

MINUTES for Termly NDCLS DSAC meetings

Date & Time	October 29th, 2025 10:30hrs till 12:30hrs.	Term	Michaelmas25 (MT25)
-------------	---	------	---------------------

Attendance

Role (non-lab buildings)	
Head of DSAC (chair)	Professor Deborah Gill (DG)
Departmental Safety Officer (DSO)	Ajay Pandey (AP)
Deputy DSO	Apologies
Fire Officer	Mr Ajay Pandey (AP)
Divisional Safety Officers (DivSO)	Dr Amanda Anderson (AA)
Staff Representative (* online)	Dr Stephanie Jones (SJ) Dr Abigail Lamikanra (AL)* Dr Kamran Miah (KM) Shannah Secret (SS)* Dr Brian Shine (BS) Mrs Lee-Anne Stork (LAS) Stephen Minay (SM)* Dr David Maldonado-Perez (DMP)* Dr Medina Abudula (MA)
Student Representative	Apologies
Union (UCU, Unison, Unite) Representative	Professor Steve Hyde
University Safety Officer	Apologies
Other roles that may be required in lab buildings	
Biological Safety Officer (BSO)	Professor Steve Hyde
Deputy BSO	Dr Hamid Dolatshad
Laser Safety Supervisor	Dr Shijie Cai
Electrical Safety Officer	Dr Kamran Miah (KM)
Changes to the committee	
None	

Agenda Items

1. Apologies

Role	Full Name
Safety officers	Hamid Dolatshad Shijie Cai (lab Deputy: Medina Abudula) Tracey Mustoe
Staff representative	Emily Castells
Student representative	Vidushi Chugh Piya Rajendra

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.

2. DSAC Membership Review

Student rep: Vidushi from Heli's group (Piya as alternate)

3. Approval of Previous Termly DSAC Minutes

Corrections to minutes from 16 June 2025:

- AA: requested that staff should **report** brown outs and black outs to **Estates** and **notify** her.
- one new follow-up action regarding removal of items from high shelves was also added.

Subject to these changes, the minutes were approved.

4. Follow-Up Actions from Previous Termly DSAC Meeting

From prior meetings:

Action for AA (HT25 7.6): Check who might already have an RA on laser pointers and temperature guns and share with SH&KM. AA *reported that as far as she has been able to ascertain other departments don't have specific risk assessments and it may be sufficient to ensure the use of low-power lasers is mentioned on departmental risk assessment as low risk.*

Action for AP (MT25 4.1): *to put low-power lasers on the departmental risk assessment stating these are low risk, no further control measures required.*

Action for KM (MT25 4.2): *to send specs of temperature gun to AP.*

Action for AP (MT25 4.3): *Encourage all to hand in any Laser pointers where they are not sure about the power.*

Action for DMP (MT25 4.4): *Inform AP whether bar code readers in ORB are LED or actual laser (what type of laser) and provide references to mention in the RA, and describe as either covered under the RA for portable items with lasers or not, to determine training needs.*

Action for SH & KM (HT25 7.7): Adapt template (laser pointers etc) provided by AA rather than 're-inventing the wheel' for NDCLS use. *No longer relevant, see above*

Action for SS and Arlene Glasgow (HT25 9.2): Write a joint/individual RA on transportation of items between labs to include wearing/not wearing gloves, use of boxes to carry items, etc. *See section 7 below*

Action for SH (TT25 7.1): arrange a meeting with TM and SS together about HH RA for handling samples incl Syphilis-positives. *See section 7 below*

Action for HD (HT25 4.10): Combine contents of Boulwood group boxes into a smaller number, for ongoing archiving (in LN2). *Complete*

Action for AA (HT25 4.12): Contents of Banham group boxes to be minimised into a smaller number, for ongoing archiving (in LN2). *Inventory completed of stuff to go to NDORMS, 2 boxes from AA taken away by Shazia's group, to be returned.*

Action for AP (MT25 4.5): *Once all boxes in LN2 known, a gate keeper will be appointed for non-ORB staff*

Action for DMP (HT25 4.13): Contents of ORB boxes to be condensed into a smaller number (in LN2). *List of samples that need to be audited by biobankers has been generated. Ongoing.*

