all applicants who fulfil minimum academic requirements for it programmes.

Usafety provide accurate and up to date information on the programmes and services offered by Usafety and routes for transfer between programmes within the company or to another company having received recognition for knowledge, skill and competence acquired, as well as progression to other programmes at a similar or higher level than the preceding programme.

All applicants who seek additional supports or who has reasonable accommodation requests as a result of a disability or medical condition will be catered for as per section: Support for learners.

All information is published on Usafety website and in brochure provided in hardcopy /electronic copy to applicants on request.

### 4.6.1. Access, Transfer and Progression Policy

#### 4.6.1.1. Introduction

It is the policy of Usafety to ensure that learners can avail of fair and transparent access, transfer and progression in our programmes.

This will be achieved by:

- Providing potential learners with sufficient information about each programme.
- Developing clear entry criteria.
- Providing learners with accurate content on the programme.
- Identifying transfer and progression opportunities.
- Ensuring learners are aware of the transfer and progression options available to them.
- Ensuring that entry requirements are transparent, fair and consistent.
- Providing learner supports for equality & diversity of learners.

#### 4.6.1.2. Purpose

The purpose of this policy is to outline Usafety framework for admission, transfer and progression procedures.

This policy supports the enrolment of suitably qualified learners and the creation of a diverse learners. This policy promotes lifelong learning and facilitates learner mobility.

#### 4.6.1.3. Scope

This policy applies to all programmes delivered in Usafety.

#### 4.6.1.4 Responsibility

The Training Manager is responsible for this policy and ensuring all programme information is communicated to anyone who is responsible for providing information to all learners. The Training Manager has ultimate responsibility for this policy, effective development, implementation and reviewing with the admissions committee.

#### 4.6.1.5 Policy/Procedure

All programmes are aligned to the appropriate level of the National Framework of Qualifications (NFQ).

Procedures for admission, transfer and progression are in line with the national legislation and support Usafety's strategic plans.

Usafety is committed to non-discrimination, diversity in its learner body, and the protection of the dignity of the learner at all stages in the learner lifecycle from application to graduation for major award.

Usafety is committed to the highest academic standards in its academic programmes.

#### 4.6.1.6 Admission

Usafety welcomes and supports applications from all appropriately qualified learners irrespective of social, cultural and educational backgrounds.

Usafety recognises formal, informal and non-formal prior learning as relevant for admission to programmes. (See Section on RPL)

Applicants are admitted on the basis of their individual merits, abilities and aptitudes and the extent to which they can make a meaningful contribution to the programme of study.

Applications for programmes are processed fairly and impartially, and in a consistent and transparent manner.

Safety recognises that it is not in the interest of an applicant to be admitted into a programme of study on which s/he is unlikely to be successful because of lack of English language competency or lack of necessary skillset. If English is not the applicants first language, then he/she may be required to submit evidence of English proficiency.

Entry to or progression on programmes can be achieved by RPL and each individual will be assessed on an individual basis through the RPL policy. (See Section on RPL)

The Management is responsible for overseeing the annual review and fair application of the admissions and ensure that appropriate record keeping is maintained for applicants.

#### 4.6.1.7 Transfer

Not applicable within the current range of programmes offered at Usafety.

#### 4.6.1.8 Progression

Learners who wish to progress onto additional programmes should contact the Training Manager. The Training Manager will provide them with information in relation to their progression, including where these programmes are available and what entry criteria is required.

#### Related Documents

- Company website
- Course prospectuses.
- RPL
- Support For Learners Section

### 4.7. Information for Learners Policy

#### 4.7.1 Introduction

The Usafety policy on communication with learners is to ensure that we promote regular and effective information for all to assess our programmes of learning.

#### 4.7.2. Purpose

To ensure that current and prospective learners have sufficient information about programme access, transfer and progression and for the participation in programmes.

#### 4.7.3. Scope

Most learners are adult.

#### 4.7.4. Responsibility

Training Manager.

#### 4.7.5. Policy/Procedure

Essential information required for learners includes:

- Programme information, clearly outlining entry requirements and arrangements, transfer, progression, learner resources, awarding body, Programme level, Programme content, outline of assessment and learner supports available etc. are published on our website.
- Programme brochures and promotional material.
- Relevant and accurate information in on the website.
- Social networking sites
- Oral communication, electronic communication, one to one meeting with prospective/current learners.
- Informative learner induction.
- Learners will be supplied with a handbook (if applicable), programme outline, and all other resources as required.

## Related Documents

- Learner Handbook
- Trainer Declaration
- Learner Induction Checklist
- Course Booklets
- Company Brochure
- Company website



## 4.8. Recognition of Prior Learning Policy

### 4.8.1. Introduction and Statement

Usafety aims to provide a quality further education training service that is accessible to all and allows for the acquisition and development of skills and knowledge at all levels. Learners' needs are accommodated, and Usafety assist them to gain entry to a programme of education and training, to be granted credit or exemptions and / or receive a QQI award by recognising the knowledge, skills and competencies they already have acquired.

Usafety actively promotes the principles of lifelong learning, including the recognition of learning wherever and whenever it is achieved; in this regard, it is committed to enabling more inclusive approaches for mature and lifelong learners at different stages of their personal and professional lives, who wish to undertake their studies on a full or part-time basis.

This policy ensures that Usafety is correctly implementing and properly managing the process for learners who wish to apply for Recognition of Prior Learning (RPL) and gain access into/or exemptions in a programme.

### 4.8.2. Purpose

The purpose of this procedure is to acknowledge prior learning received at another provider or from another awarding body which will mean that the learner may receive recognition of skills and knowledge already acquired and/or certified or prior learning or experiential (non-certified), which can then go towards certification for the programme of study which is leading to a Special Purpose award. The learner will complete an application for recognition of prior learning for consideration.

### 4.8.3. Principles

Usafety ensures that RPL applicants are assessed in a fair, consistent and equitable manner in-line with its Assessment Policy. Principles of assessment for RPL are consistent with those applied to participants of Usafety Programmes who are assessed in the conventional manner. Assessment is standards based and the assessment process determines whether the applicant has reached the required national standards of knowledge, skill and competence for a particular minor or major award. The Qualifications and Quality Assurance (Education and Training) Act 2012 sets out the statutory basis for QQI's engagement with RPL 'mainly through our responsibility to establish policies and criteria for access, transfer and progression (ATP) for providers.'

The underlying principles of the Usafety RPL process include:

- Quality - all RPL application are part of the overall Usafety Quality Assurance process
- Validity - all RPL applications are judged to have achieved the relevant standard of knowledge, skill or competence required to achieve an award.
- Reliability - all RPL applications are assessed to ensure they are accurate, valid and consistent
- Fairness - all RPL applications are assessed in a fair manner
- Transparency - all RPL applications are processed in a transparent manner

#### 4.8.4. Scope

Recognition of Prior Learning (RPL) is a system whereby learning acquired through certified programmes and/or through experience can be acknowledged as a basis for entry onto formal programmes of study, and/or for gaining exemptions from parts of a programme of study. Usafety offers Recognition of Prior Learning (RPL), the prior learning can be Certified or Experiential (non-certified). This policy applies to all learners seeking to use prior learning.

#### 4.8.5. Roles and Responsibilities

Stakeholders central to the administration of the RPL process:

- 1 Management Team.
- 2 Academic Board.

Principle roles that support applicants through the RPL process.

The key roles involved in the RPL process are:

RPL Coordinator  
RPL assessor

The trainers who assume these roles must be experienced or subject matter experts familiar with QQI, relevant policies and procedures around Quality Assurance and the RPL process. The roles of mentor and assessor are interchangeable in RPL. However, in accordance with guidelines for fair and transparent assessment, an assessor should not mentor an application for a component or award for which he/she is an assessor. Similarly, a mentor should not assess an application which he/she is mentoring. Therefore, the functions of mentoring and assessing should be separated. In keeping with these assessment guidelines an RPL Coordinator may also act as an RPL Mentor, as both of these roles are neutral. The RPL Coordinator is responsible for monitoring the entire process to ensure consistency throughout.

#### 4.8.6. Criteria for making an RPL Application

All RPL applicants must register with Usafety. They must attend a meeting (virtual or face-to-face) in advance of making the application. All applicants must complete the required RPL form(s).

Formal Learning: For Recognition of Prior Certified Learning (RPCL) the applicant must provide the original certificate for an award or component when making an application for RPCL. They should also include all relevant programme details and their results. Results notification will not suffice for an application.

#### 4.8.7. Procedure

Usafety will use RPL for documentation, access, exemption and accreditation. This offers the opportunity to individuals for the validation of their prior learning and experience through the RPL Programme for the Recognition of Prior Certified Learning (RPCL) and the Recognition of Prior Experiential Learning (RPEL). The procedures for both are outlined in Figure 1 RPL application process flow and the following sections.

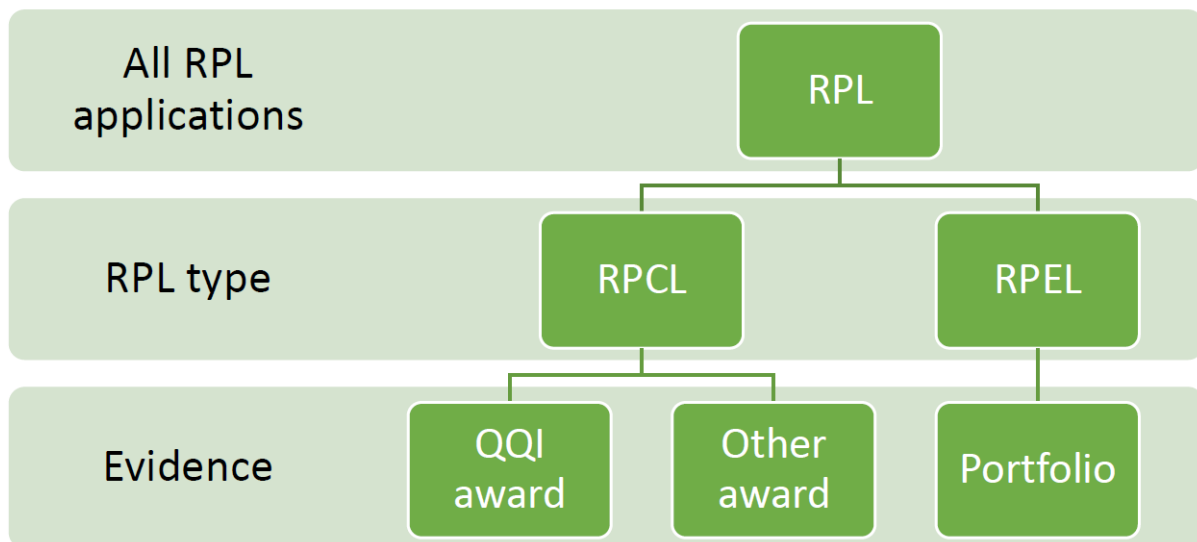


Fig. 1- Flow Chart for RPL Procedure

#### 4.8.8. Recognition of Prior Certified Learning

RPL can be recognised on the National Framework of Qualifications NFQ and may entitle the applicant to:

- Admission to a programme
- Advanced entry on a programme
- Exemption from a particular module/s

RPCL has 3 aspects

1. Recognition of a QQI award towards another QQI award.
2. Recognition of other awarding bodies (e.g., HEI, City and Guilds) towards a QQI award.
3. Recognition of QQI certification towards an award of other awarding bodies.

##### 4.8.8.1. RPCL Application Process

In the case of exemption applications, the prior certified learning, which the applicant is basing his/her exemption on, should be at the same (or higher) NFQ level than the level the learner is seeking the exemption in. It should also indicate whether seeking recognition of other awarding bodies (Higher education institution (HE) City of Guilds, etc.) towards a QQI award. The process is outlined in Figure 2 RPCL process:

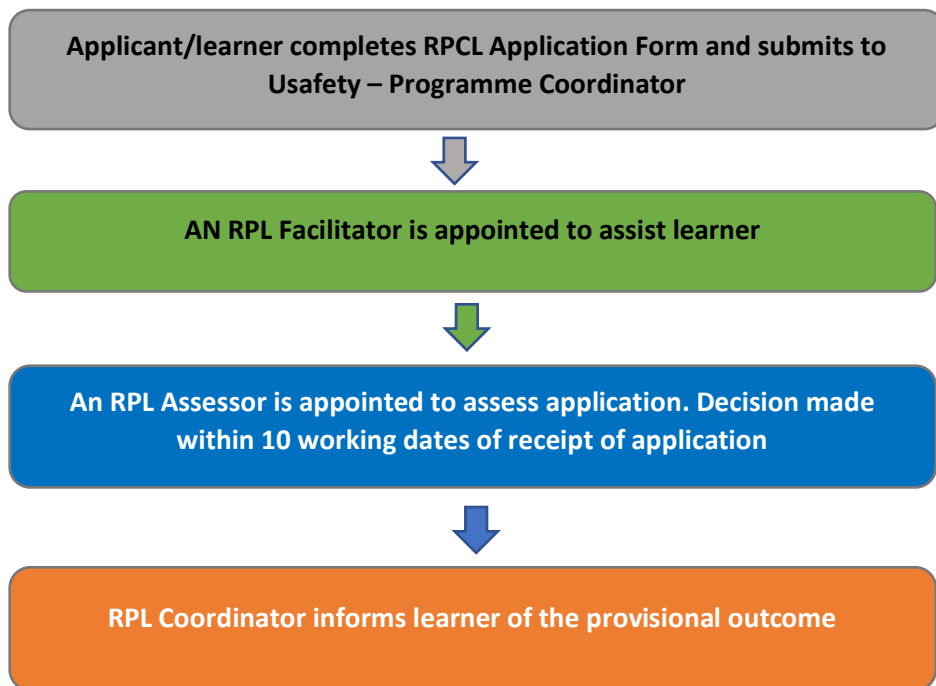


Fig. 2- RPCL Process

In addition to the process outlined above, the RPCL assessment should be included in the authentication processes including:

- Internal verification
- External authentication (preferably by an external authenticator familiar with RPL)

#### 4.8.9 Recognition of a QQI award towards another QQI award

RPCL will recognise a previously obtained QQI award towards another QQI award if:

- A QQI component is not mapped to a Common Awards System (CAS). In this instance direct exemption using that QQI component is not possible
- A QQI (or former FETAC) component is mapped to a Common Awards System but is more than 5 years old. This however is dependent on the module. Some components can become outdated e.g., ICT.

RPCL will not apply but an exemption may be granted where:

- A QQI component maps to a CAS component and is less than 5 years old
- Usafety, recognises the value of awards made by another awarding body. In this instance RPCL may apply.

#### 4.8.10. Recognition of QQI certification towards award of other awarding bodies

The recognition of QQI certification towards an award of any other awarding body is dealt with in line with the procedures of the specific awarding body. In this instance, RPCL will apply.

#### 4.8.11. Comparing Learning Outcomes

When completing the RPCL process, the following should be considered:

- The learning outcomes of the prior certified learning should be comparable to the learning outcomes of the modules / programmes for which the learner is seeking exemption.
- The standard of the award and the principles of assessment should be adhered to.
- When gaps are identified in learning, supports must be put in place to address these gaps.

#### 4.8.12. Exemption and Grades

Prior certified learning may entitle the applicant to exemptions on a programme. RPCL does not entitle the applicant to credits and is grade neutral. As it is grade neutral it does not have a grade and does not contribute to the overall grade of the major award. As this certified learning has already been awarded credit, the applicant cannot receive credit for it again, but receives recognition in the form of an exemption.

#### 4.8.13. Recognition of Prior Experiential Learning

RPEL is recognition of formal, informal and non-formal learning acquired through life or work experience and learning achieved from non-accredited bodies. Every RPEL application will be individual in nature and specific to the applicant. Consideration should be given to the workload involved in preparing the portfolio against the workload involved in completing the module. This should be discussed with the learner before starting the RPEL process.

#### 4.8.14. RPEL Assessment Method

The assessment method for RPEL is an evidence-based portfolio of work created by the applicant. The portfolio will consist of evidence of skills, knowledge and competence gained through experiential (non-formal and informal) learning and mapped to the standards in the QQI awards specification. The evidence the learner has to submit will be based on the learning outcomes of the Major/Minor awards for which he/she is seeking credits.

#### 4.8.15. RPEL Application Process

The applicant completes an Expression of Interest form and forwards to the programme coordinator. This is then reviewed by the RPL facilitator. If seemed appropriate for RPEL, the process for RPEL commences and documented using Recognition of Prior Experiential Learning Application Form. An RPL Facilitator is assigned to support the learner through the RPEL process and in the production of the portfolio. This involves the application for access to a programme or credit for an award (major or minor) for non-formal learning gained from experience. The applicant must demonstrate that the required equivalent learning has been achieved by producing a portfolio of evidence to support the claim for access or credit.

The portfolio of evidence must clearly demonstrate that the evidence of prior learning is matched to the knowledge, skills and competencies of the award learning outcomes.

#### Assessment Process

Portfolios presented as assessment for an award must be:

- Assessed by a subject matter expert/assessor
- Internally verified
- Externally authenticated by an external authenticator familiar with RPL or a subject matter expert

#### 4.9. Appeals

The applicant has the right to appeal the decision in relation to RPL. The applicant can appeal the decision on the RPL application or grade awarded. All appeals must be made as per the Assessment Policy in writing using the Assessment Appeals Application Form.

