

Nuffield Division of Clinical Laboratory Sciences
Divisional Safety Advisory Committee Meeting Minutes
Wednesday 2nd October 2024

1. Welcome and Apologies

Attendees: Head of NDCLS: Professor Deborah Gill (DG; in the Chair); Medical Sciences Divisional Safety Officer: Amanda Anderson (AA)

Also present: Emily Castells (EC), Hamid Dolatshad (HD), Kamran Miah (KM), Ajay Pandey (AP), Shijie Cai (SC), Shazia Irshad (SI)*, Stephanie Jones (SJ), Steve Hyde (SH), Lee-Anne Stork (LAS) (* online)

Apologies: Shannah Gates (SG), David Maldonado-Perez (DMP), Stephen Minay (SM), Daniel Royston (DR), Brian Shine (BS), Abigail Lamikanra (AL), Tracey Mustoe (TM).

2. Minutes of the previous meeting & actions

- a) Minutes of the previous meeting were accepted as an accurate record.
- b) Actions were completed/covered in Agenda below, apart from three actions:

- *SJ to email again with clearer explanation of need to acknowledge reading of Biorisk management policy S5-09 from all unit heads – not all responded. **Action for SJ:** email those who have not yet replied (CC Facilities Manager) asking for Yes/No response.*
- *ND to review updated RA on use of LN2 repository sent by SJ. **Done.** **Action for SJ:** to put on H&S website & circulate to all authorised users. **Action for AP:** to monitor/record reading of RA by all authorised users (physical signature sheet).*
- *SJ to handover information on further actions needed this year re gas regulators etc, to ND. **Done.** **Action for SJ: send to AP.***

3. Matters arising (not otherwise covered on the agenda)

- a) Interim cover for NDCLS Facilities and Health & Safety Manager: Ajay Pandey (AP).
- b) AP will take on IRIS reporting, manual handling assessor, investigating replacement of LN2 with -156 freezers.
- c) North lifts now both have same override key, shared between NDCLS, ORB & Level 6 NDS.
- d) NDCLS is cold as heating not yet switched on. AA reminded Committee members that no fan heaters are allowed on OUH premises due to fire risk; estates may be able to provide oil heaters for use until general heating is switched on. **Action for AP:** try to source approved heaters.
- e) Air con has failed in 4A14: inspection planned for 3rd October. Other air con units in NDCLS to be inspected as not working properly.

4. Reports from NDCLS Safety Officers

- a) Biological

- No new RAs
- Action from last meeting was to establish a clear record of annual review and updates of current departmental GMO RAs. No official way to do this as yet, but SH has created a **new front page**, which TM agreed will serve this purpose (by email after last meeting).
- SH has applied the new front page to all 9 RA from GMG, including listing transgenic sequences and who is actively working on each.
- One RA from retired Group Leader Jackie Boulwood remains in place to cover potential use of samples until Nov 2024, after which the RA will be retired. **Action for KM, HD, SI, AA, SC:**

send list of their sample boxes (not individual sample locations), to AP (to include samples in LN2, -80, -20). **Action for SC:** to provide any information he holds about Francesco Pezzella's cell line sample locations).

- PI Monique Andersson has a separate risk assessment. **Action for MA:** to generate similar front page for recording annual reviews.

b) Fire

- HD: Reported no incidents.
- The fire RA on level 5 is not yet completed. AP has been copied into a request for feedback from University Fire Officer. A plan is in place.
- AA advised of new fire risk assessor, Dylan Evans, who can assist with RAs (dylan.evans@tss.ox.ac.uk or preferably via generic email: fireteam@safety.ox.ac.uk).
- *Fire Warden Training* is being replaced by *Fire Scenario Training*. A schedule has been shared with AP, who is attending the training on 28th Jan. **Action for AP:** identify other NDCLS-JR volunteers to receive *Fire Scenario Training* to ensure good cover. Note that in due course, Fire Scenario Training is going to be delivered in departments with a bespoke course and the opportunity for as many people to attend as possible.