From June meeting on this meeting's agenda:

Action for AP (TT25 12.1 & TT25 12.2): Escalate concerns to Keith about impact of implementing the travel policy (S1/25) for those travelling to CHG/FGF daily due to the closure of the JR BMS and Add daily trips to CHG/FGF by members of GM group, to the risk register for NDCLS (in progress) *This was escalated to Safety Partnership meeting; as a result, NDCLS are implementing a generic RA instead that covers all travel inside or outside Oxford for work purposes (including all different buildings that might apply)*

Action for AP (TT25 12.3): Determine the impact of designating FGF as a "usual place of work" for members of GMG in context of S1/25. *This is not possible (and also includes those who sometimes work at the WIMM for example).*

5. Statement of Health and Safety Organisation (SHSO) Review

SHSO was last published in Feb2025, it needs to be signed off annually as a minimum.

Items to be updated now:

- Add fire safety as one of the significant risks.

Action for AP (MT25 5.1): provide text for this new of SHSO

- Some of the training and information links to redirect users to the new OxIntranet. **Complete**
- Need to update name of person responsible for staff in ORB spaces: D Royston instead of R Colling.

Action for SJ (MT25 5.2): DMP confirmed this is correct, SJ to update SHSO.

The SHSO is reviewed during release of new policy & instructions, so approx every six months.

Action for AP (MT25 5.3): Report any changes needed to SHSO to members of the NDCLS DSAC

6. Fabric of the Building

- **Fire Safety** remedial work update (actions HT25 6.1; TT25 6.1 and TT25 6.2)

Follow up with OUH for Fire Safety remedial work to be completed.

a) AP has received a quote from OUH to cover remedial works connecting our infrastructure to their panel (unusually for labs in embedded spaces, OUH Estates were not involved in setting up the card access system): £9k; NDCLS are considering putting this in the budget.

Members of the committee queried when the system was installed (before AA's time as Facilities manager – evidence possibly in Andrew Graham's files); DG and SJ recalled a time (definitely since 2001) when the fire alarm would unlock the doors at the John Warin Ward end of the lab. This may have been disconnected by Estates when the fire panel was changed. It was also noted that the Academic Block fire doors (green main door) are not managed by us and none of these deactivate when there is a continuous fire alarm. There may be grounds to push back on the cost coming to NDCLS.

Action for AP (MT25 6.1): to further investigate historical context and possibly move the cost back to OUH. Consider whether the evacuation route from John Warin Ward has changed and no longer requires access to GMG lab.

b) Fire exit over the roof of academic block: this does not allow for horizontal movement, and it is not feasible for anyone in a wheelchair to even get onto the roof there. This finding is yet to be resolved. AA noted that University Fire Safety Officers have written a report on the failings in the OUH premises.

c) Evacuation procedures: Provide clarity on what to do for the NDCLS Level 4 labs on Clin Biochemistry side and for the Academic block side. **Done.**(refer to email entitled "NDCLS Safe Assembly Area" sent by AP on 13th June 2025)

d) Fire Risk Assessment:

- A Fire risk assessment for the Academic block has been written and sent to the Fire team for feedback. The Fire Risk Assessor is coming on 1st Dec to look at whole of NDCLS, incl level 5 and academic and GMG.
- SEG has instructed all departments to sort out their Fire risk assessments (by Feb 2026). The role of the fire risk assessor is to make sure our first version is robust. We should be ahead of the deadline.

e) Smoke detector in the GMG wash-up room: a ticket has been raised with Trinity to remedy the positioning of the smoke detector in the GMG wash-up room after the ceiling was fixed due to a leak this year: a tile must be left off the ceiling in the NDCLS washroom to keep smoke detector uncovered for now.

Heating in Academic block:

Radiators are still not on. AP updated us: the boiler being upgrade but vacuum in pipes means it is not yet working. (PMN: heating now working in academic block as of 30th Oct)

7. Other Building Specific Safety Updates

Biological safety update

- RA for handling Syphilis-positive samples (discussion between SH, TM, SS) (action TT25 7.1) Suggestions provided during the meeting for Shannah to action; Shannah explained the original draft was submitted 18 months ago, the samples have been handled and are now stored at -80. They may be handled in the future so it's still relevant to have an approved RA.