#### 4.9. PROGRAMME MONITORING AND REVIEW

**Policy:**

The Quality Committee is the operational forum for oversight of how quality assurance policies and procedures are implemented at organisational level. Operational ownership of the Usafety Quality Assurance Manual sits within this committee, with any identified issues in relation to, or breaches of, stated quality assurance policies and procedures, being tabled, and discussed at the committee, in order to agree on appropriate remedial actions. Where necessary, the committee may also decide to update or amend any aspect of existing policies and procedures, in response to changes in custom and practice of training delivery.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>1. <b>Programme Management and Programme Resourcing:</b></p> <ul style="list-style-type: none"> <li>○ Oversee all aspects of training programme resourcing at operational level, from programme planning and allocation of programme resources, recruitment of new trainers, reporting of the suitability of proposed facilities, equipment, and material.</li> <li>○ In terms of operational programme management, it will be the responsibility of the committee to report on any critical issues in relation to programme management which have been identified by feedback from trainers and learners, or which have been identified by members of the committee team in the course of their daily duties.</li> </ul> <p>2. <b>Learner Support:</b></p> <ul style="list-style-type: none"> <li>○ The Committee shall report on any issues in relation to learner support, that have been identified by the feedback process, and decide on quality improvement action planning to address these issues. The committee will closely monitor learner attendance and attrition and decide on appropriate remedial action planning to improve the overall quality of the learner experience that may be impacting on these areas.</li> </ul>	<p>Programme Board Trainer General Manager QA Committee</p>	<ul style="list-style-type: none"> <li>○ QA Committee Agenda</li> <li>○ Trainer End of Programme Report Form</li> <li>○ Learner Support requirements for current programmes, learner support requests, special needs, and reasonable accommodation in respect of assessment.</li> <li>○ Learner Feedback</li> <li>○ Learner Attendance Records</li> <li>○ Internal Verifiers Report</li> <li>○ External Authentication</li> <li>○ Learner Appeals Form</li> </ul>

<p>The committee shall also be responsible for ensuring that the learner handbook, and the learner induction process are regularly reviewed to ensure compliance with existing custom and practice.</p> <p><b>3. Assessment, Marking and Grading</b></p> <ul style="list-style-type: none"> <li>○ The Committee shall report on any critical issues in relation to the assessment, marking and grading of learner work, that have been identified through the feedback process, or through the formal programme monitoring process, and decide on the appropriate course of action to address identified issues in a timely manner. Where there are identified critical issues with documentation in relation to learner assessment, the committee shall consider if these issues warrant an updating of existing documentation.</li> <li>○ Assessment tools are reviewed as required. The management team will ensure that these reflect current best practice.</li> </ul>		
<p><b>4. Risk Management</b></p> <ul style="list-style-type: none"> <li>○ The Committee shall, via Usafety’s Risk Management Policy, pay close attention to current programme risk, and the likelihood of future programme risk, and decide on the appropriate level of response to mitigate against identified risk, and risk impact. Where critical risk has been identified through the feedback process, or the formal programme monitoring process, the committee shall decide to allocate appropriate resources at field level to deal with the immediate causes of the risk.</li> </ul>	<p>QA Committee Programme Boards Trainer QA Manager</p>	<p><a href="#">Usafety004- Risk Management Policy</a></p>



<p><b>5. Continuous Quality Improvement</b>  The Committee shall regularly consider the need for any and all quality improvement activities at programme level, or in response to identified issues in relation to the Usafety Quality Manual. Proposals for quality improvement from trainers, learners, or from members of the committee itself, shall be discussed and agreed on, and subsequent planning for quality improvement activities, in terms of improved policies and procedures, improved custom and practice, or improved learner experience, tabled as part of the action planning agenda for the Committee.</p> <p><b>6. Programme Monitoring and Review</b></p> <ul style="list-style-type: none"> <li>○ To monitor the implementation and delivery of Usafety programmes of training, to ensure compliance with QQI standards of teaching, learning and assessment, along with Usafety internal quality policies and procedures, as detailed in the Quality Manual, and also to review annually the structure, content, entry requirements, curriculum, and assessment strategies of the programme to ensure: <ul style="list-style-type: none"> <li>a) maintaining academic and professional standards for the programmes/disciplines concerned, ensuring they conform to benchmarks and standards determined by QQI and the criteria contained in the National Framework of Qualifications.</li> <li>b) that all proposed major changes to programmes are submitted to and approved by the board of management and the Quality Assurance Committee and submitted to QQI for formalised approval.</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>○ Audit Reports</li> <li>○ Change requests</li> <li>○ Action plans</li>   <li>○ Meeting minutes</li> <li>○ QA Audit reports</li> <li>○ Action Plans</li> <li>○ Change request forms</li> </ul>
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<p>c) that minor changes are recorded in the minutes of the Programme Board meeting at which they were agreed, and sent to the QA for approval, prior to being incorporated into the Programme Schedule.</p> <p>d) that the approved programme schedule is reviewed annually, and a record maintained of the evolution of the programme since its approval by QQI. The Programme Board will review the Approved Programme Schedule at the first programme board of the year.</p>		
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## 4.10. Internal and External Monitoring and Evaluation Policy

### 4.10.1. Introduction

Usafety facilitates and promotes the continuous monitoring of programmes through various methods and seeks feedback on all aspects of the programme from internal and external sources. Feedback is reviewed and recommendations are considered as part of continuous improvements.

### 4.10.2 Purpose

To ensure the continued relevance of all programme content and delivery, ensuring that that recommendations for improvements are gathered and implemented accordingly.

### 4.10.3. Scope

Most learners are adult.

### 4.10.4. Responsibility

Academic Board/Management Team

### 4.10.5. Internal Monitoring and Evaluation

Evaluation and Review will consist of but not limited to:

- Learner Evaluation forms reviewed and summarised after each module/programme.
- Trainer reports reviewed and summarised after each module/programme.
- Trainer briefings are held to review programmes and associated assessments and results brought to the Academic Board.
- End of programme review reports – including content and structure, learner achievements, disciplinary procedures, safety concerns, communication with learners
- The Training Manager will carry out periodic module/programme reviews.
- An annual programme review will be carried out by the Academic Board and Learners may be asked to participate in a programme survey.
- Feedback from the Teaching, Learning, Exam and Assessments groups.

### 4.10.6. External Monitoring and Evaluation

- Evaluation and Review will consist of:
  - Being monitored by QQI
  - Programme quality and attainment of awards standards
  - Internal/ External quality procedures (re-validation)
  - Quality indicators – Annual completion rates
- External Audits
- External Authenticator

The Management Team will notify QQI the awarding body of any minor changes and will go through a validation process if major changes are required to the programme, before offering the modified programme to learners.

#### Related Documents

Programme Review Template

Training Course Reports

Training Evaluation Form

EA Reports

RAP Meetings

Results Summary Sheet

Company Brochure

Quality Improvement Log

## 4.11. Programme Review, Re-validation and Validation

### 4.11.1 Introduction

Programme review is a provider owned process and relies on QA approved by QQI.

Re-validation/Validation is a process owned by QQI and carried out on its behalf in part by an independent expert panel, which makes a recommendation for approval or otherwise to QQI's through the completion of an Independent Evaluation Report.

Ultimately, programme approval depends on an application for re-validation/validation meeting all the Criteria and Sub-Criteria of QQI's Validation policy must be met.

### 4.11.2 Purpose

To ensure that all programmes are reviewed at regular intervals and programmes with extensive changes required, are to be re-validated. That a programme board is established for each programme.

### 4.11.3 Scope

All Usafety programmes up for review at regular intervals or up for re-validation.

### 4.11.4 Responsibility

Management Team

### 4.11.5 Policy / Procedure

### 4.11.6 Programme Review

Programme Review is the formal evaluation of QQI accredited programmes and related services, carried out at regular intervals for related programmes. This review process has an internal and an external evaluation phase.

The specific objectives of a programme review are to:

- ensure that the programme remains appropriate, and to create a supportive and effective learning environment.
- ensure that the programme achieves the objectives set for it and responds to the needs of learners and the changing needs of society.
- review the learner workload.
- review learner progression and completion rates review the effectiveness of procedures for the assessment of learners.
- inform updates of the programme content; delivery modes; teaching and learning methods; learning supports and resources; and information provided to learners.
- update third party, industry or other stakeholders relevant to the programme(s).
- review quality assurance arrangements that are specific to that programme.

## Stage 1: Programme Review - Self-Evaluation

### *Step 1: Formation of the Programme Review team*

A programme Review Team is formed under the co-ordination and management of the relevant Programme Board.

### *Step 2: Planning of the process to include collation of 5-year QA summary report*

The programme review team will conduct a review of the Quality Assurance data collected for the programme(s) during the 5-year period being addressed by the review.

### *Step 3: Stakeholder Consultation*

Consultation with relevant stakeholders will be conducted to gather feedback and opinions on the successes of the programme(s) and recommendations for future developments. Relevant stakeholders will be defined by the Programme Review Team and the focus of the programme review itself.

### *Step 4: Agreement in writing of Terms of Reference*

The programme Review Team will define the Terms of Reference for the programme review and agree these with QQI.

### *Step 5: Review of data and development of Provider's Programme Review Report*

The Programme Review Team will convene meetings as necessary to review the data gathered through steps 2 and 3, and critically evaluate the programme.

The Programme Review Team will develop recommendations for developments and improvements to the programme as a result of this review and analysis. Details of actions taken and results of each step of the internal phase, as well as the recommendations generated, will be presented in a Provider's Programme Review Report.

Management reports relevant to programme view and evaluation can be viewed by external QQI monitors under our IMS.

## Stage 2: External Independent Review

Stage 2 of the Programme Review is carried out by an Independent Review Panel which is required to make an impartial judgement on the continued maintenance of the overall standard of the programme and on its acceptability for the award in question, when compared with similar programmes elsewhere in Ireland. The Independent Review Panel is agreed with QQI at the time of the agreement of Terms of Reference, at which time it may also be requested (and agreed in writing) that the same Panel members are designated as Independent Evaluators for the Revalidation Phase (Phase 3-below).

### *Step 1: Site Visit of the Independent Review Panel*

The Independent Review Panel is comprised of external peers familiar with current practice and developments in the programme area.

Panel members are selected with the aim of forming a balanced panel which has:

- an understanding of the relevant sector.
- experience of working in the sector.
- knowledge and expertise in relation to teaching and assessment.
- expertise in relation to national and international trends relevant to the programme.
- an acceptable gender balance of at least 40% of either gender

Each of the panel members will be supplied with the Provider's Programme Review Report and any necessary supporting documentation well in advance of the panel visit. In order to complete its work, the review panel visits Usafety to review the relevant documentation including the programme review report, discuss the programme with the Programme Review Team, learners of the programme(s) and review the facilities available for conducting the programme(s).

The Chair of the programme review team is responsible for agreeing the agenda for the panel visit with the Secretary of the panel, ensuring all relevant personnel are available to meet with the panel as required and that all relevant documentation is available. On completion of the site visit, the Review Panel and Programme Review Team meet, and the Chairperson of the Panel provides verbal feedback to the Programme Review Team. Issues are discussed and clarifications are provided. The Panel and Review Team discuss recommendations in relation to developing and improving the programme(s).

#### *Step 2: Production of an Independent Programme Review Report*

Following the panel visit the Secretary is responsible for producing a written panel report, which gives the panel's response to the self-evaluation conducted by Usafety and their recommendations for developments and improvements to the programme. It should also include a recommendation, positive, negative or conditional, in respect of the continuing validation of the programme(s), which are the subject of the review. The report should specify the duration of revalidation recommended, but not in excess of five years.

#### *Step 3: Response to the Independent Programme Review Report*

The Programme Review Team will have the opportunity to review the report before it is finalised, in order to check for factual accuracy. At this stage, the review team should also prepare a formal response to the Panel's report and an implementation plan in respect of any recommendations made by the Panel. This response and plan become part of the Provider's Evaluation Report.

#### *Step 4: Response of the Independent Panel)*

Following Usafety's response to the Panel at step 3 above, the Panel may make a final response.

#### Stage 3: Validation/Revalidation - Submission to QQI for revalidation of programme

Stage 3 here for re-validation is the similar to the stages of New Programme Development and Approval and the validation of new programmes.

The Provider's Evaluation Report will be forwarded to QQI for Independent Evaluation, as part of the revalidation process. This will be accompanied by a formal request for revalidation and:

- Documents demonstrating prerequisites to apply have been established
- The proposed terms of reference for the Independent Evaluation Report, if these have not been agreed earlier at Phase 1, Step 4.

The Management Team is responsible for submitting the completed validation documentation to QQI. In the case of all applications for validation, the application will be submitted on the current QQI Template, with QQI appointing the panel.

QQI may get back with further queries or recommendations in the Independent Evaluation report before it is submitted.

#### Stage 4: Adoption and Implementation of Recommendations

Stage 4 here for re-validation is the similar to the stages of New Programme Development and Approval and the validation of new programmes.

This the final stage of in the Programme Review, Validation and Re-validation processes. The Provider's Evaluation Report and Independent Evaluation Report are circulated to the Academic Board. The recommendations of the report are formally approved and adopted at the Academic Board meeting.

Usafety will receive a copy of the Independent Evaluation Report for fact checking.

#### Related Documents

Programme Review Template

Trainer Course Reports

Training Evaluation Form

EA Reports

RAP Meetings

Results Summary Sheet

Company Brochure

Quality Improvement Log

Provider Evaluation Report

Independent Evaluation Report

## Section 5- STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT

‘All new members of staff/contractors will have formal induction. This will provide an opportunity to communicate the mission and objectives of Usafety and introduce new staff members/contractors to the values and culture of our organisation.’

### 5.1. Introduction

Usafety is committed to ensuring that it operates in a supporting and welcoming manner towards staff, contractors, learners and our clients. This Staff/trainer Induction Policy has been developed to ensure that:

- the ‘settling in’ period to Usafety is a positive experience for new staff/contractors
- new staff/contractors experience Usafety as a caring and supportive organisation and
- new staff/contractors receive training and information on Usafety policies and procedures as well as specific training in relation to their job. The Induction process commences from the date of offer of appointment/contract.

### 5.2. Purpose

- To provide a welcoming, caring and supportive experience of the organisation.
- To establish a clear communications channel.
- To ensure that the transition into Usafety is a smooth and positive experience for the new staff/contractor.
- To provide information about the organisation, the structures, the policies and procedures.
- To provide training on Usafety systems and procedures.
- To identify job specific specialist training required.
- To clarify the requirements/expectation of the role.



### 5.3. STAFF RECRUITMENT – Staff Recruitment, Management and Development

**Policy:**

It is the Policy of Usafety to professionally recruit and develop all staff engaged in the provision of our programmes to learners. Usafety applies a systematic approach to the recruitment and engagement of staff. Recruitment is carried out by the Training Manager who is a qualified Occupational Psychologist with experience in testing and recruitment. Assessment tools are used to ensure the optimum fit between the staff and the job. External recruitment services are used as required.

Induction training is compulsory for all new staff and contractors. Existing staff and contractor’s training needs are appraised annually. Usafety ensures that academic staff have adequate experience and expertise to fulfil their designated roles and thereby enhance the teaching and learning environment for learners.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ul style="list-style-type: none"> <li>○ The Management Team have regular meetings that include on the agenda evaluation of current resources required (Human/Legal/Financial).</li> <li>○ An annual training need analysis determines needs for staff recruitment and development.</li> <li>○ Formal assessment tools at recruitment stage.</li> <li>○ Teaching gap identified by Training Manager and General Manager.</li> <li>○ Job specification and description distributed at recruitment stage.</li> <li>○ Roles and responsibilities defined</li> <li>○ Codes of conduct</li> <li>○ Academic and Professional standards defined for all staff/contractors.</li> </ul>	<p>Training Manager General Manager</p>	<ul style="list-style-type: none"> <li>○ Strategic Plan</li> <li>○ Published job description</li> </ul>
<ul style="list-style-type: none"> <li>○ Advertising through &amp; selection for interview (assessment scores evaluated and candidates selected based on pre-determined criteria.</li> <li>○ Interview, verification of qualifications, certification where applicable, knowledge and experience.</li> <li>○ Appoint new staff/contractor.</li> <li>○ Allocate staff to duties roles and functions based on experience and expertise outlined in CV’s and contracts of engagement.</li> </ul>	<p>Training Manager. General Manager External recruitment agency as required.</p>	<ul style="list-style-type: none"> <li>○ Advertising.</li> <li>○ CV’s</li> <li>○ Interview panel</li> <li>○ Agenda</li> <li>○ Assessment score review</li> <li>○ Contract of employment</li> </ul>

**Trainers:**

The success of Usafety is based on the calibre and competence of trainers and Usafety’s commitment to the continuing enhancement and encouragement of staff development.

This ensures that staff involved in designing, delivering and assessing programmes are capable and competent to do so. Every role at Usafety is profiled and a job description created. Only candidates that satisfy the minimum criteria specified are considered for interview. Applications are screened the Management Team and are required to give a 15–20-minute presentation on an allocated topic within their subject area. Successful candidates must then shadow an experienced trainer initially and then are observed delivering training by one an experienced trainer.

**Minimum criteria:**

**Manual Handling Trainers**

1. QQI Registered Manual Handling Instructor
2. Health and Safety Qualification – Level 7
3. 2 years’ experience teaching manual handling

**People Handling**

1. QQI Registered People Handling Instructor
2. Healthcare background.
3. Relevant qualification e.g., ergonomics, health and safety, physiotherapy,

New trainers always work alongside trainers that are experienced in delivering our programme. CPD is encouraged and supported.

<p>General Induction Training for Trainers includes:</p> <ol style="list-style-type: none"> <li>1. Usafety’s background, ethos and organisational structure.</li> <li>2. Specific and fundamental responsibilities associated with trainer’s role.</li> <li>3. Lines of effective communication with Usafety staff.</li> <li>4. Academic and administrative procedures and regulations.</li> <li>5. Training in use of Virtual Learning Environment.</li> <li>6. General Health and Safety- review of Safety Statement.</li> <li>7. Fire Safety Training.</li> <li>8. Manual Handling Training.</li> <li>9. DSE Awareness and DSE Assessment.</li> </ol> <p>Specific to Manual/People Handling</p> <ol style="list-style-type: none"> <li>1. The above and to include:</li> <li>2. Usafety methodology for training</li> <li>3. Specific teaching methods and techniques based on evidence-based practice from Royal College of Nursing/HSE/HSE etc.</li> </ol>		
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## 5.4. Staff Induction and Probation Policy

### 5.4.1. Staff Recruitment

‘All new members of staff/trainers will have formal induction. This will provide an opportunity to communicate the mission and objectives of Usafety and introduce new staff members/contractors to the values and culture of our organisation.’

Usafety is committed to ensuring that it operates in a supporting and welcoming manner towards staff, contractors, learners and our clients. This Staff/trainer Induction Policy has been developed to ensure that:

- the ‘settling in’ period to Usafety is a positive experience for new staff/contractors
- new staff/contractors experience Usafety as a caring and supportive organisation and
- new staff/contractors receive training and information on Usafety policies and procedures as well as specific training in relation to their job. The Induction process commences from the date of offer of appointment/contract.

### 5.4.2. Purpose

- To provide a welcoming, caring and supportive experience of the organisation.
- To establish a clear communications channel.
- To ensure that the transition into Usafety is a smooth and positive experience for the new staff/trainer.
- To provide information about the organisation, the structures, the policies and procedures.
- To provide training on Usafety systems and procedures.
- To identify job specific specialist training required.
- To clarify the requirements/expectation of the role.

### 5.4.3. Phases of Induction

The Induction process spans over three phases:

Phase 1. Pre-Employment

Phase 2. Date of Commencement of Employment/Contract (trainers)

Phase 3. Early Employment/Contract Period within One Year

### Phase 1: Responsibility of HR Manager

1. Assignment of a contract for employees or contractors (trainers).
2. Letter of offer of appointment (employees only).
3. Date of commencement (employees only).
4. Letter of acknowledgement of acceptance (employees only).
5. Notify all staff and other trainers/trainers.
6. Prepare accommodation and equipment.
7. IT Requirements.
8. Complete Phase 1 checklist.

### Phase 2- Commencement of employment/contract

- 1 Welcome.
- 2 Explain requirements of job/contract.
- 3 Introduce new staff to their work location.
- 4 Agree training plan and make arrangements for on-the-job and off-the-job training on specialised tasks.
- 5 Provide health and safety information.
- 6 Provide operational/procedural information.
- 7 Outline probation period.
- 8 Complete induction checklist.
- 9 Ensure new staff is helped to settle in.

### Phase 3: Early employment/contract period within one year

1. Ensure that the completed Induction Checklist is received.
2. Meet with new staff member/trainer within two weeks of commencement to maintain contact and answer any questions they may have.
3. Maintain regular contact with the new staff member to ensure they are settling in and to clarify any early employment issues that arise
4. Ensure that the staff member is facilitated to attend all relevant Induction and job-related training programmes.