c) Laser

- Nothing new, new guidance still awaited.

d) Electrical

- PAT testing will be taking place soon (annual in labs, every 2 years in offices).
- Visual checks coordinated by KM will be once a year, about 6 months after PAT testing visits
People helping included: Galina for Academic block lab; AP for Academic block offices, Robin for MIU; HD for Level 4 labs; KM for level 5 labs; someone has been invited to act for ORB.

e) Manual Handling

- Nothing to report

5. Incident Reports

- a) IRIS Privileges - AP has completed training and requested access to IRIS as DSO for NDCLS. AA has confirmed there is nothing new to deal with, but some actions that will need to be completed on existing incident reports once AP is registered.
- b) New incidents - None. SH reported that the University encourages people to report near misses: there are more *incident* reports, than near misses, which can't be true. **Please report near misses to prevent actual incidents.** **Action for AP** to email all NDCLS members re the importance of reporting near misses via IRIS.
- c) Updates on previous/outstanding incidents: **Action for SJ:** Email DR (cc AP & DG) to say this was raised at the meeting & we would like to close these incidents.

6. Updates from Safety Executive Group/Safety Office

- a) SH: next meeting of SEG is later in October so no new information to share.
- b) Updates from AA:
 - Safety notices: loose rail in a disabled toilet; other incidents with gas burners;
 - IRIS updates: if incidents need investigation they will get escalated to divisional office; don't escalate if not necessary, just email DivSO safety@medsci.ox.ac.uk This information will be included in safety newsletter to flag this.

- IRIS software issues: check website for guidance documents; if this doesn't solve the problem, submit a self-service request; email the team if still need support hssystemssupport@safety.ox.ac.uk
- New training courses list available, including new ones on LN2, dry ice and compressed gas cylinders.
- Training competency frameworks for DSOs, for line managers and supervisors, and a HoD briefing pack.
- Safety network newsletter Issue 10 has come out
- Embedded spaces update: Uni and OUH have quarterly meetings to manage their relationship, which is helping to tease out the boundaries of various responsibilities:
 - Asbestos: mostly to be managed by OUH unless we have equipment that needs examination for asbestos. MSD will write a policy on this. **We must not make changes to walls, ceilings or floors due to potential for exposure to asbestos, without contacting OUH first.**
 - Ventilation: asset register survey may come out to assist with determining ventilation responsibilities (e.g. fume cupboards, biological safety cabinets, air-con units etc)
 - Fire Risk Assessments (FRA): **Action for AA**: to email AP with the FRA status survey to complete on behalf of NDCLS
 - Emergency contact required for each space: information to be held by University security services, which OUH security would contact if necessary.
 - Access to embedded spaces (for OUH engineers or contractors): documented process for consistency, so people don't just turn up unannounced to work in what might be a high-hazard environment.
 - Electrical vehicle battery charging (ebikes & scooters) is forbidden, they will be removed
 - Fire safety team: reviewing Evac chair arrangements (Evac chairs used in emergency situations to evacuate those with mobility issues), to train people in each campus location and cascade when done.
- c) Continued issues with cascading of information to NDCLS. AA has arranged for AP to be on the list for notifications from now on, for cascading to the relevant people; there will be a need to compile those that seem relevant: AP suggests a short monthly newsletter/bulletin, to circulate useful information to NDCLS members.

7. Training

- a) Local courses: inductions and LN2 training: AP to deliver new staff / student inductions and LN2 training going forwards.
- b) Other training: LAS confirmed 75% of staff have completed the **ACT training** (i.e. provided certificates as evidence).
- c) General discussion about how to **evidence training** throughout NDCLS: GMG have competency grids for the more complex processes, could share with other group leaders if interested. DG suggested training records should be centralised and focused around *Training Needs Analysis*, to ensure relevant training is completed / renewed.
- d) What happens if you don't have a certificate for a particular training? AA reminded the committee that this collating of training was a task assigned to DR.