Action for SS (MT25 7.1): to send updated RA to SH with chairs action for final approval.

- Annual review of GM & Biological agent risk assessments (SH)

- CBGM01, 04, 09: were being kept due to storage of samples relating, but these have now been discarded, so SH proposed to inactivate these three. SH showed the proposed front page to add to the risk assessments to record their status. Committee agreed.
- CBGM14 & 15: no material changes; CBGM17, 18 and 20: addition of text from CBGM16 (now inactive) regarding viral load calculations; SH showed the proposed front page to add to the risk assessments to record their status. AA advised us to pre-empt questions from any auditors by having a description of what has changed within the review page. Committee agreed with the template subject to this addition.

Action for SJ (MT25 7.2): add a line “What has changed”

- NDCLS-RA024 (Monique A): addition of student likely to start in the coming year, no other changes; Same comments apply as for the CBGM review front sheets.
- CS09: all samples now destroyed, so this can be inactivated, same process as for CBGM01, 04 and 09. Committee agreed.

Action for SH (MT25 7.3): Inform Tracey of all RAs that are being made inactive and check how we should archive these

Action for SJ (MT25 7.4): update the documents and NDCLS H&S website accordingly.

- New risk assessment for Transport of samples / boxes drafted by Shannah and Arlene (action HT25 9.2):

The draft was shared during the meeting and elicited a lot of discussion.

AA noted that when leaving a containment lab, no one should need to wear gloves or a labcoat; the transport box should be the containment and fully sealed. People transporting samples under this RA should have a labcoat at the end destination.

General applicability: MA flagged that this RA would apply to her (transport to the WIMM), BS suggested training updates would be needed to make staff and students aware of this RA, especially those outside the DSAC.

Transport of drugs: dangerous would not fall under this RA, would require a different RA.

Control measures to add in:

- Labs to affix label handles “gloves” / “no gloves”.
- For transport to other buildings (WIMM, CHG), users should request the destination lab for their RA on bringing in materials.
- Biobank use transport bags for transport between hospital and JR and have some they do not use.

SH reminded the committee that none of the risk assessments around GMO in NDCLS require that gloves be worn, although end users typically do wear gloves for operational reasons (to minimise contamination from skin into samples).

Action for DMP (MT25 7.5): Show Arlene and Medina the spare transport bags to assess suitability.

Action for AA (MT25 7.6): Find out and provide to SS and Arlene reference of boxes in use at CHG for contained transport

Action for SS (MT25 7.7): Using the suggestions made by the committee, update then email a new version of this RA ahead of the next meeting for sign off by the committee.

Laser safety update – AP on behalf of SC (absent)

- The Risk assessment template from WIMM has now been converted to an NDCLS document and sent to FACS users; waiting for inputs from users but not clear if a deadline has been set.
- Each RA record has a unique reference number

Electrical safety - Kamran

- One near miss report: cracked extension lead in an office;
- PAT testing is scheduled next month in the labs.
- Estates electrical team have identified which freezers are on power back up circuit, AP waiting for formal email. Some freezers are not on back up circuits and in Academic block, all -80 are in a single circuit; Estates have been instructed to segregate the plugs; relevant labs need to identify the most precious frozen samples and those on a back-up circuit plug, particular as there is no remote monitoring; AA suggested adapters that give a audible alarm if there is a loss of power.

Action for MA (MT25 7.8): to flag lack of monitoring to Shijie and discuss options, including adapters mentioned by AA.

Training update - AP

- local courses (LN2) – no updates
- Central (University) courses – gas safety and cryogenics courses: currently enrolment still requires a PO; after SH brought this to the attention of SEG, MPLS and MSD registrars agreed to take on board the cost but mechanistics and time frame not known

Action for AP (MT25 7.9): email Chris Price (MSD registrar) to query process for enrolment fee for compulsory safety training being covered by Division.

- Supervisor H&S training: HR is following up on this, a few supervisors have not completed it. AP need to report by end of October for assurance exercise.