Newly appointed staff must participate in the Staff Induction Training Days organised by the Training Manager which take place bi-annually. (Online Induction Training Programmes & Resources will also be developed).

Information sessions are provided on the following:

1. Brief Introduction to Usafety.
2. Usafety HR Policies (e.g., Equality, Dignity & Respect)
3. Probation, HR Procedures/Leave Arrangements, Other benefits
4. Study leave, Finance Procedures, Pension Arrangements
5. Information Technology Systems in Usafety
6. Health, Safety & Welfare for staff at Usafety
7. Awareness Training on the Usafety Dignity & Respect at Work Policy

## 5.5. Staff Probation Policy

‘As the most important resource in Usafety, staff will have access to the resources and facilities necessary to enable them to develop and expand their knowledge, skills and qualifications so that they may realise their full potential in relation to the evolving needs of Usafety and their own career development’.

### 5.5.1. Objectives

To support new staff members and to ensure they are given the opportunity to learn what is required and to identify areas in need of training and development.

Managers should have regular communication and periodic meetings with new staff members to ensure:

1. Staff are settling into their role and are receiving the right amount of support and training necessary to succeed.
2. That any issues can be resolved at an early stage and promptly.
3. Where necessary, to take appropriate steps if staff members have not met the requirements/expected standards of the job.

### 5.5.2. Review Meetings

The probationary period is aligned to the duration of the employment contract.

Three standard meetings should take place during the period of probation:

- 1) Informal Review meetings,
- 2) A Mid Term Review meeting and
- 3) A Final Review Meeting.

### 5.5.3. Informal Review

It is recommended that informal review meetings take place during the probationary period in accordance with the above timelines. The informal progress review(s) should consist of a conversation on how the staff member is settling in, on any difficulties that they are experiencing and on any issues that have come to the attention of the Management Team. Actions that would alleviate any of the issues raised should be agreed and taken prior to the Mid Term Review/Final Review, as appropriate.

### 5.5.4. Formal Review

To ensure that the final recommendation in relation to the appointment is made on a sound and fair basis, a process of assessment of the staff member's performance/capabilities should be carried out. This requires a review of the staff member's performance within the timelines indicated above.

#### 5.5.5. Review meeting

Regular meetings are held with the Management Team and the Staff member to discuss any issues raised throughout the probation period. The tone of the meeting should be positive and encouraging. The discussion will be centered on:

- a. Induction process to date.
- b. Progress and planned developments in relation to each element of the job.
- c. Actions agreed to be taken by either party.

At the end of the meeting, the Probation Report Form which includes an action plan, must be completed and signed by both parties. Both parties will retain a copy of that form.

#### 5.5.6. Final Review Meeting

Senior Management and the staff member will meet at an agreed time and venue. Sufficient time should be allocated for the meeting and each form should be taken in turn. The discussion should be centred around:

- The Mid-Term Review Report (where applicable)
- Performance, training needs and required supports.
- Actions agreed to be taken by either party.
- At the end of the meeting the Probation Report Form must be completed and signed by both parties who will retain copies. The form will include a record of any actions and one of three possible recommendations:

1. the appointment should be confirmed.
2. the appointment should be terminated in accordance with Usafety procedures
3. the probationary period may be extended.

The Management Team will review the file and either approve or reject the recommendation.

- Where the confirmation of appointment is recommended and approved, the Training Manager will write to the staff member notifying them of the outcome and confirming the appointment.
- Where termination of appointment is recommended and approved, the Training Manager will write to the staff member notifying them of the outcome and initiating termination procedures in accordance with Usafety policy.
- Where an extension is recommended and approved, the Training Manager will write to the staff member notifying them of the reasons for the extension and offering appropriate help and support, if necessary. The staff member will also be advised of the possible outcomes at the end of the extended probation (i.e., confirmation of employment or termination.) To encourage discussion and feedback during the extension period a further mid-extension review will be required, as well as a final end of extension probation report. The procedures as outlined above apply.

## 5.6. STAFF COMMUNICATION

### Policy:

The Management Team know through experience that the ability to communicate effectively can increase overall productivity and create a strong team. This will enhance the learning experience for all stakeholders. We always encourage communication between management, trainers, learners and others involved in decision making. If we consult with one another and consider the views of others we can learn and grow and promote openness and transparency in everything we do.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ul style="list-style-type: none"> <li>○ Informal and formal group and individual meetings.</li> <li>○ The Training Manager works closely with all trainers and organises specific educational groups for the different training disciplines provided by Usafety e.g. People Moving &amp; Handling Specialist group. This group meets 2-3 times per annum. The Training Manager with support from specialist trainers provides updates etc. on best practice, new legislation etc.</li> <li>○ Programme Board Meetings</li> <li>○ Programme feedback, academic updates, compliance and legislative change</li> <li>○ Feedback from membership with interest &amp; professional groups e.g., National Back Exchange, Irish Ergonomic &amp; Human Factors Society</li> <li>○ Annual staff appraisals</li> <li>○ Annual contractor appraisals &amp; group strategy meetings</li> <li>○ Meetings with trainers</li> </ul>	<p>All members, Training Manager General Manager</p>	<ul style="list-style-type: none"> <li>○ Strategic Plan</li> <li>○ Published job description</li> </ul>

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## 5.7. STAFF DEVELOPMENT

**Policy:**

Usafety is committed to assisting all staff and contractors/ trainers to develop their knowledge, skills and competence. This Staff Development policy identifies the contribution of Usafety to such development. Development and training needs are analysed on a regular basis. Programme monitoring processes assist with identifying the development and training needs of all staff. Staff Development addresses helping people meet challenges, create change and ensure the success of the organisation in the future. Staff Training addresses the immediate and future needs of all stakeholders.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ul style="list-style-type: none"> <li>○ An annual training needs analysis is carried out by the Senior Management Team, which determine areas for improvement for the coming year.</li> <li>○ Should a new item arise during the year on which staff/trainers require development or upskilling, a decision is made by the Management Team as to how this is managed and incorporated into the development plan for the year.</li> <li>○ Usafety require trainers to attend a minimum of one day’s upskilling and retraining each year, as prepared by the Training Manager. This focuses on updates, (academic research, current evidence-based research, feedback from trainers and learners) and improvements which are relevant to their role.</li> <li>○ Staff have the opportunity to influence the agenda for the upskilling days through trainer specific meetings hosted by Training Manager who used this information to develop and source relevant content.</li> <li>○ Each upskilling day includes a section on industry updates including new equipment etc.</li> <li>○ The Management Team conducts an evaluation of the upskilling days. This feedback is considered when planning the next upskilling day.</li> </ul>	<p>All members, Training Manager General Manager</p>	<ul style="list-style-type: none"> <li>○ Strategic Plan</li> <li>○ Published job description</li> </ul>

<ul style="list-style-type: none"> <li>○ Staff who are employed or sub-contracted based on their status of registration e.g., Registered General Nurse, Physiotherapist, Manual/People Handling instructors are required to complete official CPD training each year and submit evidence to the Training Manager. Usafety supports in sourcing these courses where necessary.</li> <li>○ Staff/trainers delivering manual handling/people moving training must attend annual upskilling courses provided by Usafety.</li> <li>○ Sub-contracted trainers are responsible for their own professional body membership and for keeping informed of industry and awarding body developments. However, Usafety will assist wherever possible.</li> <li>○ Induction training takes place for staff and contractors/ trainers.</li> <li>○ Training provision is prioritised by Usafety according to identified needs and its contribution to Usafety’s strategic objectives. Usafety always facilitate trainers to achieve adequate training to their jobs safely and competently.</li> <li>○ Programme feedback, academic updates, compliance and legislative change</li> <li>○ Trainers are encouraged to provide feedback using appropriate feedback form.</li> <li>○ Feedback from membership with interest &amp; professional groups e.g., National Back Exchange, Irish Ergonomic &amp; Human Factors Society</li> <li>○ Annual staff appraisals</li> <li>○ Annual contractor appraisals &amp; group strategy meetings</li> <li>○ Meetings with Trainers.</li> </ul>		
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## 5.8. Code of Conduct- Staff, Trainers and Contractors

This code of conduct applies to all staff carrying out activities on behalf of Usafety and it is the responsibility of all to familiarise themselves with it.

This code should be read in conjunction with the disciplinary procedures, health and safety procedures and the contract of employment.

At all times, all are expected to:

- Treat learners and all staff with courtesy and respect.
- Comply with reasonable requirements as laid down in role description.
- Familiarise and adhere to all policies and procedures.
- Carry out their duties with integrity, care and diligence.
- Promote and protect the good reputation of Usafety.
- Preserve the confidentiality of all information and maintain the rules of GDPR
- Not act in a way which is discriminatory towards individuals or groups and observe the nine ground/reasons of discrimination: gender, disability, age, religion, family status, race, civil status, sexual orientation or membership of the travelling community.
- Take reasonable steps to ensure the health, safety and welfare of all
- Dress in a way which is appropriate to their position and duties.
- Refrain from using offensive language.
- Not attend work or carry out duties whilst under the influence of alcohol, illegal drugs or other substances which prevent them from doing so competently.

## 5.9. Monitoring and Review

The Management Team will be responsible for the day-to-day monitoring of staff and Trainer performance. Review of contractor's forms part of the continuous monitoring of the quality assurance process.

The Management Team are responsible for ensuring all Trainers and administrative staff are recruited and trained to the highest level.

## 5.10. Equality, Dignity and Respect Policy

### 5.10.1. Purpose and Policy Considerations

Usafety has 6 core values driving our culture:

- Put People First
- Be Fair and Objective- At Usafety we strive to be fair and objective in our dealings with people and organisations.
- Respect
- Passion
- Reliable
- Be open and accountable

In line with these values, Usafety is committed to providing an environment in which all individuals and organisations should expect to be able to thrive and to be respected and valued for their unique perspectives and contributions so that they can achieve their fullest potential. We are committed to the promotion of a culture for work and study which upholds the dignity and respect of the individual and which supports the individual's right to learn and/or work in an environment which is free from discrimination. This includes any form of bullying, sexual harassment or other forms of harassment. All members of Usafety are expected to work to develop and maintain a high degree of respect and to participate in creating a positive environment.

### 5.10.2. Principles

The key principles of the policy are to:

- Support the six values of Usafety as above,
- Ensure that Usafety has proactive measures in place in order to promote a positive culture of dignity and respect,
- Create a positive working and learning environment, support good communications amongst our people managers, colleagues and learners and make clear the expectations regard to respecting each other,
- Promote understanding of our definitions of bullying, sexual harassment, or other forms of harassment and promote awareness of steps which individuals may take if they believe that they are being bullied or harassed,
- When complaints are made, provide methods of resolution for our people managers, colleagues and learners in which they have a number of opportunities, both informal and formal, to resolve individual situations or complaints. Set out key steps in a complaints procedure that are simple, user friendly and easy to operate,
  - All parties are required to cooperate with all efforts to resolve complaints under the policy and without undue delay.
  - Have an effective monitoring and analysis process that supports this policy

### 5.10.3. Scope

This policy applies to employees, learners and others. In this policy, “others” shall be taken to include, but is not limited to the conduct of contractors, subcontractors, vendors, those who engage and/or who interact with Usafety and/or its associated bodies, those who provide services to Usafety, those who avail of services and/or are visitors of and to Usafety or any of its associated bodies.

This policy applies to all areas of Usafety operations and programmes. It applies to conduct which takes place:

- At our training centre(s) or any other place where our employees or learners are representing Usafety or are engaged in a learning connected activity,
- At events such as social functions, conferences, sporting events, field trips or work assignments which are related to Usafety,
- In person, in writing, on the telephone, by e-mail or on the internet and social media in relation to any Usafety related activity.

A complaint of bullying, harassment or sexual harassment made under this policy should be made within 12 months of the alleged incident(s) giving rise to the complaint or within 12 months from the date of the alleged last recurring incident.

Usafety promotes and encourages the resolution of dignity and respect complaints through informal means so far as possible. To achieve this, Usafety is committed to training and supporting our employees, contractors and others in understanding the importance of dignity and respect and how their roles are integral in promoting a culture where work and study is free from discrimination and any form of bullying, sexual harassment or other forms of harassment.

### 5.10.4. Definitions

#### Bullying

Bullying is defined as repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work/study and/or in the course of employment/study which could reasonably be regarded as undermining the individual’s right to dignity at the place of work/study. An isolated incident is not considered to be bullying.

The intention of the person against whom the complaint is being made (the respondent) is irrelevant. The fact that the respondent may not intend to bully/harass/sexually harass an employee or learner is not a defence. The effect of the behaviour on the employee or learner is what is relevant.

The following are common, but not exclusive examples of bullying behaviour:

1. Verbal abuse/insults,
2. Physical abuse,
3. Being treated less favourably than colleagues,
4. Intrusion – pestering, spying or stalking,
5. Exclusion,
6. Menacing behaviour, Intimidation,
7. Aggression,
8. Undermining behaviour,
9. Excessive monitoring of work,
10. Humiliation,
11. Withholding work-related information,
12. Blame for things beyond the person's control

Bullying at work does not include reasonable and essential feedback or constructive criticism or discipline arising from the management of the conduct or performance of an employee at work or actions taken which can be justified on grounds such as safety, health and welfare at work. For example, an employee whose performance is justifiably signalled in a proper and reasonable manner as being below required standards may feel threatened and insecure in their work, but this in itself does not indicate bullying. In addition, differences of opinion, arguments or other interpersonal conflict can occur in the workplace.

Bullying/harassment/sexual harassment should not be confused with these situations.

Bullying in the course of a programme of studies does not include reasonable and essential feedback or constructive criticism or discipline arising from the management of the conduct or performance of a learner or actions taken which can be justified on grounds such as safety, health and welfare at work.

## Sexual Harassment

Sexual harassment is any form of unwanted verbal, non-verbal or physical conduct of a sexual nature which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for that person. Sexual harassment can be a one-off incident.

The following are examples of sexual harassment:

- Physical contact such as unnecessary touching, patting or pinching or brushing against another body, assault or coercive sexual intercourse,
- Sexual advances, propositions or pressure for sexual activity, continued suggestions for social activity after it has been made clear that such suggestions are unwelcome, unwanted or offensive flirtations, suggestive remarks, innuendos or lewd comments,
- Leering, whistling or making sexually suggestive gestures,
- Conduct that denigrates or ridicules or is intimidatory or physically abusive of a person because of their sex.

The Employment Equality Acts 1998 - 2011 do not prohibit all relations of a sexual or social nature at work. To constitute harassment/sexual harassment the behaviour complained of must firstly be unwelcome. It is up to each employee/learner/other (e.g., visitor or sub-contractor) to decide

(a) what behaviour is unwelcomed, irrespective of the attitude of others to the matter and

(b) from whom such behaviour is welcome or unwelcome, irrespective of attitudes of others to the matter.

## Harassment

Harassment is defined as any form of unwanted conduct related to any of the discriminatory grounds under the Employment Equality Acts which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment. Harassment can be a one-off incident. The discriminatory grounds in Usafety include:

- Gender (including gender identity): a person's gender identity including male, female, other,
- Civil status: a person's civil status be it single, married, separated, divorced, widowed, civil partnered and formerly civil partnered,
- Family status: being a parent of a person under 18 years or the resident primary carer or parent of a person with a disability,
- Socio-economic status: a combined economic and sociological measure of a person's work experience and of an individual's economic and social position in relation to others, based on income, education, and occupation,
- Sexual orientation: a person's sexual orientation including gay, lesbian, bisexual, non-binary, intersex and heterosexual,
- Religion: a person's religious belief, background, outlook or none,
- Age: a person's age, this does not apply to a person aged under 16. Children are covered by Child Protection legislation.
- Disability: includes people with physical, intellectual, learning, cognitive or emotional disabilities and a range of medical conditions,
- Race: includes race, skin colour, nationality or ethnic origin,
- Membership of the Traveller community: now recognised as an ethnic group.

The following are examples of harassment:

- Verbal or written harassment based on socio-economic status,
- Physical harassment – jostling, shoving or any form of assault,
- Intimidatory harassment – gestures, posturing or threatening poses,
- Visual displays such as posters, emblems or badges which may be deemed as sexual harassment,
- Inappropriate scrutiny of the activities of others,
- Isolation or exclusion from social activities,
- Unreasonably changing a person’s job content or targets,
- Pressure to behave in a manner that the person thinks is inappropriate,
- Inappropriate use of social media as set out below.

### Electronic bullying/sexual harassment/harassment and the use of social media (Blogs, Wikis, Forums, Email etc.)

This policy also encompasses electronic bullying/sexual harassment/harassment. This is a term used to refer to bullying/harassment/sexual harassment through electronic media and/or in the use of social media. In sending emails and in the use of all social media, all employees, learners and others should consider the content, language and appropriateness of such communications and must adhere to the Acceptable Usage Policy. The Acceptable Use Policy has been formulated to ensure that employees, learners and others are aware of their obligations when using for example, social media, the need to ensure that the use of same does not affect Usafety, its employees, learners and/or others and outlines the sanctions for those who do not comply with same. For example, employees, learners and/or others shall not use social media to bully, harass, sexually harass or unlawfully discriminate against employees, learners and/or others, that confidential information is not disclosed and that the personal use of social media by employees during working hours does not interfere with employment responsibilities and/or productivity etc.

### Victimisation

It is considered a breach of this policy and a disciplinary matter for any employee or learner to attempt to victimise or otherwise retaliate against an individual because that individual, whether as a witness or complainant or in any other role, participates in good faith in procedures for addressing issues of bullying, sexual harassment or harassment.

### Responsibilities

Management, Employees, Contractors, Trainers and Learners are expected to work to develop and maintain a high degree of respect and to participate in creating a positive environment. Bullying, sexual harassment and harassment can affect an individual's wellbeing, for example, there can be:

- Damage to morale,
- Poor performance in work or study,
- Culture of fear,
- Loss of respect,
- Increased absenteeism and ill health,
- Poor services to staff and learners,
- Damage to Usafety’s reputation.



The Management Team have overall formal responsibility for this policy. They have the responsibility to:

- Lead and champion a positive culture of dignity and respect and ensure that adequate resources are allocated to support a positive culture of dignity and respect,
- Set appropriate standards of acceptable behaviour through their own actions and deeds. Take action when required based on monitoring and reporting.
- At all times, treat all employees, contractors, learners of Usafety with dignity and respect,
- Be familiar with Usafety's policy and proactively promote ongoing awareness of dignity and respect.
- Be vigilant for signs of bullying, sexual harassment or harassment through observation and by getting feedback and by taking action before a matter escalates,
- Deal sensitively with those involved in a complaint whether as complainant (the person making a complaint) or respondent (the person against whom a complaint is being made),
- Work with those involved in a complaint in a proactive manner to provide options and potential pathways for resolution of issues in a positive, solution focused manner,
- Where unwelcome behaviour has occurred, and is admitted, be clear that it is not acceptable and take appropriate action. Seek advice from relevant bodies (e.g., HR Consultants, Equality, Diversity and Inclusion Units etc). Monitor and follow up on the situation to ensure that unwelcome behaviour does not occur or recur.

### Training Manager

Is responsible for supporting learners under our welfare support policy. Maximising the training experience for each learner is an essential objective for Usafety. Everyone working with Usafety are responsible for the care of others, not least the learners themselves and all other staff. It is important that all are confident in.