8. Area inspections

- a) ND and AA inspected the GMG labs, level 5 (5501) and the Level 4 academic block labs. Only GMG inspection report has been found so far. **Action for AP:** to contact ND to find the others.
- b) Admin areas and MIU not done yet.

9. Any other business

- a) Responsibility for risk assessments for equipment (in particular centrifuges):
 - Recent use of centrifuge in GMG lab by Clinical biochemistry staff (OUH). **Action for HD:** talk to Clinical Biochemistry Lab Manager to establish who will be using the centrifuge and when, to ensure they only use the one in the ultracentrifuge room and to decide how to record their competency.
 - Use of centrifuge in the lab on level 5: A Level 6 researcher has requested access for spinning LentiVirus using the centrifuge in room 5501.
 - The researcher's department is responsible for providing the RA to cover their proposed activities.
 - HD doing induction on 3rd October and has sent our RA ahead of training. **Action for HD:** to keep record of who has access to Level 5 labs (from hospital security) and the training/competency of visiting researchers using GMG labs whether Level 4 or Level 5.
 - Shijie asked about RA for centrifuge in 4A14: AA confirmed RAs should be in place covering the use of every piece of equipment and potentially hazardous samples, the preference is to approach these based on activities rather than having one for every individual item of equipment/samples/reagents etc. Where there are common points e.g. use of centrifuges, it's wise to have a specific RA for use of centrifuges that all the other activity RAs can then signpost to.
 - **Action for SH:** ask HH where her RAs are for their samples.

10. Date of next meeting – TBA

Committee members **are asked to note** that they should declare any interest that could give rise to a conflict in relation to any item on the agenda at the beginning of the item in question. All interests so disclosed will be recorded in the minutes. If the Chair of the Committee deems it appropriate, the member shall absent himself or herself from all or part of the Committee's discussion of the relevant item.

Table of actions

Section and page #	Action
2b, pg 1	Action for SJ: email those who have not yet replied re Biorisk Management policy (CC Facilities Manager) asking for Yes/No response
2b, pg 1	Action for SJ: to put updated Risk assessment and SOP for use of LN2 repository on H&S webpage
2b, pg 1	Action for AP: to monitor/record reading of RA by all authorised users (physical signature sheet).
2b, pg 1	Action for SJ: send information on further actions needed this year re gas regulators etc to AP
3d, pg1	Action for AP: try to source approved heaters.

4a, pg1	Action for KM, HD, SI, AA, SC: send list of their sample boxes (not individual sample locations), to AP (to include samples in LN2, -80, -20).
4a, pg1	Action for SC: to provide any information he holds about Francesco Pezzella's cell line sample locations).
4a, pg2	Action for MA: to generate similar front page for recording annual reviews.
4b, pg2	Action for AP: identify other NDCLS-JR volunteers to receive Fire Scenario Training to ensure good cover
5b, p2	Action for AP: email all NDCLS members re the importance of reporting near misses via IRIS.
5c, pg2	Action for SJ: Email DR (cc AP & DG) to say the subject of open IRIS cases was raised at the meeting & we would like to close these incidents
6b, p3	Action for AA: to email AP with the FRA status survey to complete on behalf of NDCLS
8a, pg3	Action for AP: to contact ND to find the safety inspection reports for lab 5501 and Academic block level 4
9a, pg3-4	Action for HD: talk to Clinical Biochemistry Lab Manager to establish who will be using the GMG centrifuge and when, to ensure they only use the one in the ultracentrifuge room and to decide how to record their competency.
9a, pg4	Action for HD: to keep record of who has access to GMG labs (from hospital security) and the training/competency of visiting researchers using GMG lab (relating to people using the lab 5501 in particular)
9a, pg4	Action for SH: ask HH where her RAs are for their samples