Action for AP (MT25 7.10): provide list of all those who have not yet completed the training to DG for follow up ahead of deadline. **Complete.**

- Overseas & UK fieldwork – supervisors need to do the training for middle or high risk travel. Not required immediately but better not to wait for the trip to be due. AA noted that Division level: template for RA is being updated to have the training requirements at the top.

Action for AA (MT25 7.11): circulate new Travel risk assessment template to AP when ready

- New DSE software to be launched Nov 14th (home & work); NDCLS members don't need to repeat if done recently.

8. Safety Update

- Updates from the Safety Executive Group (SEG) - SH

SH reported that the University has recently been evaluating and scoring all departments for fire risk; all RDM divisions as listed as high risk; hence visit from Fire risk assessor. SH shared two annexes from the SEG: EveryDaySafe priorities for 2026-27 and an indication of when new Safety policies and instructions are scheduled for release for 2024-26, as well as a summary of serious incidents across the university in July 2025. Finally in a recent initiative, a checklist on H&S for division heads (e.g. MSD) was shared which is likely to feed down to NDCLS HoD. *Refer to SEG slides attached with the Minutes of this meeting for more details.*

DG suggested that departments should make awareness of H&S a condition of becoming a PI. BS commented that for HTA compliance, everyone needs to understand their responsibilities for anything relating to HTA; this is a similar concept. Only grassroots people can solve this. AA flagged that a new instruction will be coming soon to make H&S Basic training compulsory; AP already gets data on this from HR once per term.

Action for LAS & AP (MT25 8.1): to ask RDM to implement making acknowledgement of H&S responsibilities a condition of becoming a PI

- Updates from Safety Office - AA

A new Head of Assurance is starting at MSD: Jennifer Kain

Thanks from division for polio survey responses received on time
Safety network newsletters – nothing additional mentioned here

Two main safety alerts:

- An HIV positive sample got processed in a CL2 lab when it shouldn't have.
- Centrifuge hinge broke during a run, despite a recent service visit; on further inspection other cracks in hinges,

Action for AP (MT25 8.2): remind all members that they need to provide all the inner parts of centrifuges and similar equipment when being serviced and to do regular visual checks when using equipment that could be hazardous in case of a malfunction.

9. First Aid

Accidents/Incident Reports

- incidents requiring first aid: needlestick (HD) August 6th

Action for HD (MT25 9.1): to work out why there was a delay with getting blood samples through Occupational health

- near misses:
 - bunsen burner replacement by a DPhil student in GMG

Action for AP (MT25 9.2): to arrange journal to reimburse student and either find or purchase a suitable back up bunsen burner.

- cracked extension lead (multiplug) - resolved
- other incidents: nothing to report

Accident Trends – nothing to report

10. Ergonomic

- DSE Update
- Manual handling update;
- Any Other Ergonomic Issues to be Reported:

Nothing to report

11. Inspection Reports

Update on actions raised in level 4&5 Lab Inspection – AP

- Reports were circulated with the agenda for this DSAC
- Level 4 GMG Aug 2024 done; All tasks completed thanks to fortnightly meetings between HD and AP
- Level 5: Some items not yet done; mostly relating to Estates and upgrading
- Level 4 Shijie's Dec 2024; some actions to be completed (e.g. storage of chemicals in appropriate cabinets), need increased frequency of meetings to get the actions completed and use the lab meetings

Action for SC (MT25 11.1): ensure SC and someone else from the lab are available for the inspection.

Action for AP (MT25 11.2): ensure that updated reports with actions progress are circulated to NDCLS DSAC members at every meeting

Scheduling of next inspections:

- GMG and Level 5 lab: Monday 8th December 2025
- Level 4 SC lab: Monday 24th November 2025
- There will be a pre-inspection checklist so things can be done more efficiently.

12. University Policy / Memos

New/updated policies and new safety instruction expected in November – will be cascaded then (released every 6 months).