- Raising Dignity and Respect awareness and develop best practice,
- Providing referrals to the Human Resource and Training Manager and other services as appropriate.

### Individuals

All individuals including employees, contractors, learners and others have a responsibility to:

- At all times, treat everyone that they interact with dignity and respect,
- Positively contribute to a culture of dignity and respect,
- Engage in respectful conduct or behaviour that will not endanger their own safety, health and welfare or work or that of any other person including obligations under the Safety, Health and Welfare at Work Act, 2005,
- Be aware of the effects of their own behaviour,
- Challenge bullying, sexual harassment or other harassment and report any incidents witnesses,
- Not make false, malicious or vexatious complaints. It is important to be aware that where reasonable belief exists that a complaint is false or malicious, disciplinary action may be taken against the complainant.

## Section 6- TEACHING AND LEARNING

Usafety aims to provide a quality further education training service that is accessible to all and allows for the acquisition and development of skills and knowledge at all levels. Flexibility and accessibility are key characteristics of any strategy devised to provide learning opportunities for adults. Usafety provide accurate and up to date information on all programmes of learning, provides effective access routes for learners and for progression to other programmes in the field of practice.

## 6.1. TEACHING AND LEARNING

### Purpose

To promote flexible learning, active communication with learners and work towards excellence in teaching and all learner activities in the further education training sector

### Policy:

Usafety are committed to providing the most up-to-date evidence-based information. We therefore choose our trainers carefully at recruitment stage and also work closely with them to develop their knowledge, skills and ability to impart information that is current. To enhance the learning process, we ensure that the experience of the trainer matches closely the needs of the learner. All trainers attend induction “train the trainer” with our internal provider. All trainers shadow a more experienced (expert in their area) trainer.

### Excellence in Teaching and Learning

Usafety recognises that we should not only be well-informed in our disciplinary area, and thus, a module’s content, but should also be well-informed on best practice with regards the delivery of such content. Therefore, Usafety endeavours to ensure that the Management Team are informed on Teaching and Learning theories, and on the variety of potentially effective teaching strategies, in order to impart this knowledge to trainers.

- We are also aware that ensuring that we have the requisite knowledge in this area will involve staff professional development. Therefore, Usafety has committed to providing the necessary resources for staff development.
- To ensure that trainers are aware of our QA policies and procedures they are provided with a copy of QA manual and further information is available in the Trainer Handbook.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>The maintenance of the quality of the learning experience is central to the ethos of Usafety. To ensure this, Usafety recognises the need to continuously monitor and improve the learner experience that it offers.</p> <ul style="list-style-type: none"> <li>○ The quality of teaching and learning is monitored on an ongoing basis through trainer monitoring visits and learner feedback.</li> <li>○ Self -monitoring is undertaken throughout the year and self- evaluation will incorporate learners’ experiences.</li> <li>○ Staff development is ongoing and CPD encompasses teaching and learning</li> </ul>	<ul style="list-style-type: none"> <li>○ Management Team</li> <li>○ Train the Trainer (internal)</li> <li>○ Trainers</li> <li>○ Academic Board</li> </ul>	<ul style="list-style-type: none"> <li>○ Enquiries, Applications forms, Registration forms, attendance sheets, Assessments, Exam results, Website, Exam results, Website</li> <li>○ Organisational Membership with the Irish Human Factors and Ergonomic Society, Back Exchange, PHECC.</li> <li>○ Annual trainer refresher programmes (internal)</li> <li>○ Attendance at conferences</li> </ul>

- Review of Usafety Teaching, Learning & Assessment strategy annually or as required. Keeping abreast of developments in the area of teaching and learning by ensuring that trainers/staff interact with working groups, e.g. Back Exchange, Irish Ergonomics Society etc. All trainers must:
  - Attend annual refresher programmes run by Usafety or external agency e.g., National Back Exchange Conference, Disability Foundation conference/workshops.
  - Trainers MUST attend annual refresher programmes for patient handling. Trainers registered with PHECC etc. must prove maintenance of CPD to the Academic Board or Management Team. Usafety provide regular “train the trainer” updates.

#### Teaching and Learning Goals

Usafety is committed to providing a learning environment that enables learners to reach their maximum potential while achieving the best possible assessment results. This policy outlines our approach to teaching and learning and continuous role in achieving high quality teaching and learning practices.

We will achieve this by:

- Ensuring teaching and learning activity is professional, positive, engaging.
- Ensuring learners fully understand the learning outcomes as laid out in their programme.
- Assisting learners to develop their knowledge skills, & attitudes through positive learning experiences.
- Approaching teaching and learning actively to motivate and engage with learners.
- Utilising technologies and other resources available to enhance the learning experience.
- Encouraging Trainers to be reflective, assess their own performance and development needs.

- Research and development working groups (internal)
- Trainer interest working groups (internal)
- Emails and correspondence
- Zoom invites to discussion groups.

### Learner Engagement Goals

The level of engagement from learners is key to ensuring that their experience is a fulfilling one. We always encourage an interactive learning environment and harness the potential of such a learning environment but facilitating as much engagement as possible with its learners.

1. To provide an engaging and challenging programme content, delivered through engaging teaching and learning strategies.
2. To explore how technology can be used both inside and outside the classroom to enhance learner engagement.

The Learner will learn through the following key strategies:

### Learning Materials

Usafety provides high quality module booklets, handouts, presentations and other learning materials that are regularly updated. The materials are structured to cater to the needs of adult learners, through the provision of separate sections that support each learning outcome.

### Directed Study & Learning

Usafety trainers encourages directed study & learning through a focus on the learning outcomes which are in the module booklets or learning material. The learners have to complete some self-directed learning activities and in turn, are covering the learning outcomes.

### Workshops

Group workshops are encouraged (for each module) to provide learners with the opportunity to collaborate with other learners and develop their understanding and appreciation of the learning outcomes associated with the module and the setting up of study groups.

These opportunities for group learning also provide an excellent opportunity for learners to social network, make contacts, and discuss all aspects of the programmes or discuss issues with their peers. Some of this is done through online media or after programme hours.

### Practical and Skills Assignments

A key component of the assessment of the learner's learning is their application of that learning to their place of work. This process is assessed using a variety of media, including written reflection, participation in group discussions and the completion of learning activities which a lot of the time are of a practical nature and reflecting their own workplace.

Learners are supported through the following key supports:

### Trainers

If required, Learners have access to a trainer to support them with their studies. Tutorial supports are provided through a variety of media including, e-mail, telephone, zoom and face-to-face. Any or all of the following areas may be discussed during tutorials:

- Revision of study topics.
- Local study groups.
- Assignment preparation, guidance and feedback.
- Additional issues that may arise relevant to the learning process e.g., Module Material.

### Feedback (Formative and Summative)

Usafety provides numerous opportunities for learners to obtain feedback on their learning and understanding as they progress through each module. These opportunities include online learning activities, peer and trainer feedback through online discussion forums and tutorials.

Following each module assessment, the learner is furnished with detailed written feedback, which clearly outlines the learner's performance against the key learning outcomes of that module. Learners can expect to receive this feedback via e-mail approximately 6 weeks after they have submitted their assessment.

<p><b>Daily Support</b>          Usafety provides immediate office hour support and out of office support to Learners on matters related to any academic aspect of the programme, assignment submission or IT issues, etc.</p>		
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DOCUMENT CONTROL

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2	August 2021	Management Team	Management Team	October 2021

## 6.2. TEACHING AND LEARNING – Facilitating Diversity

### Purpose

The purpose of this procedure is to ensure that arrangements are in place to facilitate the diversity of learners.

### Responsibility:

Training Manager.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>The following steps will be undertaken:</p> <ul style="list-style-type: none"> <li>○ Email sent to learners prior to commencing their programme requesting information on any additional support needs.</li> <li>○ Application form to have section for learners to request additional support.</li> <li>○ Learner interviews will be used to ascertain support needs. These will be managed and/or facilitated where possible to allow learners to participate fully on programmes.</li> <li>○ Programme content/delivery/assessment adapted to facilitate those with support needs.</li> <li>○ Provide Learner inductions, One to One meeting, Assessment feedback.</li> <li>○ Learners with support needs identified during delivery and continuous assessment will be afforded as much individual attention and encouragement as possible within the constraints of programme delivery.</li> </ul>	<ul style="list-style-type: none"> <li>○ Training Manager</li> </ul>	<ul style="list-style-type: none"> <li>○ Application/Registration Form.</li> <li>○ Induction Checklist</li> </ul>

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### 6.3. TEACHING AND LEARNING- Learner Issues

#### Purpose

To provide learners with effective advice on how to make a complaint

#### Responsibility:

Training Manager.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>Complaints can be made verbally or in writing and to any staff member.</p> <p>Stage 1 – Informal A complaint can be made informally to any member of staff, who will discuss the complaint with the learner and attempt to resolve. Learners will be notified of the required time to investigate or remedy the issue. The staff member receiving the complaint will attempt to resolve the complaint immediately Details should be recorded on the course/module report.</p> <p>Stage 2 – Formal Complaint If a complaint cannot be resolved informally or if the learner feels that an informal complaint will not address the issue, then the complaint should:</p> <ul style="list-style-type: none"> <li>○ Be submitted in writing within 5 working days of initial contact or the issue arising to the Training Manager.</li> <li>○ It should provide a detailed account of the issue.</li> <li>○ The Training Manager will contact the learner within 5 working days to acknowledge receipt of the complaint and outline the course of action to be taken.</li> <li>○ Training Manager will undertake an investigation of the complaint.</li> </ul>	<ul style="list-style-type: none"> <li>○ Training Manager</li> </ul>	<ul style="list-style-type: none"> <li>○ Trainer and Learners Issues</li> <li>○ Complaints Log</li> </ul>

<ul style="list-style-type: none"> <li>○ The investigation may take different forms depending on the nature of the complaint. This process is completed within 10 days of receipt</li> <li>○ When the investigation is complete the learner will be notified of the outcome in writing.</li> <li>○ Where the learner is not satisfied with the outcome, they can make a request for a final review to be carried out.</li> <li>○ The request for a review must be submitted in writing to the Appeals and Review Committee within 10 working day of the outcome.</li> <li>○ Appeals and Review Committee will be appointed to carry out the review. The decision from this review will be final.</li> </ul>		
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#### 6.4. TEACHING AND LEARNING - Learning Resources

**Purpose**

To confirm that all necessary resources are in place and identify new resources where required

**Responsibility:**

Training Manager.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
Assess facilities/resources needed for each module/ programme. - Ensure that learner evaluation is used to identify gaps - Identify list of key resources for each programme at design stage. - Budget allocated for necessary resources. - Programme material review at standard and academic meetings - Provision of back up equipment for all Trainers. - Maintenance contracts are put in place for all internal and external equipment	<ul style="list-style-type: none"> <li>○ Training Manager</li> </ul>	Trainer & Learner Issues Training Facilities Checklist Instructor Course Report Training Evaluation Form

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## 6.5. TEACHING AND LEARNING - Learning Environments (Selection of Premises)

### Purpose

To ensure the premises and facilities are accessible and maintained.

### Responsibility:

Training Manager.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>For our own premises, a maintenance review is carried out regularly. Safety statement and risk assessments have been developed.</p> <ul style="list-style-type: none"> <li>○ A health and safety check are carried out on the premises for each programme, including own premises and external venues.</li> <li>○ Premises selection criteria will reflect module/ programme requirements and the access needs of potential learners.</li> <li>○ Where premises are rented, a copy of the premise's safety statement and risk assessment will be requested and reviewed.</li> <li>○ All programmes delivered will contain information on facilities, housekeeping and safe access and egress including fire assembly points.</li> <li>○ External premises will be reviewed to ensure suitability, including a review of learner Evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>○ Training Manager</li> </ul>	<p>Training Facilities Checklist Health &amp; Safety Checklist for Risk Safety Statement Risk Assessments</p>

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## 6.6. Monitoring and Review

It is the responsibility of the Training Manager and individual Trainers to ensure they have sufficient and appropriate resources in place to deliver their programmes effectively. Any deficiencies should immediately be brought to the attention of the Management Team whose responsibility is also to monitor all materials to ensure they are both up to date and fit for purpose.

The status of all resources, complaints and issues relating to education and training will be discussed, with actions identified at regularly scheduled quality meetings. In addition to the ongoing monitoring activities outlined, the Training will be responsible for reviewing all relevant evaluation and an annual review of all teaching and learning activities and resources will take place.

## Section 7- ASSESSMENT OF LEARNERS

Usafety programmes leading to QQI awards are governed by QQI Assessment and Standards, Usafety policies and procedures related to assessment, and the approved programme schedule for each programme. The Programme Assessment Strategy for each programme is outlined during Programme Validation. This document outlines Usafety's general policy for and approach to assessment.

## 7.1. ASSESSMENT OF LEARNERS - Assessment of Learner Achievement

### Policy:

Usafety has a series of QA policies and procedures to ensure the validity, authenticity, and reliability of the assessment process within our programme delivery.

The integrity of the assessment process is protected by a wide range of checks and controls, administered by both internal and external staff, to promote fairness and consistency of learning achievement within suites of programmes, and across the organisation, in terms of custom and practice. There is in place a systematic series of feedback measures, designed to encourage internal analysis and reflection on all areas of programme assessment, with the aim of promoting increased best practice in terms of ensuring that programme assessments remain fit for purpose, and current to industry and work-related standards.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p><b>1 Coordinated Planning of Assessment</b></p> <ul style="list-style-type: none"> <li>○ Produce the assessment plans, exams, skills demonstration, assignments/project brief for each programme being delivered.</li> <li>○ Assessment instruments are developed in line with the specified assessment technique outlined in the Component Specification of the module. Address any special learning requirements.</li> <li>○ Keep records of agendas and minutes of trainer/academic board meetings</li> </ul> <p><b>2 Information to Learners</b></p> <ul style="list-style-type: none"> <li>○ Provide information to learners on their assessment methods and standards to be achieve for their programmes and awards.</li> <li>○ Issue information on assessment to learners including scheduling of exams, learner own responsibilities, Learner Support etc.</li> <li>○ Review Learner Feedback Evaluation Reports</li> <li>○ Provide learners with information on options available to them for repeating assessments.</li> <li>○ Provide Learners with details on our assessment appeals processes and procedure.</li> </ul>	<ul style="list-style-type: none"> <li>- Programme Board</li> <li>- Management Team</li> </ul> <ul style="list-style-type: none"> <li>- Programme Board</li> <li>- Management Team</li> </ul>	<ul style="list-style-type: none"> <li>○ Master copy of assessment plans for each programme on IT system</li> <li>○ Assessment guidelines (marking scheme, sample answers etc.</li> <li>○ Records of accommodations around assessment</li> </ul> <ul style="list-style-type: none"> <li>○ Information on assessment standard-website and in learner handbook</li> <li>○ Electronic copy of Handbook on file</li> <li>○ Exam and assignment briefs in course manual and learner handbooks.</li> <li>○ Analysis of Learner Feedback evaluation Reports on file</li> </ul>



<p><b>3 Security of Assessments</b></p> <ul style="list-style-type: none"> <li>○ Secure facility available for storage of all programme materials</li> <li>○ Assessment Packs Prepared (Exam Questionnaires and Assignment details for Learners) and issued to programme trainers/ Assessors on commencement of each programme.</li> <li>○ Learners complete the sign in (attendance) sheets for the assessment events including their PPS number, course identification etc. Links are provided prior to the course and submitted through Microsoft forms.</li> <li>○ Learners required to complete authorship statement on submission of projects and assignments.</li> <li>○ Review Trainer/Assessor Feedback Report Form for comments on the supervision of assessments and assessment processes.</li> <li>○ Train Trainer/ Assessors on the conduct of assessment processes and the security of assessment materials</li> <li>○ Maintain secure and confidential records on any appeals lodged by learners</li> </ul>	<ul style="list-style-type: none"> <li>- Programme Board</li> <li>- Management Team</li> </ul>	<ul style="list-style-type: none"> <li>○ Authorship statements</li> <li>○ Submission Sheets</li> <li>○ Examination Packs</li> <li>○ Secured files.</li> </ul>
<p><b>4 Reasonable Accommodation</b></p> <ul style="list-style-type: none"> <li>○ Accommodations around assessments (field on Microsoft forms – provided at registration stage and submitted to Usafety prior to course commencement)</li> <li>○ Communication of Reasonable Accommodation requests to Usafety administration, prior to programme commencement.</li> <li>○ Communication of Reasonable Accommodation requests from Management Team to trainer/assessor</li> <li>○ Train Trainer/ Assessors on alternative methods of assessment to cater for the individual needs of learners.</li> <li>○ Review the Internal Verifiers Report for records of alternative methods of assessment used.</li> <li>○ Review Learner Feedback Evaluation Reports</li> </ul>	<ul style="list-style-type: none"> <li>- Programme Board</li> <li>- Management Team</li> </ul>	<ul style="list-style-type: none"> <li>○ Reasonable accommodation request forms</li> <li>○ Correspondence</li> <li>○ Meeting minutes</li> </ul>

<p><b>5 Consistency of marking between Assessors.</b></p> <ul style="list-style-type: none"> <li>○ Produce all assessment packs and materials based on guidelines, standards and requirements as set out in the programme descriptors.</li> <li>○ Comprehensive guidelines for assessment pre course commencement, Marking scheme, sample answers.</li> <li>○ Cross moderation engaged where appropriate by the assessment team.</li> <li>○ Trainers briefed on assessment pre course commencement.</li> <li>○ Cross Moderation</li> </ul> <p><b>6 Internal Verification</b></p> <ul style="list-style-type: none"> <li>○ Documented Internal Verifier Process</li> <li>○ Nominate staff member as Internal Verifier (currently General Manager)</li> <li>○ Train Internal Verifier on Internal Verification process and practice by attendance at seminars, workshops, and briefings</li> <li>○ Internal verifier produces, signs, and dates the Internal Verification Report (Samples results/Checks accuracy and evidence produced by Learners and Trainers for awards)</li> <li>○ Internal Verifier reports to the Results Approval Panel</li> <li>○ Document a sampling strategy</li> <li>○ Assists with oversight of assessment outcomes.</li> </ul> <p><b>7 External Authentication</b></p> <ul style="list-style-type: none"> <li>○ Documented External Authentication Process</li> <li>○ Nominate an external Authenticator(s) from the QQI approved panel.</li> <li>○ Engage External Authenticator(s) and produce report on External Authentication.</li> <li>○ Results Approval Panel reviews External Authentication report</li> </ul>	<ul style="list-style-type: none"> <li>- Programme Board</li> <li>- Management Team</li> <li>- Internal Verifier</li> </ul> <ul style="list-style-type: none"> <li>- Management Team</li> <li>- Trainers/Assessors</li> <li>- Internal Verifier</li> </ul> <ul style="list-style-type: none"> <li>○ Management Team</li> <li>○ Academic Board</li> <li>○ External Authenticator</li> </ul>	<ul style="list-style-type: none"> <li>○ Assessment guidelines</li> <li>○ Cross moderation reports</li> </ul> <ul style="list-style-type: none"> <li>○ Meeting minutes</li> <li>○ IV checklist</li> <li>○ IV report</li> </ul> <ul style="list-style-type: none"> <li>○ Meeting minutes</li> <li>○ Offer letter</li> </ul>
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<p><b>8 Feedback to Learners</b></p> <ul style="list-style-type: none"> <li>○ Trainer provides learners with constructive feedback at various times during the programme depending on programme duration. Usually at the end of each module (or as trainers change throughout programme) and at the end of the programme where trainer/assessor provides feedback to learners on results of exams and course work undertaken (written projects, assignments, practical demonstrations). Trainer provides verbal feedback to the learner on a “one to one” based on assessment report and results achieved by each learner during the delivery of courses.</li> <li>○ Review the trainers feedback report for details of feedback given to learners during the delivery of the programme. Review the learner feedback evaluation forms.</li> </ul> <p><b>9 Learner Appeals</b></p> <ul style="list-style-type: none"> <li>○ Provide learners with written information on the appeals process (e.g., time scale 14 days etc.)</li> <li>○ Provide learners with a procedure sheet for making appeals.</li> <li>○ Process and keep records of any learner appeals processed.</li> <li>○ Keep records of any correspondence with QQI on learner appeals</li> </ul> <p><b>10 Results Approval</b></p> <ul style="list-style-type: none"> <li>○ Provide a structured Results Approval Panel.</li> <li>○ Inform the Results Approval Panel on roles and responsibilities.</li> <li>○ Record agendas and minutes of meetings of the Results Approval Panel</li> <li>○ Results Approval Panel reviews IV report, External Authenticators report, in order to finally approve learners’ results.</li> <li>○ Keep records and copies of all learner results approved by the approval panel, before results are sent to QQI for certification.</li> </ul>	<ul style="list-style-type: none"> <li>○ Trainers</li> <li>○ Management Team</li> </ul> <ul style="list-style-type: none"> <li>○ Management Team</li> <li>○ Appeals Board</li> </ul> <ul style="list-style-type: none"> <li>○ Results Approval Panel</li> <li>○ Internal Verifier</li> <li>○ Trainer/Assessors</li> </ul>	<ul style="list-style-type: none"> <li>○ Feedback forms</li> <li>○ Provisional results letters</li> </ul> <ul style="list-style-type: none"> <li>○ Appeal Application</li> <li>○ Correspondence</li> <li>○ Evaluator Reports</li> <li>○ Meeting minutes</li> </ul> <ul style="list-style-type: none"> <li>○ Results Approval Report</li> <li>○ Meeting minutes</li> </ul>
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DOCUMENT CONTROL

Version No.	Revision Date	Revised by	Approved by	Approval Date
2	August 2021	Management Team	Management Team	October 2021

## 7.2. Fair and Consistent Assessment of Learners Policy

### 7.2.1. Introduction

This policy document contains the Quality Assurance Policies and Procedures for the Fair and Consistent Assessment of Learners Usafety. The policy document) and all associated forms and procedures are effective from August 2021. Updated versions of this document will be available on our website.

### 7.2.2. Assessment Planning

### 7.2.3. Policy Statement

Usafety adopts a holistic approach to planning for assessment. This means that each assessment instrument is designed to be mindful of the total assessment load of the learners across the various modules that they are undertaking. Integration of assessment, where possible, is considered good practice. Assessment relates to professional or occupational standards and learners are assessed through occupationally relevant tasks. Learners should be given adequate opportunity to generate the evidence to demonstrate the standards of knowledge, skill and competence required for the assessment.

### 7.2.4. Procedures of this policy

Assessment for each individual module is planned by the Internal Assessor in advance of the commencement of programme. Usafety convenes assessment planning meetings at which the following matters are considered:

- The range of specific learning outcomes to be assessed
- Opportunities for integration of assessment
- Assessment techniques and instruments, including consideration of occupational context and learner needs
- What constitutes sufficient evidence to meet the standards for the award
- The timing and scheduling of assessment activities including deadlines and due dates
- How assessment criteria are applied
- How marking criteria are applied

From this meeting, the Internal Assessor contributes to the formation of an Assessment Calendar. The Assessment Calendar is collated by an individual who has specific responsibility in relation to a cohort of learners.

The assessment calendar includes:

- All assessment associated with the programme across its duration
- When the assessment will take place (issue and deadline dates) - with consideration of an adequate interval between issue and deadline dates
- How learning will be assessed – the assessment technique The Assessment Calendar is distributed to all learners at the commencement of the programme e.g., at induction.

All instructions pertaining to assessment, other than examinations, must be contained within an assessment brief. Therefore, an assessment brief may refer to an Assignment, a Project, Skills Demonstration etc., depending on the assessment method employed.

Assessment briefs include all of the information that a learner will need to provide evidence in respect of the assessment. This includes the following:

- The deadline for submission
- The learning outcomes for the assessment
- The percentage weighting or marks associated with the assessment
- Clear instructions of what task or activity the learner is expected to complete
- Clear details of the evidence required to successfully fulfil the requirements of the brief
- Other requirements as relevant e.g., format, word limits or guides that may apply
- A Declaration of Original Work that the learner will be required to sign on submission Briefs are issued for each assessment on the planned issue date.

### 7.3. Role of the Internal Assessor

#### 7.3.1. Policy Statement

The title Internal Assessor refers to the individual who sets an assessment for a learner or a group of learners. The Internal Assessor must ensure the fair and consistent assessment of learner evidence in line with the specific awards standards.

#### 7.3.2. Role of the Internal Assessor

The role of the Internal Assessor is to:

- Provide opportunities for the learner to generate assessment evidence in accordance with the award specification
- Evaluate learner evidence in accordance with the marking scheme
- Make an assessment decision/judgment on whether the outcomes of knowledge, skill or competence, as outlined in the Award Specification, have been achieved
- Report outcomes of assessment to the relevant personnel and submit all documentation and reports as required by Usafety and the relevant awarding bodies
- Maintain the integrity of the assessment process at all times

The Internal Assessor must have appropriate skills and experience regarding:

- The subject/technical area in which they are assessing
- The award standards (learning outcomes) being assessed
- Usafety's Assessment Policy
- Assessment processes including assessment design, delivery, marking, feedback, documentation and the submission of results.
- The relevant awarding body assessment policy and guidelines

## 7.4. Communication of Assessment Policy Information to Learners

### 7.4.1. Policy Statement

Usafety commits to ensuring that learners are fully informed of all aspects of their course, including how assessment is conducted. To this end, assessment information is communicated clearly and in a timely manner to all learners on commencement of a module or programme. Centres are required to provide opportunities for learners to clarify their understanding of the assessment process.

### 7.4.2. Procedures of this policy

Learners are made aware of Usafety's Assessment Policy and where to locate it. All information relevant to the assessment process is made available to learners prior to the commencement of the programme, e.g., at induction. This information will include the following:

- The award(s) to which the programme leads
- How the assessment will be conducted
- What is required to be successful for each part of the assessment
- The grading criteria associated with the award(s)
- Rules and regulations relevant to the assessment technique (including examinations)
- The relevant policy of assessment submissions modes and deadlines
- Specific deadlines and key dates for submission of evidence (Assessment Calendar)
- Information on eligibility and application for Reasonable Accommodation
- Information on eligibility and application for Compassionate Consideration
- Information on Appeals Policy and Procedures

Where attendance and participation in scheduled classes is essential for skills acquisition, or for statutory requirements including, for example, Health and Safety, this must be communicated clearly and formally to learners at the commencement of the programme e.g., at induction. Learners who fail to attend and/or participate in the required scheduled classes will not be permitted to complete practical assessments where health and safety are primary concerns. Where absence is authorised under the terms of the centre's Attendance Policy e.g., medically certified leave, the assessment will only be re-arranged where practicable. Some awarding bodies have specific regulations regarding minimum attendance as a pre-requisite for participation in assessment.

### 7.4.3. Assessment Deadlines

#### 7.4.3.1 Policy Statement

It is the policy of Usafety that deadlines are set for all formal assessment activities, that deadlines are communicated in advance and that all learners are expected to submit work by the deadline. A process is given in section 6 of this policy – 6. Compassionate Consideration– which details arrangements for those circumstances where a learner is unable to meet a deadline. Learners must submit work on or before the deadline identified by the Internal Assessor unless an extension has been authorised under the 6. Compassionate Consideration process.

#### 7.4.3.2. Procedures

##### Assessment Deadlines

An assessment deadline is a final date and time on which evidence in response to an assessment brief must be submitted. The Internal Assessor sets the assessment deadline, having due regard to the overall schedule of assessment for the learner(s).

All assessment is subject to deadlines (final dates and time for submission). These include:

- Submission dates and times for projects and assignments
- Submission dates and times for scheduled practical events, performances or demonstrations
- Dates, times and duration of scheduled examinations

##### Assessment Calendar

All assessment deadlines are published as part of the Assessment Calendar.

##### Responsibility

It is the responsibility of Usafety and internal assessor to ensure that fair and consistent submission deadlines are set and communicated to the learner. It is also the responsibility of Usafety to ensure that the sanctions for non-compliance with deadlines are fair and proportional, and communicated to the learner(s). It is the learner's responsibility to ensure that they are aware of and comply with these deadlines.

##### Adherence to Deadlines

Internal Assessors may not accept evidence from learners after the deadline has passed, unless an agreed extension has been authorised through the Compassionate Consideration process.

#### 7.4.4. Approved Extension

Evidence submitted after the initial deadline with an approved extension (through the Compassionate Consideration process) will be marked and graded in accordance with the standards for the award. No penalty applies to work submitted after a submission deadline if an extension has been authorised, unless this is a specific condition of the awarding body assessment protocols.

#### 7.4.5. Declaration of Authenticity

A Declaration of Original Work forms part of the Assessment Brief, and learners are required to declare the authenticity of submitted work. Material submitted for assessment must include a copy of the issued assignment brief, with the Declaration of Original Work signed by the learner. Work submitted electronically is declared authentic by alternative means e.g., by a tick box.

#### 7.4.6. Format

Learners are required to submit work in the format prescribed on the Assessment Brief and adhere to the arranged mode of submission e.g., submission at a specific time, location and/or to a specific individual and/or online submissions.

#### 7.4.7. Record of Submission

Learners are required to sign a Record of Submission sheet when evidence of assessment is submitted. The Record of Submissions also indicates where submitted learner evidence is stored by the Internal Assessor.

### 7.5. Reasonable Accommodation

#### 7.5.1. Policy Statement

In accordance with the Equal Status Act 2000 (Section 4), Usafety will provide Reasonable Accommodation to meet the needs of learners who have a disability (Government of Ireland, 2000). In the context of assessment, reasonable accommodation is the term for the adaptation of assessment, as necessary, to cater for the needs of learners whose personal situation means that the assessment would otherwise be unfair.

#### 7.5.2. Procedures

##### Reasonable Accommodation

Information regarding the procedures for accessing reasonable accommodation for assessment will be made available to learners at the point of application to a programme. Personnel with responsibilities in relation to reasonable accommodations will be identified as part of Usafety's information on procedures to learners.

##### Request for Accommodation

It is the responsibility of the learner to make a formal request for reasonable accommodation in assessment using a Reasonable Accommodation Form. This is required to be submitted to the Internal Assessor at the start of the programme or at least 30 working days before the assessment is scheduled. This time is required to allow the reasonable accommodation request to be processed and arranged by the Internal Assessor.

##### Evidence

The formal request for reasonable accommodation must be supported by current, valid evidence of a disability or special educational need that warrants reasonable accommodation. This evidence must include one or more of the following:

- Medical/Consultant Report
- Educational Psychologist Report compiled within the last five years
- Occupational Therapist Report
- Previous evidence of support provided during a state exam within the last three years.



## Confidentiality

Evidence submitted by a learner in respect of a request for reasonable accommodation will be subject to Usafety's procedures for confidentiality and security of personal data.

## Review

On receipt of application, the application will be reviewed by the Internal Assessor to consider possible adaptations regarding the timing of the application, the nature of the adaptations requested and the resources available. Where possible every effort will be made to facilitate reasonable accommodation requests.

## Communication of Outcome

The learner is informed of the outcome of a request for reasonable accommodation within five working days of receipt of the application by the Internal Assessor.

## Adaptation of Assessment

Where reasonable accommodation involves an adaptation of the assessment, that adaptation should facilitate the learner to demonstrate their achievement of the standards without altering the standard of the award.

Adaptations may include the following, subject to student eligibility and available resources:

- Modified presentation of assignment briefs/examination papers (e.g., enlargements)
- Appointment of scribes and/or readers
- Appointment of Sign Language Interpreters
- Appointment of Practical Assistants
- Rest periods and/or additional time
- Adaptive technology, equipment and/or software
- Use of approved assistive technology
- Oral or audio evidence
- Separate and/or adapted assessment/examination centres

## Review

Procedures for reasonable accommodation will be reviewed and evaluated by Usafety as part of its programme review process.

## Resource Database

Usafety will maintain a database of all adaptive technologies (software and hardware) retained as stock.

## Appeal

The learner may appeal the decision from a request for reasonable accommodation to Usafety. This appeal process should be completed within 5 working days.

## 7.6. Compassionate Consideration

### 7.6.1. Policy Statement

Compassionate Consideration is a process to support learners facing extenuating circumstances whose assessment opportunities or outcomes might otherwise be compromised. To ensure that learners who face extenuating circumstances are not disadvantaged, Usafety considers applications for compassionate consideration.

### 7.6.2. Procedures

#### Circumstances for compassionate consideration

The following are examples of circumstances under which Usafety will consider granting compassionate consideration to the learner:

- A physical injury or emotional trauma occurring during a period of three weeks previously
- An incapacitating illness affecting the learner Certification, provided by a medical practitioner, must be submitted in respect of the above.

Other circumstances that may be given due consideration include:

- Bereavement of an immediate or close family member
- Domestic crisis
- Terminal illness of a close family member
- Other extenuating circumstances
- COVID-19.

#### Application for Compassionate Consideration

Compassionate consideration is applied where a learner is unable to complete an assessment task by the deadline or feels that their performance in the assessment will be seriously impaired due to extenuating circumstances. In such instances, the learner is required to make the application for compassionate consideration using the Compassionate Consideration form. An extension on submission and new deadline date may be issued to learners in exceptional circumstances, and where the assessment mode and conditions of the programme accommodates such an extension.

The possible outcomes of the application for compassionate consideration are:

- Short term extension (maximum of 2 working days)
- Long term extension (maximum of 10 working days)
- Deferral
- Refusal

#### Information regarding Compassionate Consideration

Information regarding the procedures for applying for compassionate consideration is made available to learners at the commencement of the programme e.g., at induction.

#### Application Submission

Application for compassionate consideration must be submitted to the Internal Assessor in writing, using the Compassionate Consideration form. An application should be submitted at the earliest possible opportunity and no later than one week after the assessment deadline has passed.

## Adjudication on Application

The Internal Assessor adjudicates on an application for compassionate consideration, having due regard to the grounds on which the application is made.

## Communication of Outcome

The Internal Assessor communicates the decision in respect of an application for compassionate consideration to the learner within two working days.

## Re-scheduled Examinations

Examinations may be re-scheduled for individual learners if compassionate consideration is authorised in respect of that examination. Examination papers devised for re-scheduled examinations must adhere to rules and recommendations issued by certifying bodies governing such situations.

## Special consideration in Specific Circumstances

- Hospitalisation
- Absence on the day of a scheduled examination due to special circumstances
- Illness or physical incapacity during the examination

## Appeal

The learner may appeal the decision arising from a request for compassionate consideration to Usafety through the Assessment Process Appeals process.

## 7.7. Assessment Feedback

### 7.7.1. Policy Statement

Usafety believes that ongoing, relevant, timely feedback plays a central role in assisting learners to improve their assessment performance. In accordance with good assessment practice, and effective teaching and learning, regular feedback (informal and formal) is offered to learners on their work.

### 7.7.2. Informal Feedback

Trainers offer learners regular informal formative feedback on their work during scheduled classes as part of teaching and learning. Informal formative feedback is offered to learners so that they can improve their performance to achieve their full potential. It is dependent on regular attendance and learners are advised to attend to avail of this feedback and support. Informal formative feedback may take a range of forms including guidance and observations on draft work, verbal feedback, advice and guidance on the work in progress. Informal feedback, as part of teaching and learning is not recorded, nor contributes to any indicative or final grade. This must not be confused with process-based assessment feedback, which leads to a formal summative grade.

### 7.7.3. Formal Feedback

Formal summative feedback is given to learners on work submitted for assessment in accordance with the assessment deadlines. Formal summative feedback indicates a provisional grade or mark (depending on the type of assessment). Any mark or grade indicated is provisional and subject to change during the internal verification, external authentication and results approval processes. Formal summative feedback includes guidance on the achievement of learning outcomes, and, where necessary, guidance on areas that could be improved in subsequent assessments, if any. Following assessment, the Internal Assessor will record formal summative feedback on the assessment brief, see Assessment Brief. Assessment feedback is also informed by individual Awarding Body requirements – i.e., if an Awarding Body requires a particular approach to feedback to learners, this must be observed.

## 7.8. Assessment Malpractice

### 7.8.1. Policy Statement

Usafety considers Assessment Malpractice/Maladministration to be any act or omission which undermines the integrity and validity of assessment. Such acts damage Usafety and reputation of those responsible for conducting assessment and certification. Usafety takes all reasonable measures to ensure that the assessment of learners is conducted in accordance with our Assessment Policy. Usafety implement procedures to ensure that cases of suspected or actual malpractice/maladministration are dealt with expediently, thoroughly and effectively, and in accordance with the principles of fairness and natural justice.

#### 7.8.1.1. Assessment System Malpractice

Assessment system malpractice is any act or practice which brings into question, the integrity or validity of the assessment process and which are intentional rather than accidental in nature. Within the scope of Assessment System Malpractice, Usafety recognises the two further sub-categories of Maladministration/Staff Malpractice and Learner Malpractice. These procedures relate to Learner Assessment Malpractice in assessment only. The areas of Maladministration/Staff Malpractice are dealt with through the appropriate channels.

#### 7.8.1.2. Learner Assessment Malpractice

Learner Assessment Malpractice is defined as intentional malpractice perpetrated by a learner during the assessment process. Within the scope of Learner Assessment Malpractice, Usafety recognises two further sub- categories of plagiarism and unacceptable behaviour in relation to learner malpractice in assessment.

### 7.8.1.3. Plagiarism

Plagiarism is defined as the practice of learners submitting work for assessment that is not their own original work but work that has been copied from published work, on-line sources, other learners' work and/or other sources and not referenced as such.

Plagiarism in assessment may include practices that involve, but are not limited to:

- Copying work from any source or medium without reference (i.e., website, book, journal article)
- Representing as their own, work completed by and/or authored by another person, including other learners
- Procuring work from a company or external source including the internet •
- Submitting work that was previously submitted for assessment by another learner
- Passing off a design or an idea as one's own without acknowledging the original source
- Submitting collaborative work as one's own without acknowledging the contribution of others.

Usafety considers such practices as malpractice and fraudulent and all suspected cases will be investigated and dealt with appropriately in accordance with the procedures that follow.

### 7.8.1.4. Unacceptable behaviour in relation to assessment

Unacceptable behaviour in assessment may include but is not limited to:

- Engaging in behaviour that undermines the integrity of the assessment event or process
- Violent, disruptive or offensive behaviour in relation to assessment
- Impersonation of another person for the purpose of completing an assessment
- Fabrication or falsification of data, results or evidence for the purpose of assessment
- Unauthorised removal of assessment material from the assessment location
- Deliberate tampering, interference with, damage to or demolition of assessment related materials including those of other learners
- Unauthorised use of electronic communication technology or other materials during the assessment
- Unauthorised assisting of other learners during the assessment
- Any form of unauthorised communication with other learners during an assessment event such as an examination
- Collusion with other learners on an assessment, beyond what is authorised
- Engaging in unsafe practices in assessment

This list is not exhaustive.

## 7.8.2. Procedures

### 7.8.2.1. Malpractice in relation to assessment events

Suspected learner malpractice in an assessment event e.g., examination or skills demonstration, will be dealt with promptly by the Assessment Invigilator and in accordance with procedure outlined in Usafety's policy and procedures pertaining to Examinations: Preparing, Conducting and Concluding. These instances must be recorded and where applicable, evidenced on the Examination Invigilation Report Invigilation Report. Material that forms the basis for the suspicion of malpractice will be confiscated. The learner will be permitted to continue and complete the examination or skills demonstration.

### 7.8.2.2. Malpractice in relation to course work

The Internal Assessor may be able to check learner evidence in respect of assessment as it progresses or develops. This may include draft submissions of work in progress. Where the Internal Assessor is not able to directly observe or verify the work in progress, he/she may employ a number of approaches designed to enhance the reliability of the evidence and discourage/detect malpractice. These include:

- Learner's Declaration of Original Work (Mandatory)
- Personal diaries/logs/statements
- Independent testimony from third parties
- Peer reports (for group assessments)
- Questioning/Interviewing
- Use of plagiarism detection software

Cases of suspected Assessment Malpractice involving coursework (assignment, project, collection of work) must be reported by the Internal Assessor who has detected malpractice and is unable to verify the reliability of the evidence.

## 7.9. Reporting and Investigation Process

### 7.9.1. Initial Referral

If an Internal Assessor suspects assessment malpractice and is unable to verify the reliability of learner evidence with confidence, then he/she is required to report the suspected malpractice to the Course Coordinator and complete and submit Alleged Assessment System Malpractice Report Form. It is recommended that this should be completed within 24 hours of the detection of the Assessment Malpractice by the Internal Assessor.

Usafety, having considered the evidence, may consult with the learner and the Internal Assessor who has reported the alleged malpractice. If the learner acknowledges that malpractice has been perpetrated, the potential sanctions are as follows:

- The learner evidence for that element of the assessment is awarded 0 marks
- Re-submission is not permitted
- A written warning is issued to the learner if it is a first offence
- Additional sanctions will apply where it is not a first offence

### 7.9.2. Referral for Investigation

If the issue remains unresolved, i.e., the learner denies that malpractice has been perpetrated, then Usafety must refer the matter for further investigation. This referral for investigation is initiated by the completion of Alleged Assessment System Malpractice Report Form. Investigations into Alleged Assessment Malpractice are underpinned by a number of fundamental principles. The process of referral for investigation is completed within three (3) working days.

### 7.9.3. Investigations of Alleged Assessment Malpractice-Underpinning Principles

Investigations into allegations of Learner Assessment Malpractice is underpinned by these principles:

1. Natural Justice
2. Confidentiality
3. Transparency
4. Avoidance of Conflict of Interest

### 7.9.4. Conducting the Investigation

The learner under investigation must be notified in writing, by post or email, that an allegation of assessment malpractice has been received and that the matter has been referred for investigation. The Human Resource Manager or nominee has responsibility for organising this notification and must provide the learner with the salient information in relation to the terms of reference and how the investigation will be conducted. A template for this notification –Notice of Allegation of Assessment Malpractice Template Letter is provided. This notification must be provided to the learner within three (3) working days of the receipt of a report alleging that malpractice has occurred

### 7.9.5. Notification of outcome of investigation

The outcome of the investigation is recorded on Alleged Assessment System Malpractice Investigation Form. The report will indicate the outcome of the investigation as Substantiated or Unsubstantiated Assessment Malpractice. The report outlines the individuals consulted and documentation reviewed as part of the investigation.

#### 7.9.5.1. Unsubstantiated

If the investigation fails to conclusively substantiate malpractice, having considered all of the evidence and submitted documentation, Usafety will convey these findings to the learner under investigation within three (3) working days from the receipt of the investigators report. No sanctions are applied, and no further action is taken. This outcome is communicated in writing. The Training Manager will follow-up with a well-being check with the learner.

#### 7.9.5.2. Substantiated

If the investigation concludes that the allegation of Learner Assessment Malpractice is substantiated, Usafety must convey this finding in writing to the learner under investigation within three (3) working days from the receipt of the investigators report. This communication must also outline the sanction/consequence that will apply, the appeal process and relevant details with regard to the appeal procedure e.g., documentation, timelines. Usafety is also responsible for the decision as to the sanction that is to be applied in the case of a substantiated malpractice outcome, having regard to the guidelines on sanctions (System of Sanctioning). The sanction to be applied is outlined in the written notification to the learner. Usafety must also ensure that the learner is made aware of the actual and/or potential impact on certification. The outcome of the investigation must also be communicated to other relevant personnel including the Internal Assessor and the co-ordinator of the programme on which the learner is registered. A summary of the substantiated findings and the subsequent sanction applied must be included in all reporting pertaining to the Internal Verification, External Authentication and Results Approval process. Recommendations from assessment malpractice reports should inform planning for corrective and/or preventative action within Usafety as required. An investigation involving a learner for alleged Assessment Malpractice does not preclude the learner being referred to the centre's Code of Conduct and associated process and procedures.

#### 7.9.5.3. Sanctions

Sanctions will be applied where Learner Assessment Malpractice is substantiated. Depending on the nature and extent of the malpractice and with reference to the Code of Acceptable Behaviour/Conduct of the centre, disciplinary actions may be required. In devising a fair and consistent system of sanctioning in respect of substantiated instances of Learner Assessment Malpractice, Usafety will have due regard to:

- The extent/severity of the malpractice
- The history of substantiated assessment malpractice by the specific learner
- The nature of the assessment activity.

#### 7.9.5.4. Assessment Malpractice Appeals

A learner is entitled to appeal the outcome of the Learner Assessment Malpractice investigation. The appeal can be activated on the following grounds:

- The alleged malpractice was not processed in accordance with fair procedures and underpinning principles
- The process did not adhere to the Terms of Reference or timelines outlined for the process
- The decision was erroneous and not based on sound evidence
- New evidence/information has become available that was not available at the initial investigation stage.

The learner may also appeal the sanctions imposed on the grounds that they feel that the sanction is disproportionate and/or unfair.

#### 7.9.6. Notification of Intention to Appeal

Notification of intention to appeal must be received by Usafety within five (5) working days of the receipt of the outcome of the investigation by the learner. All appeals must be made in writing by completing and submitting the Appeal of Outcome of Assessment



## 7.10 Assessment Appeals Process Policy

### 7.10.1. Policy Statement

The fair and consistent assessment of learners, in line with award standards, is a central tenet of a quality assured assessment system. Usafety is committed to ensuring that learners are provided with the opportunity to demonstrate that they have achieved the required national standards of knowledge, skill and competence for the relevant award. Consequently, Usafety believes that learners have the right to appeal an assessment process, within a specific timeframe, where they contend that irregularities or circumstances have impacted negatively on their performance.

### 7.10.2. Principles

Quality assured assessment ensures that in criterion referenced assessment 'learners are assessed, and the assessment judgment is made based on whether the learner has reached the required national standards of knowledge, skill and competence for the award'. (QQI, 2013 p.5).

### 7.10.3. Validity

Validity is a fundamental assessment principle ensuring that an assessment measures what it is designed to measure: the relevant standard of knowledge, skill or competence required for an award should be assessed. Validity in assessment occurs when:

- 1 Assessment is fit for purpose (i.e., a practical assessment assesses a practical skill)
- 2 Learners can produce evidence which can be measured against the award standard
- 3 Assessors are enabled to make accurate assessment decisions
- 4 Assessment is accessible to all candidates who have the potential to achieve it.

### 7.10.4. Reliability

Reliability in assessment ensures that assessment measurement is accurate, i.e., the knowledge, skills and competence, which the assessment measures, should produce reliable and accurate results. Reliability in assessment ensures that results are consistent under similar conditions. Reliability in assessment occurs when:

- The assessment is based on valid assessment techniques
- Assessment conditions are consistent
- Learner evidence is reliable
- Results are consistent across various assessors, contexts, conditions and learners over time.

### 7.10.5. Fairness

Fairness in assessment supports the validity and reliability principles and provides equal opportunity to all learners. Fairness in assessment ensures; learners have access to appropriate resources/equipment in assessment; assessment design and implementation are fair to all learners; and policies and procedures exist to ensure fair assessment of learners.

### 7.10.6. Quality

Quality in assessment ensures that all assessment processes are quality assured.

### 7.10.7. Transparency

Transparency in assessment ensures that assessment policy and procedures provide clarity to all relevant stakeholders.

### 7.11. Assessment Process Appeals

An Assessment Process Appeal refers to an appeal made by a learner based on their contention that procedural irregularity, negatively impacting their performance, has occurred during the assessment process. This may include the following circumstances in which the learner contends that:

- The assessment was not valid i.e., the assessment did not assess what it purported to assess
- The assessment did not adhere to the format specified for the award as outlined in the award descriptor
- Insufficient notice or information was provided to the learner in relation to the assessment
- The assessment regulations were not properly implemented
- There is evidence of irregularity in the conduct of the assessment
- The regulations did not adequately cover the learner's circumstances
- Approved compassionate or medical circumstances existed which were not taken into account
- Significant performance-related information was not considered by the assessor.

#### 7.11.1. Assessment Process Complaints/Objections

As a matter of procedure, learners are entitled to lodge formal complaints relating to procedural irregularities or occurrences that they feel may have negatively impacted on their performance in an assessment. Such complaints or objections can be made prior to the issuing of formal and approved results. Assessment Process Complaints/Objections of this nature, relating to examinations or skills demonstrations must be lodged within two (2) working days from the date on which the assessment event was scheduled. Objections related to assignments must be made before the submission date of the assignment. Complaints or objections are made, in the first instance, to the assessor.

Learners who contend that their legitimate objection has not been adequately addressed by the assessor may make a formal written complaint to Senior Management. In such cases, an investigation of the complaint/objection is conducted.

Where an assessment process is deemed to have been compromised to the extent that it is judged to have had a negative impact on a learner's performance, Senior Management will seek to address the cause of the irregularity and to provide remedial action where it is deemed to be warranted. Depending on the circumstances and the extent of the irregularity, this may include a repeat of the assessment element for the learner(s) affected by the irregularity. It is the responsibility of Usafety to ensure that a written report of the objection, the investigation process and the outcome is recorded.

#### 7.11.2. Assessment Process Appeals

Notwithstanding the entitlement of learners to make formal objections relating to procedure, learners may also submit assessment process appeals following the issue of formal and approved results. Such appeals must be received within five (5) working days of receipt of the results of the assessment.

### 7.11.3. Viewing of Assessment Material

Where possible, the learner will be afforded the opportunity to view the assessment material and the marking sheets relating to the assessment and to discuss the appeal application with the assessor. The purpose of this procedure is to facilitate the learner in making an informed decision about whether to proceed with an appeal. This procedure must take place within the allocated five (5) day timeframe for lodging an appeal.

### 7.11.4. Formal Submission of Appeal

Assessment Process Appeals must be submitted using an Assessment Appeals Application Form ([AP20](#)). Only appeals requests submitted on the standard Assessment Appeals Application Form and received within the permitted timeframe will be processed. A fee of €40 is payable in respect of an appeal request. Learners who seek to appeal must submit payment with the Assessment Appeals Application Form using the standard method of payment operated by the centre. This fee is refunded in the case of a successful appeal. The learner who seeks to appeal has responsibility for ensuring that all documentation relating to the appeal, including supplementary documentation in support of their appeal, has been correctly submitted. Usafety has a responsibility to formally acknowledge receipt of the appeal.

Usafety shall complete the [AP22 Assessment Appeals Result Notification Letter](#) and inform the learner of the outcome using this standard format letter. Usafety will also ensure that the result of the appeal, and any change in grade that it affects, is communicated to the relevant awarding body, the programme coordinator and other relevant personnel within Usafety e.g., the assessor.

## 7.12. Responsibilities

### 7.12.1. Senior Management

Usafety has responsibility to:

- Ensure that all learners are made aware of the grounds for making an appeal (assessment result appeal and assessment process appeal)
- Adhere to the timeframes in relation to an appeal
- Receive and acknowledge an appeal application from a learner
- Submit Assessment Appeals Application Form
- Inform the awarding body of impending appeals and the result change (if successful)
- Inform the learner (and other relevant stakeholders) of the outcome of the appeals.
- Examine learner appeal and all relevant documentation.
- Investigate whether relevant assessment procedures were followed.
- Decide on the appeal.

### 7.12.2. The Learner

A learner who appeals the outcome of an assessment process has responsibility to:

- Note the grounds for appeal (assessment process appeal or assessment results appeal)
- Make an informed decision to appeal based on a real conviction that their assessment performance was negatively impacted by irregularities in the way that the assessment process was conducted
- Note and adhere to the timeframe for appeal (within 2 days of assessment and 5 days of results)
- Lodge an appeal in accordance with the regulations and conditions established for appeals where they feel this is relevant (including payment of the appeal fee).

## 7.13. Requesting Certification

### 7.13.1. Policy Statement

Following the conclusion of the results approval and appeals process, Usafety will request certification for the learner from the relevant awarding body. At the point of requesting certification for the learner the centre manager or designated person confirms that it has implemented all elements of the relevant verification/authentication process and adhered to all agreed procedures.

### 7.13.2. Procedures

- The outcome of the Results Approval Panel meeting is documented.
- Certificates are requested within two weeks of results approval and in adherence with timelines established by the awarding body.
- Having completed the checklist [Requesting Certification Checklist](#) Usafety proceeds to request certification from the awarding body.
- Results data is recorded on Programme Learner Support System (PLSS)
- The procedures pertaining to the Secure Storage of Assessment Material extend to the storage of certificates
- Usafety nominated person has responsibility for the distribution of certificates to learners. We use registered post and email each learner to inform them that their certificates have been posted. Before posting each learner is contacted to enable them to verify their contact details.

## 7.14. Secure Storage

### 7.14.1. Policy Statement

Usafety ensures that adequate provision is made for storing all assessment materials securely. Usafety ensures that all assessment, verification records and documentation are available both for internal verification and external authentication in line with the relevant awarding body's criteria. The security of assessment materials remains the responsibility of the Internal Assessor while it is in their possession for marking. Assessment procedures and systems incorporate secure mechanisms for recording, storing and accessing learner assessment evidence. Usafety has approved Office 365 as platforms for electronic submission of assessment material, this is subject to change as required. Specific assessment techniques such as examinations require secure mechanisms for storage and confidentiality to preserve the integrity of the assessment.

### 7.14.2. Procedures

#### Submission of Learner Evidence

Usafety ensures that procedures exist to confirm the submission of work by a learner to an internal assessor i.e., Record of Submission Sheet.

Specific procedures relate to evidence that is submitted electronically as follow:

- a) Where learner assessment evidence is submitted via e-mail, e-mail receipts are provided by the internal assessor
- b) Where learner assessment evidence is submitted electronically via an online platform which automatically generates a confirmation notification, the internal assessor is not responsible for confirming receipt of this learner assessment evidence

c) Where learner assessment evidence is submitted via an online platform which does not automatically generate a confirmation notification (e.g., Google docs, cloud etc.), the internal assessor will issue confirmation of receipt electronically e.g., e-mail.

### Security of Assessment Material Prior to Scheduled Examinations

Examination papers are stored securely in password protected folders by the Course Coordinator in advance of the examination date.

### Post Assessment

On completion and submission of an examination or assignment, all learner assessment evidence together with relevant assessment documentation must be stored securely, with authorised access only. Any breaches to the integrity of assessment evidence, e.g., loss or damage must be disclosed to the Training Manager immediately.

### Secure Storage of Learner Assessment Evidence by staff

Learner assessment evidence is considered personal data of the learner. Storage arrangements for both hard and soft copy evidence must have regard to Usafety's Data Protection Policy and Procedures. Learners have a right of access to their personal data. Right of access to assessment evidence is in addition to an appeal of an assessment result or assessment process.

### Learner Assessment Evidence: Hard copy and Practical/Artefact

Usafety provide a secure room or secure facilities, with authorised access, to facilitate the storage of all hard copy learner assessment evidence. All evidence must be held securely over the course of the programme and until all QA Assessment Procedures have been completed. Assessors must comply with Usafety's Data Protection Policy and Procedures while they are in possession of assessment evidence.

### Learner Assessment Evidence: Soft copy

Usafety store learner assessment evidence on a computer network or online platforms (with backup capacity) which is accessible to the IT Manager and Internal Assessors. The learner assessment evidence is then made available for the Internal Verifier and the External Authenticator. Appropriate security should be in place for networks and online platforms and login details made available for the IV and EA with live/active accounts that can be accessed even after the programme has ended. Assessment evidence stored on mobile devices must comply Usafety's Data Protection Policy on Use of Mobile Devices.

### Marking and Grading

Space is made available for Internal Assessors to mark and grade assessment evidence in a secure location within the training centre or office administration office. Additionally, each we ensure that a procedure exists for Internal Assessors to sign out assessment evidence for marking and grading. The Internal Assessor is responsible for assessment evidence until the evidence is signed back in.

## Security of Evidence during Internal Verification

Prior to and during the Internal Verification process, the IT Manager ensures that learner assessment evidence is tracked using the Centre's tracking process (evidence of the signing in and out of assessment evidence).

## Security of Evidence during External Authentication

On completion of the Internal Verification learner assessment evidence is moved into the allocated storage facilities with authorised access (using the Centre's tracking processes) for relevant programme in preparation for External Authentication. During the External Authentication process, only authorised staff should have access to the allocated rooms/storage facilities. On completion of External Authentication, learner assessment material should be moved to the appropriate secure storage space using the centre's tracking process. All learner evidence and associated assessment material are stored in such a way as to facilitate ease of access in the event of learner appeals.

## Duration of Storage

All learner evidence submitted for assessment is retained until after the appeals process concludes (unless stated otherwise by the relevant awarding body) after which it will be disposed of securely (e.g., shredded/deleted from the relevant drive). All learner evidence must be retained for the maximum term in line with current legislation and GDPR (General Data Protection Regulation). Learners are encouraged to maintain copies of work submitted for assessment.

## Retrieval or Return of Work

In some instances, learners may request the return of work submitted for assessment e.g., portfolios of work, sketchbooks, artefacts. Learner evidence submitted for assessment is not returned to learners until the assessment process, including the appeals process, has been completed. Usafety will implement procedures for the return of work where the work is deemed to be of value to the learner in terms of progression or personal value, and in such instances where the work was original and making duplicate was not practicable. These arrangements are communicated to the learners in advance and a timescale and practical arrangements for retrieval or return is clearly stated.

## Assessment Process Material

All assessment process materials, for example Invigilation Reports, will be retained until after the appeals process concludes unless stated otherwise by the awarding body or due to a funding requirement or an on-going investigation into Assessment Malpractice, after which it will be disposed of securely (e.g., shredded/deleted from the relevant drive) by the centre. All records retained must be retained in line with current legislation and GDPR (General Data Protection Regulations).

## Section 8- SUPPORTS FOR LEARNERS

Usafety endeavours to support our learners' success by providing a variety of resources, professional services and supports which enhance the learner experience and assist our learners in meeting the demands of their academic goals, professional aspirations and personal commitments.

Learner resources and supports play a vital role in fostering a positive, warm and nurturing learning environment which supports the well-being and integration of diverse learner groups.

## 8.1. SUPPORT FOR LEARNERS

Usafety have always taken a holistic approach to training where from registration through to completion of the programme we work closely with our learners to ensure that they have every type of support available to them. Our aim is to provide both physical and psychological resources. Our Training Manager acts as a mentor to all learners throughout the programme. We talk to our learners and listen to them and through this consultation process we are able to ascertain any specific needs and additional resources that they may need.

### Policy:

Usafety recognises that it has a duty to support its learners in a fair and reasonable manner. It also acknowledges that we must ensure that our support provision is transparent, that learners are informed of these, and that the learner perspective is taken into account.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>We have procedures in place to ensure that all resources suit the needs of our learners are easily accessible.</p> <ul style="list-style-type: none"> <li>○ As Usafety work in multiple locations, we always check for the suitability of a training location prior to training commencing. Risk assessments and venue checklists are used to determine, size and suitability of training venue, resources available e.g., beds, hoists etc., computer and vision equipment etc.</li> <li>○ However, for QQI courses most programmes are run in our training centre in Galway and rarely offsite.</li> <li>○ We have a database of venues that have previously been assessed and meet our criteria. Venues are regularly assessed to determine their continued suitability. Both trainers and learners' complete evaluation forms which ask learners to rate the training venue. This information is collated and reviewed by the Management Team in association with trainers using the venue/s.</li> <li>○ Training materials, equipment etc. are monitored to ensure they are up to date, in good working order etc.</li> </ul>	<p>Management Team Academic Board Trainers Administrative Support</p>	<ul style="list-style-type: none"> <li>○ Checklists for training premises.</li> <li>○ Approved training venue database.</li> <li>○ Course materials (manual, learner handbook, PPT, Instructional notes etc.)</li> <li>○ Website</li> <li>○ Complaint forms</li> <li>○ Reports</li> <li>○ Emails</li> <li>○ Staff Meetings</li> <li>○ CPD records</li> </ul>



Learners are informed about the services we provide to assist them during their training.

- QA Manual, Training policies, procedures and risk assessment forms are available to learners and can be downloaded from our website or one drive links.
- Reasonable accommodation policy is readily available, and learners are informed of same.
- There is a learner handbook that is electronically available prior to course commencement.
- Information on appeals is available in the Learner Handbook.
- All learners receive comprehensive manuals, PPT and instructor notes that guide them through the programme.

#### Learner Feedback:

- Learner feedback evaluation forms are completed after every programme. These are collated and a scoring system is used to assist with analysis of date. The Management Team review these at least annually. These are summarized and reported to the Academic Board.
- Learner feedback is used to help identify course issues and help early resolution.
- Issues in relation to training materials needing amendments are updated in consultation with the relevant subject matter expert.
- Trainers are advised of the existence of new versions of training materials (course handouts, PPT's etc.)
- The Training Manager monitors venues/sites and trainers as part of our quality checks.

#### Academic Support:

- Usafety offer support to all our learners to assist them during their programmes. Supports include:
  - Timely response to queries through class representative or individuals.

<ul style="list-style-type: none"> <li>○ Assignment of a mentor to assist learners through programme.</li> <li>○ Work experience support where applicable.</li> <li>○ Learners can shadow experienced instructors delivering programmes.</li> <li>○ IT support.</li> <li>○ Study support after hours and use of training centre outside of course hours.</li> </ul> <p><b>Non-Academic Learning Supports:</b></p> <ul style="list-style-type: none"> <li>○ Pastoral support. <ul style="list-style-type: none"> <li>○ All training personnel are encouraged to be supportive, empathetic and willing to listen and provide guidance.</li> <li>○ All trainers are provided with support from the Management Team in relation to social, emotional and educational issues.</li> <li>○ Usafety on Diversity, Equality and Code of Conduct (including harassment policy) in place to inform all learners of their right to enjoy a positive experience.</li> <li>○ Trainers provide feedback to learners on a one-to-one basis in a constructive manner to encourage the learner's development and self- esteem.</li> </ul> </li> <li>○ Learners with additional learning needs or disabilities.</li> <li>○ Resources for additional practice.</li> <li>○ Reasonable accommodation supports.</li> <li>○ Informal meet with learners as required.</li> </ul> <p>Access to services related to the programmes.</p> <ul style="list-style-type: none"> <li>○ Usafety website is maintained regularly by our IT department.</li> <li>○ Support and administrative staff are qualified and can provide technical, administrative support as required.</li> <li>○ Guidance can be provided by the Management Team or Subject Matter Experts either internally or externally engaged to assist.</li> </ul>		
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<p>Additional Information:</p> <ul style="list-style-type: none"> <li>○ All learning resources and supports are responsive to the needs of the programme.</li> <li>○ Programmes are reviewed using learner and trainer feedback forms, IV and EA feedback as reference material.</li> <li>○ Recommendations for improvements are made and communicated to relevant staff.</li> <li>○ Subject Matter Experts are engaged as necessary.</li> <li>○ Trainers attend annual refresher programmes.</li> <li>○ CPD is supported by Management Team.</li> <li>○ Financial support is provided for trainers to attend conferences, upskilling or to attend new programmes to attain qualifications.</li> <li>○ Trainer interest working groups are active and regular.</li> </ul>		
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DOCUMENT CONTROL

Version No.	Revision Date	Revised by	Approved by	Approval Date
2	August 2021	Management Team	Management Team	October 2021

## SECTION 9- INFORMATION AND DATA MANAGEMENT

## 9.1 INFORMATION AND DATA MANAGEMENT - Information Systems & Data Management

### Policy:

It is the policy of Usafety to ensure that all information and data in its possession will be maintained, transferred, and retained in a safe and appropriate manner and in keeping with the company's legal obligations as set out in the Data Protection Acts. Usafety acknowledges that gathering and analysing information and data are critical for informed decision-making and forward planning. We also acknowledge the risks and responsibilities of gathering and retaining such data. All personal data received, transferred, and retained by Usafety will be managed within strict protocols and access levels. Data that is disseminated for analysis outside of these controls will be anonymised, and no personal data will be shared with third parties. In order to provide guidance and structure to Usafety employees in the implementation of this policy, we have designed a number of associated procedures which must be adhered to in all cases.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ul style="list-style-type: none"> <li>○ Information gathered at first point of contact e.g., email, phone call, enquiry through website.</li> <li>○ Information gathered throughout the programme (registration course registration/application forms, learner support information, reasonable accommodation)</li> <li>○ Personal data (PPS, Date of Birth, contact details)</li> <li>○ Information gathered throughout the course (assessments)</li> <li>○ Information gathered after completion of course</li> <li>○ Attendance, assessments, exam results, awards conferred, for certification</li> <li>○ Market Research</li> <li>○ Programme information</li> </ul>	Administration Management Team	<ul style="list-style-type: none"> <li>○ Enquiries, Applications forms, Registration forms stored on CRM</li> <li>○ Website, applications forms and registration forms. CRM Reports. Database</li> <li>○ Assessments, Exam results, QQI Infographics, CRM Reports, Learner Feedback, IV and EA reports, Database</li> <li>○ Self-monitoring reports &amp; evaluation reports, Academic council minutes</li> <li>○ Attendance sheets</li> <li>○ Evaluation Sheets</li> <li>○ Exam results stored on CRM</li> <li>○ Relevant information published on website</li> <li>○ Reports (Academic Board, Management Meetings, IV and EA reports)</li> <li>○ Planning meetings, agenda.</li> </ul>

### DOCUMENT CONTROL

Version No.	Revision Date	Revised by	Approved by	Approval Date
2	August 2021	Management Team	Management Team	October 2021

## 9.2. INFORMATION AND DATA MANAGEMENT – Data Protection & Freedom of Information

### Policy:

Usafety takes its obligations and responsibilities regarding privacy and data protection rights of all learners, staff, trainers and subcontractors, interests very seriously. Collection and Processing of Data

- We only collect and process data for purposes which are:
  - Relevant to the provision of Usafety programmes and/or for the protection of learners of all ages;
  - Necessary for the fulfilment of accreditation and legal obligations;
  - Lawful and fair;
  - Clearly explained to the data provider before the data is collected;
  - We seek to ensure that data is accurate, relevant and in proportion to the data usage purpose

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ul style="list-style-type: none"> <li>○ When collecting and processing (learner) personal data, Usafety provides a fair and full information notice or privacy statement about who is responsible for the processing of said personal data. This includes information pertaining to the purposes for which personal data are processed, who the recipients are, what rights learners have been and how to exercise them, etc., unless it is impossible, or it requires disproportionate (or unnecessary) efforts to do so.</li> <li>○ Learner personal data is collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.</li> <li>○ When Usafety acts for its own purposes, Learner personal data is processed mainly for, but not limited to, the following:                     <ul style="list-style-type: none"> <li>○ Registration</li> <li>○ national certification</li> <li>○ health and safety management</li> <li>○ information security management</li> <li>○ internal and external communication</li> </ul> </li> </ul>	<p>Management Team</p>	<ul style="list-style-type: none"> <li>- GDPR register</li> <li>- Usafety database</li> <li>- One drive</li> <li>- Secured website</li> <li>- IT equipment service log</li> <li>- Firewalls</li> </ul>

<ul style="list-style-type: none"> <li>○ any legal requirements</li> <li>○ data analytics operations</li> <li>○ legal corporate management</li> <li>○ implementation of compliance processes.</li> </ul> <p>○ Usafety keep personal data that is processed accurately and, where necessary, up to date. Further, Usafety only keep personal data for as long as necessary and for the purposes for which data was processed.</p> <p><b>Security of Personal Data</b></p> <ul style="list-style-type: none"> <li>○ Usafety implement appropriate technical and organisational measures to protect Personal Data against accidental or unlawful alteration or loss, or from unauthorized, use, disclosure, or access.</li> </ul> <p><b>Disclosure of Personal Data</b></p> <ul style="list-style-type: none"> <li>○ Usafety can, in the usual course of its business and for the purposes of the processing, share Learner personal data with the relevant personnel within Usafety, or with its duly authorised contractors/subcontractors or clients. Such sharing facilitates consistency in Usafety learner engagement activities and maximises the quality and efficiency of its services and business operations.</li> <li>○ Usafety does not share Learner personal data with other parties unless you request it or have given us prior approval to such sharing.</li> </ul> <p><b>Standards of security include the following:</b></p> <ul style="list-style-type: none"> <li>○ Access to the IT system is limited to authorised personnel only, each of which will have individual passwords for secure access.</li> <li>○ Access to IT servers is restricted, in a secure location and available to a limited number of approved Staff.</li> <li>○ Access to any staff personal data is restricted to authorised personnel for legitimate purposes only.</li> </ul>		
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- Access to computer systems is password protected with other factors of authentication as appropriate to the sensitivity of the data.
- Non-disclosure of personal security passwords to any other individual including other personnel is encouraged. Information on computer screens and manual files to be kept out of sight from unauthorised individuals.
- Back-up procedures in operation for information held on computer servers, including off-site back-up.
- Computers are protected by anti-virus software.
- Computers have automatic screen savers should the user fail to log out.
- Personal manual data is to be held securely in locked cabinets, locked rooms, or rooms with limited access.
- Staff are provided with data protection information and training relevant to their role.

#### Data Cleansing

In order to ensure clean data all fields must be complete at time of initial entry on any systems.

Quality checks are carried out quarterly on a random selection of:

- Learner Records
- Log any issues identified.
- Contact all organisations annually to verify and update information.



**Maintain the database:**

- Assign responsibility for systematic cleansing.
- Update policies and procedures.
- Seek external expertise, if required.
- Keep staff informed and upskilled.
- Carry out random spot checks.
- Discuss issues with relevant staff members.
- Ensure consistency of data entry among all staff.
- All policies and procedures are reviewed annually, as per the document control matrix.
- Staff records are updated annually, or sooner if required, in line with performance reviews.
- Information on the website and/or social media is reviewed and updated weekly.
- All data is reviewed annually for relevance and updated or disposed of as required.

**Retention of Personal Data**

- o Data that is collected is stored only for the length of time that is of use, or that is necessary or required by law. Data is only retained if there is a legal, fiscal, administrative, or historical purpose.
- o Data that is no longer required or useful, is destroyed by a documented disposal company in the context of physical (paper) copies and in relation to data stored on Usafety servers/drives, hard deletes are implemented when required.

### International Personal Data Transfers

- European data protection law does not allow the transfer of Personal Data to countries outside UE/EEA that do not ensure an adequate level of data protection. We do not share Learner personal data with other parties unless Learners specifically request it or have afforded Usafety prior approval to facilitate such sharing.

### Cookies

- Like many companies, the Usafety website may use “cookies.” Cookies are portions of text that are placed on the hard drive of a computer when accessing certain websites. Usafety may use cookies, for example, to help identify features in which potential Learners may have the greatest interest.
- Cookies may enhance an online experience by saving personal preferences when accessing a website. Usafety offers visitors (to its website) information concerning the types of cookies used and how to disable such cookies. When required by law, you are able to visit our website and refuse the use of cookies at any time on your computer.

### Managing a Data Breach

A data breach may happen for a number of reasons, including:

- Loss or theft of equipment on which data is stored.
- Inappropriate access controls allowing unauthorised use.
- Equipment failure.
- Human error e.g., the sending of an email to the wrong address.
- Unforeseen circumstances, such as a flood or fire.
- Computer hacking.
- Access where information is obtained by deception.

Should a breach occur it is to be managed in the following way:

- Details of the incident should be recorded, including.
- A description of the incident.
- The date and time of the incident.
- The date and time it was detected.
- Who reported the incident and to whom it was reported?
- The type of data involved and how sensitive it is.
- The number of individuals affected by the breach.
- Was the data encrypted?
- Details of any IT systems involved.
- Notification of the breach
- Internal Notification

A data breach must be reported without delay to the Management Team, with the incident details.

- The Management Team will immediately convene a meeting of relevant people to deal with the incident.
- The group will assess the incident details and the risks involved, including:
- What type of data is involved?
- How sensitive is the data involved?

How are many individuals' personal data affected by the breach?

- Were there protections in place e.g., encryption?
- What are the potential adverse consequences for individuals and how serious or substantial are they likely to be?
- How likely is it that adverse consequences will materialise?

**External Notification**

- It is best practice to inform the office of the data commissioner immediately for advice on how best to deal with the aftermath of a data breach.
- The Management Team will be responsible for contacting the office of the data commissioner.
- The Management Team, in consultation with the office of the data commissioner, will decide if it is appropriate to inform the persons whose data has been breached (Not every incident will warrant notification).
- When notifying individuals, Senior Management will consider the most appropriate medium for doing so. It will bear in mind the security of the medium for notification and the urgency of the situation.
- Specific and clear advice will be given to individuals on the steps they can take to protect themselves and, what the organisation is willing to do to assist them.
- The Senior Management Team will also consider notifying third parties, such as An Garda Síochána who can assist in reducing the adverse consequences to the data subject(s).
- Other statutory agencies will be informed, as required.

**Evaluation and Response**

- Subsequent to any breach, a review of the incident will be made by the Management Team. The purpose of this review will be to:
- Ensure that the steps taken during the incident were appropriate.
- Describe and record the measures being taken to prevent any repetition of the incident.
- Identify areas that may be in need of improvement.
- Document any recommended changes to policy and/or procedures which are to be implemented as soon as possible thereafter.

### Usafety - Learner rights

- Usafety is committed to ensuring protection of your rights under applicable laws. Below is a information summarising your different rights:

#### 1 Right of Access

Usafety Learners can request access to their personal data. Learners may also request rectification of inaccurate personal data, or to have incomplete personal data completed. Learners can request any available information as to the source of the personal data, and they may also request a copy of their personal data being processed by Usafety.

#### 2 Right to be forgotten

Usafety Learners rights to be forgotten entitles them to request the erasure of their personal data in cases where:

- i) the data is no longer necessary;
- ii) the Learner chooses to withdraw your consent;
- iii) the Learner objects to the processing of their personal data by automated means using technical specifications;
- iv) the Learner personal data has been unlawfully processed;
- v) there is a legal obligation to erase the Learner personal data;
- vi) erasure is required to ensure compliance with applicable laws.

#### 3 Right to restriction of processing

Usafety Learners may request that processing of their personal data be restricted in the cases where:

- i) the Learner contests the accuracy of the personal data;
- ii) Elevation Training no longer needs the personal data, for the purposes of the processing;
- iii) The Learner has objected to processing for legitimate reasons.

<p><b>4 Right to data portability</b>  Usafety can request, where applicable, the portability of the personal data that they have provided to Usafety, in a structured, commonly used, and machine-readable format. In this regard, Usafety Learners have the right to transmit this data to another Controller without hindrance from Usafety where:</p> <ul style="list-style-type: none"> <li>i) the processing of the Usafety Learner personal data is based on consent or on a contract; and</li> <li>ii) the processing is carried out by automated means.</li> </ul> <p>Usafety Learners can also request that their Personal Data be transmitted to a third party of your choice (where technically feasible).</p> <p><b>5 Right to object to processing for the purposes of direct marketing</b>  Usafety Learners may object (i.e., exercise their right to “opt-out”) to the processing of their personal data particularly in relation to profiling or to marketing communications.  When Usafety processes learner personal data, it does so based on learner consent, and Learners can withdraw their consent at any time.</p> <p><b>6 Right not to be subject to automated decisions</b>  Usafety Learners have the right not to be subject to a decision based solely on automated processing, including profiling, which has a legal affect upon the Learner or significantly affects them.</p> <p><b>7 Right to lodge a complaint to the competent Supervisory Authority</b>  If Usafety Learners have a privacy-related complaint against the company, they should complete and submit their complaint by email or by letter in accordance with the Usafety’s Complaints Procedure.</p>		
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If Learners are dissatisfied with the response from Usafety, s/he may then seek further recourse by contacting the relevant local Data Protection Office or the local competent court.

Usafety Learners may also contact the lead Supervisory Authority, the Irish Data Protection Commission at <https://www.dataprotection.ie/>

### Internal Audits

To ensure systems in place are operating in accordance with the data protection acts and regulations and to identify any risks or possible non-compliance.

Internal audits will be carried out annually by the General Manager, who will:

- Complete the audit schedule

The schedule specifies the areas and/or processes to be audited, the audit criteria and scope of the audit.

- Areas specified in the schedule are audited against relevant documentation and standards (audit criteria).
- Internal audits are carried out across selected activities annually, with greater frequency, if required.
- The frequency of audits can be adjusted depending on the results of previous audits, Evaluation, new procedures or the importance of an identified issue.

The audits are carried out by:

- Reviewing manual and electronic procedures and compliance.
- Consultation with relevant Staff.
- Reviewing previous audit reports and improvement plans.
- A summary internal audit report is completed by the Data Protection Off outlining any strengths and areas for improvement.
- Where an issue is discovered, it is recorded, and any Issues will be prioritised for completion.
- The issue and corrective action should be agreed between the auditor and the person tasked with completing the corrective action.

<ul style="list-style-type: none"> <li>- Where no issues are found, a record is retained to signify that an audit has been carried out, i.e., an audit report must still be completed.</li> <li>- Corrective actions are checked at the end of each month by the Data Protection Officer to verify completion.</li> <li>- Reports are reviewed.</li> <li>- Internal audit reports are to be maintained for a period of three years.</li> </ul> <p><b>Staff Training and Support</b></p> <p>To ensure that staff have the necessary knowledge and skills to carry out their activities training and supports will include:</p> <ul style="list-style-type: none"> <li>- Initial data protection information will be provided at induction.</li> <li>- All new staff members will receive training on the IT system.</li> <li>- The General Manager will provide periodic updates and awareness training as required.</li> <li>- Upskilling workshops will be held annually.</li> <li>- Manuals will be reviewed and updated annually or sooner if required.</li> <li>- Updates will be communicated to stakeholders electronically.</li> <li>- The General Manager (IT support) lead will provide ongoing advice and support.</li> </ul>		
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## SECTION 10- PUBLIC INFORMATION AND COMMUNICATION

Usafety's Public Information and Communication Policy aims to ensure that accurate information is readily shared with our stakeholders in a timely way.

Usafety are in the process of updating our website which provides a range of clear, up-to-date and accessible public information relating to Usafety and the services it provides. It also provides web and social media links. Usafety has a presence on LinkedIn, Facebook, Twitter and **YouTube**. Information relating to the programmes we deliver is available on our website; [www.usafety.ie](http://www.usafety.ie).

10.1 PUBLIC INFORMATION AND COMMUNICATION – Protection of Enrolled Learners			
<b>QA Area</b>	<b>8. Public Information and Communication</b>		
<b>Procedure</b>	Protection of Enrolled Learners	Reference	QAP9.1
Usafety do not currently provide any programmes of the sufficient duration that require the “protection of enrolled learners” requirements.			

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## 10.2 COMMUNICATION WITH LEARNERS

### Purpose:

The purpose of our procedure on Communication with Learners is to ensure that we always communicate with learners in a timely and professional manner with the main aim to ensure that they are continuously motivated and facilitated in every way possible by the management team and trainers to achieve their awards. From the onset of every programme learners benefit from one-on-one open channels of communication. Throughout the programme there are opportunities for feedback from learners. The information given to learners is in line with current QQI Core Statutory guidelines on Public Information and Communication. Learners have the opportunity to opt in or out of public communications distributed by email or marketing campaigns. This is in line with current GDPR guidelines.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ol style="list-style-type: none"> <li>1. Programme prospectus', course manuals, PPT's and learner handbook are distributed via email to learners prior to commencement of course programme.</li> <li>2. Application forms are sent via Microsoft forms and submitted back by learners with electronic signatures.</li> <li>3. Website has links to programme content, brochures and other details required by learners.</li> <li>4. Support is provided to learners throughout the programme by course trainers or training manager.</li> <li>5. Feedback is provided to the learners at strategic points throughout programme e.g., after each training module is completed.</li> </ol>	<p>Management Team Trainers Administrator</p>	<ul style="list-style-type: none"> <li>- Course prospectus' on file on one drive.</li> <li>- Learner application forms are stored on one drive in a secure location.</li> <li>- Emails on server.</li> <li>- Learner handbook on website and emailed to learners.</li> <li>- Training Manager contact details are provided to all learners for any enquiries, support, back up and feedback throughout the programme and during assignments etc.</li> </ul>

### DOCUMENT CONTROL

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### 10.3 PUBLICATION OF QUALITY ASSURANCE EVALUATION REPORTS

**Purpose:**

Usafety ensure that information published is clear, accurate, objective, up to date and easily accessible. Information published in respect of programmes of education and training complies with requirements of the 2012 Act, including the requirements specified on preparing and reporting on quality assurance procedures; publishing quality assurance procedures; information relating to accreditation/validation of programmes and programmes that are nonaccredited or do not lead to awards; the completion of programmes and attainment of standards; procedures for access, transfer and progression; information for enrolled learners; the register of providers and the database of awards and programmes maintained by QQI

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
Usafety are committed to the publication of QA evaluation reports and where appropriate an improvement plan on the Usafety website as soon as is reasonably practicable after the QQI evaluation.	Management Team	<ul style="list-style-type: none"> <li>- Website</li> <li>- QA Reports</li> </ul>

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## SECTION 11- SELF-EVALUATION AND QUALITY IMPROVEMENT

All programmes offered by Usafety are reviewed at intermittent periods. Feedback is sought from learners and staff on assessment loads, assessment methods, programme resources and programme delivery.

Internal Verification processes provide an opportunity to monitor the assessment processes, while the External Authentication and the Results Approval Panel (RAP) meeting provide opportunities for the monitoring of results and issues arising from that particular assessment period. RAP reports are reviewed in collated form, which facilitates the identification of long-term trends.

The results from the RAP/Exam board meetings are carefully assessed and used to inform and improve future practice. All relevant stakeholders are informed of any changes/improvements that are made based on the findings of these meetings.

In 2021, Usafety began its re-engagement with QQI and started a process of the redevelopment of a robust QA manual. Although we had some QA policies and procedures, we decided to revamp our entire QA system both to keep in line with the reengagement requirements but also to improve all of our systems.

As part of this process, Usafety undertook a self-evaluation process involving a review of QA processes and procedures. Based on the outcomes from the Self-Evaluation process, a Quality Improvement Plan (QIP) was developed by the Management Team.

The review of QA policies and procedures is an ongoing process as Usafety continue to action key areas of its quality improvement plans.

Usafety is committed to the ongoing monitoring and improvement of its Quality Assurance systems and is currently preparing its Self- Evaluation Report.



## 11.1. SELF-EVALUATION AND QUALITY IMPROVEMENT - Methodology

### Purpose:

It is the purpose of this procedure on Methodology to ensure that Usafety evaluate our programmes and services in accordance with the requirements and guidelines of the QQI National Awarding Body.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ol style="list-style-type: none"> <li>1. Self-Evaluation Checklist.</li> <li>2. Self- Evaluation Report.</li> <li>3. Improvement Plan</li> <li>4. Briefing with EA establishes Usafety's scope and Terms of Reference for the Self-Evaluation.</li> <li>5. Usafety completes all templates after engaging with all relevant stakeholders.</li> <li>6. EA is consulted where necessary.</li> <li>7. EA Reviews, Self-Evaluations and Improvement Plans are sent to QQI as required.</li> <li>8. Usafety is committed to completing a Self-Evaluation every 3 years. This is determined after consultation with external evaluator (who is acquired on a needs basis).</li> <li>9. Monitor and review any recommendations on the External QQI Monitors report as need arises.</li> </ol>	<p>Management Team Academic Board EA IV</p>	<ul style="list-style-type: none"> <li>- Self-Evaluation Reports saved on one drive.</li> <li>- Scope and Terms of Reference for Self-Evaluation.</li> <li>- Meetings and correspondence with all stakeholders recorded and saved on one drive or server.</li> <li>- Self-Evaluation Checklists, Reports and Programme for Improvement Plan.</li> <li>- Correspondence with QQI on Self Evaluation Reports.</li> </ul>

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## 11.2. SELF-EVALUATION AND QUALITY IMPROVEMENT – Internal Audits

**Purpose:**

Outline of the process for internal quality evaluations/audits and the impact on all programmes and services

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<p>Internal audits are carried out across each operational area at least once a year but may be carried out at a greater frequency depending on requirements and our ISO auditing processes.</p> <ul style="list-style-type: none"> <li>- Frequency of audits can be adjusted depending on reports and possible gaps identified. Where gaps are noted in the audit, improvement plans will be constructed and circulated to the relevant staff.</li> <li>- The internal audit schedule specifies the areas and or processes to be audited, the auditor, the audit criteria and scope of the audit. Areas specified in the schedule are audited against relevant documentation and standards (audit criteria).</li> </ul> <p>All Evaluation tools will be utilised during audits, these will include but not limited to:</p> <ul style="list-style-type: none"> <li>- Learner evaluation forms and other communications.</li> <li>- Trainer evaluations</li> <li>- End of programme reports</li> <li>- Programme reviews</li> <li>- IV/ EA/RAP reports</li> <li>- Previous audit results.</li> <li>- Improvement plans</li> <li>- Awarding body criteria and correspondence</li> </ul> <p>A set date for completion of the process is decided by the Management Team who will ensure that all those involved in the audit are independent of the area/process being audited. Where a gap or issue is identified it will be noted on the corrective action/ non-conformance logs. Information gathered will include:</p> <ul style="list-style-type: none"> <li>- Details of the gap/ issue,</li> <li>- All queries around the gap including the programme it occurred in,</li> </ul>	<p>Management Team</p>	<ul style="list-style-type: none"> <li>- Audit schedule</li> <li>- Audit Reports</li> <li>- Corrective action sheet</li> <li>- Quality improvement plan</li> </ul>



<ul style="list-style-type: none"> <li>- The associated quality procedure for guidance on effective practice,</li> <li>- All corrective actions and improvements</li> <li>- Denote a person responsible for the corrective action.</li> <li>- A completion date is assigned to the corrective action and the person responsible signs the report to indicate acceptance of the corrective action.</li> </ul> <p>A summary internal audit report is completed by the internal auditor outlining any strengths and gaps for improvement.</p> <ul style="list-style-type: none"> <li>- Copies of internal audit reports together with any checklists or notes used by the auditor during the audit will be uploaded to our quality folder and used for reference in next audits.</li> <li>- Where no issues are found in a particular area, a record is retained to signify that an audit has been carried out, i.e., an audit report must still be completed. Internal audit reports are to be maintained for a period of three years.</li> </ul>		
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### 11.3. SELF-EVALUATION AND QUALITY IMPROVEMENT

**Purpose:**

To review, evaluate and report on all learning and training activities and the effectiveness of our quality management system.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
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**Scope and Frequency**

- Self-evaluation of all programmes will take place annually, or as directed by the awarding body.
- The frequency of evaluation may also take into account any changes in legislation or educational standards reviews
- An evaluation may be carried out on an individual programme, should a concern or identified gap arise.
- There may be a combined evaluation of all programmes by our external auditing systems

Management Team

- Quality Improvement Plan

**Gathering Data, Planning and Reports.**

- Accumulation of data from multiple evaluation resources including monitoring processes
- Engaging with all stakeholders for feedback and suggestions.
- Learner interactions and gradings.
- Review of evaluation tools and recommendation
- Aligning recommendations for programme improvement.
- Ensuring that programmes are relevant to learner needs and mapped to industry requirements.

**Internal Evaluations require that we:**

- Plan and Prepare
- Complete Self-Evaluation Checklist
- Document all Evidence
- Complete Self-Evaluation Reviews
- Prioritise Areas of concern
- Identify recommendations for improvement
- Complete Improvement Plans
- Finalise all reports
- Implement Action plans

<p>The Training Manager will have responsibility for appointing staff for self-evaluation purposes. Ensuring the process is completed and all results circulated to relevant staff.</p> <p>Self-evaluation process and core responsibilities include:</p> <ul style="list-style-type: none"> <li>- Effective Planning and Preparation</li> <li>- Setting appropriate schedules and timelines.</li> <li>- Communicating processes to panel members</li> <li>- Construction of self-evaluation checklist.</li> <li>- Gather all other relevant evidence for review.</li> <li>- Collate all information from the panel</li> <li>- Ensure that the self-evaluation report is complete and signed off.</li> <li>- Ensure that the Improvement Plan is complete</li> </ul> <p>Documentation for completion</p> <ul style="list-style-type: none"> <li>- Self-Evaluation Report.</li> <li>- Quality Improvement Plan.</li> <li>- Completed self-evaluation checklist.</li> <li>- Quality Policy/ Procedures updates</li> <li>- Formal communication of new actions to all relevant Staff, Academic Board.</li> </ul>		
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#### 11.4. SELF-EVALUATION AND QUALITY IMPROVEMENT – Learner Involvement

**Purpose:**

It is the purpose of this procedure for Learner Involvement to ensure that all learners are consulted and can contribute to and provide input on our self-evaluation exercises'. Feedback given by learners is incorporated into any improvements made by Usafety.

Methods used to carry out this procedure	Who does it	Evidence generated by this procedure
<ol style="list-style-type: none"> <li>1. Review and analyse learner feedback following completion of programme delivery.</li> <li>2. Review and analyse trainer feedback.</li> <li>3. Record learner feedback in Self-Evaluation reports.</li> </ol>	<p>Management Team Academic Board (as required)</p>	<ul style="list-style-type: none"> <li>- Learner feedback forms are submitted by learners on MS forms after completion of each module. These are stored safely on one drive.</li> <li>- Records taken and kept on any actions following learner/s feedback.</li> <li>- End of programme reports submitted by trainers.</li> <li>- Self-Evaluation Reports.</li> </ul>

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## 11.5. SELF-EVALUATION AND QUALITY IMPROVEMENT

<b>QA Area</b>	<b>10.2. Self-Evaluation and Quality Improvement</b>		
<b>Procedure</b>	Selection of External Evaluator	Reference	QAP10.5
<p><b>Purpose:</b> Usafety has recently engaged the service of an independent External Evaluator who can contribute to improvements and assist with the production of the necessary Self Evaluation report and improvement plan for QQI. This person is completing a Level 9 in Governance.</p>			
<b>Methods used to carry out this procedure</b>	<b>Who does it</b>	<b>Evidence generated by this procedure</b>	
<ol style="list-style-type: none"> <li>Selection of independent External Evaluator based on our criteria: <ul style="list-style-type: none"> <li>Minimum of 5 years in education.</li> <li>Experience in Award based learning and delivery of accredited programmes.</li> <li>Competent to carry out audits and produce reports.</li> <li>Experience in development and review of Programme Evaluation.</li> <li>Subject matter expertise – minimum 5 years.</li> </ul> </li> <li>External Authenticators are chosen based on their proven experience as authenticators for QQI.</li> </ol>	Management Team Academic Board External Evaluator External Authenticator	<ul style="list-style-type: none"> <li>Recent engagement of External Evaluator.</li> </ul>	

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## Appendix Usafety Risk Assessment/Risk Register Form

<b>Admin Area/Function:</b>		<b>Date of Assessment:</b>	
<b>Location:</b>		<b>Risk Category:</b>	
<b>Service Type &amp; Name</b>		<b>Name Risk Owner: (BLOCKS)</b>	
<b>Service Contact Details</b>	<b>Signature of Risk Owner:</b>		
<b>Unique Risk ID No:</b>			

RISK DESCRIPTION	POTENTIAL IMPACT OF THE RISK	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE

RISK RATING			STATUS	REVIEW DATE
Likelihood	Impact	Initial Risk Rating	Monitor/Open/Closed	

Options	County	Trainers Name	Trainers Location	Email	Manual Handling- OGP	Manual Handling (non-OGP)	People Moving & Handling
1	Mayo	Claire Thomas	Castlebar	<a href="mailto:claireomalleyfirstaid@gmail.com">claireomalleyfirstaid@gmail.com</a>			
3	Mayo/Galway	Pamela Ralph	Castlebar	<a href="mailto:pamela.ralph4@hotmail.com">pamela.ralph4@hotmail.com</a>			
1	Cork/Limerick	Bob Seward	Cork	<a href="mailto:bobseward08@yahoo.com">bobseward08@yahoo.com</a>			
2	Cork	Ciara Hegarty	Cork	<a href="mailto:rehabathome1@gmail.com">rehabathome1@gmail.com</a>			
2 (Mayo/Sligo)	Nationwide	Martin McMenamin	Donegal	<a href="mailto:ogsons9@gmail.com">ogsons9@gmail.com</a>			
	NO OGP (no Level 7)	Rhonda McMenamin		<a href="mailto:rhonda@donegalsafety.com">rhonda@donegalsafety.com</a>			
	NATIONWIDE	Ian McGill	Dublin	<a href="mailto:immediateactionsafety@gmail.com">immediateactionsafety@gmail.com</a>			
		Clive Dunne	Dublin	<a href="mailto:clivedunne1979@yahoo.ie">clivedunne1979@yahoo.ie</a>			
	Only PMH	Eileen Power	Dublin	<a href="mailto:powereileen639@gmail.com">powereileen639@gmail.com</a>			
	Only PMH- Specialist	Lucy Canning	Dublin	<a href="mailto:lucymcanning@gmail.com">lucymcanning@gmail.com</a>			
		David Cavanagh	Dublin	<a href="mailto:dcavanaghconsulting@gmail.com">dcavanaghconsulting@gmail.com</a>			
		Alice Wainright	Dublin	<a href="mailto:alicemariewainwright@gmail.com">alicemariewainwright@gmail.com</a>			
		Natalie Hurst	Nationwide	-			
	Need to reach out	Nisha Jeawonn	Dublin	<a href="mailto:jeawonn@hotmail.com">jeawonn@hotmail.com</a>			
	available in very stuck	Niamh Delany	Dublin	<a href="mailto:niav@live.ie">niav@live.ie</a>			
		Karl Muckian	Dublin	<a href="mailto:muckian@hotmail.com">muckian@hotmail.com</a>			
		Keith Callaghan	Dublin	<a href="mailto:kcallaghan0809@gmail.com">kcallaghan0809@gmail.com</a>			
		Damian Sheridan	Dublin	<a href="mailto:damiasheridan1978@yahoo.ie">damiasheridan1978@yahoo.ie</a>			
		Caroline Clarke	Galway	<a href="mailto:clarkeconsulting45@gmail.com">clarkeconsulting45@gmail.com</a>			
	semi-retired	Bob D'Silva	Galway	<a href="mailto:dsilva_bob@yahoo.com">dsilva_bob@yahoo.com</a>			
		Anita Kerrins	Galway	<a href="mailto:anitakerins@gmail.com">anitakerins@gmail.com</a>			
	2 or 3 (galway)	Maeve Barry	Galway	<a href="mailto:maevebarry@yahoo.ie">maevebarry@yahoo.ie</a>			
	New	Lisa McDonagh	Galway	<a href="mailto:lisamcd87@gmail.com">lisamcd87@gmail.com</a>			

		Patricia Kenny (Ryan)	Tipperary	<a href="mailto:patriciakenny73@gmail.com">patriciakenny73@gmail.com</a>			
		Margaret Bergin	Tipperary	<a href="mailto:mbergin00@gmail.com">mbergin00@gmail.com</a>			
		Carmel Lonergan	Tipperary	-			
		David Grogan	Tipperary	<a href="mailto:davidgrogan65@gmail.com">davidgrogan65@gmail.com</a>			
		Eileen McNamara	Westport	<a href="mailto:emactraining@gmail.com">emactraining@gmail.com</a>			
		Liam McCaffrey	???	<a href="mailto:liammccaffrey86@gmail.com">liammccaffrey86@gmail.com</a>			