Action for AP (MT25 12.1): to send Policy Assurance document (dated), assurance can be ongoing

13. Any Other Business

Appendix 1 & 2 as part of record

14. Date of Next Meeting

Will be determined based on schedule of RDM SLT meeting, so some time in February-March 2026

Appendix 1- Actions

Actions from this termly DSAC meeting

Ref	Action	Owner	RAG rating	Comments
MT25 4.1	Put low-power lasers on the departmental risk assessment stating these are low risk, no further control measures required	AP		
MT25 4.2	Send specs of temperature gun to AP	KM		
MT25 4.3	Encourage all to hand in any Laser pointers where they are not sure about the power	AP		
MT25 4.4	Inform AP whether bar code readers in ORB are LED or actual laser (what type of laser) and provide references to mention in the RA, and describe as either covered under the RA for portable items with lasers or not, to determine training needs	DMP		
MT25 4.5	Once all boxes in LN2 known, a gate keeper will be appointed for non-ORB staff	AP		
MT25 5.1	Provide text for new section of SHSO on Fire-related risks	AP		
MT25 5.2	SJ to update SHSO with change to ORB PI	SJ		Complete
MT25 5.3	Report any changes needed to SHSO to members of the NDCLS DSAC when new policies / instructions are issued	AP		
MT25 6.1	Further investigate historical context and possibly move the cost back to OUH. Consider whether the evacuation route from John Warin Ward has changed and no longer requires access to GMG lab	AP		
MT25 7.1	Send updated RA on Syphilis positive material to SH with chairs action for final approval	SS		Complete
MT25 7.2	Add a line "What has changed" in annual review template sheet	SJ		Complete
MT25 7.3	Inform Tracey of all RAs that are being made inactive and check how we should archive these	SH		Complete

MT25 7.4	Update all RA documents and upload to NDCLS H&S website according to outcome of MT25 7.3	SJ		Complete
MT25 7.5	Show Arlene and Medina the spare transport bags to assess suitability	DMP		
MT25 7.6	Find out and provide to SS and Arlene reference of boxes in use at CHG for contained transport	AA		
MT25 7.7	Using the suggestions made by the committee, update then email a new version of this RA ahead of the next meeting for sign off by the committee	SS		
MT25 7.8	Flag lack of monitoring to Shijie and discuss options, including adapters mentioned by AA	MA		Complete (done at UH MT25 meeting)
MT25 7.9	Email Chris Price (MSD registrar) to query process for enrolment fee for compulsory safety training being covered by Division.	AP		
MT25 7.10	Provide list of all those who have not yet completed the training to DG for follow up ahead of deadline	AP		Complete
MT25 7.11	Circulate new Travel risk assessment template to AP when ready	AA		
MT25 8.1	Ask RDM to implement making acknowledgement of H&S responsibilities a condition of becoming a PI	LAS & AP		Complete: RDMS have confirmed that this statement is going to be added to the PI guidance: Supervisors are responsible for ensuring the health and safety of staff, students, and other persons within their area of responsibility; and of anyone else who might be affected by their work activities.
MT25 8.2	Remind all members that they need to provide all the inner parts of centrifuges and similar equipment when being serviced and to do regular visual checks when using equipment that could be hazardous in case of a malfunction.	AP		
MT25 9.1	Work out why there was a delay with getting blood samples through Occupational health	HD		
MT25 9.2	Arrange journal to reimburse student and either find or purchase a suitable back up bunsen burner	AP		

MT25 11.1	Ensure SC and someone else from his lab are available for the inspection	SC		
MT25 11.2	Ensure that updated lab inspection reports with progress on actions are circulated to NDCLS DSAC members at every meeting	AP		
MT25 12.1	Send Policy Assurance document (dated), assurance can be ongoing	AP		

Actions from previous DSAC meeting

Ref	Action	Owner	RAG rating	Comments
HT25 7.6	Check who might already have an RA on laser pointers and temperature guns and share with SH&KM	AA		Closed – see actions MT25 4.1-4.4 above
HT25 7.7	Adapt template (laser pointers etc) provided by AA rather than ‘re-inventing the wheel’ for NDCLS use	SH & KM		No longer relevant, see MT25 4.1
HT25 9.2	Write a joint/individual RA on transportation of items between labs to include wearing/not wearing gloves, use of boxes to carry items, etc	SS & Arlene Glasgow		On going, See Section 7 above
TT25 7.1	Arrange a meeting with TM and SS together about HH RA for handling samples incl Syphilis-positives	SH		Closed, See Section 7 above
HT25 4.10	Combine contents of Boulwood group boxes into a smaller number, for ongoing archiving (in LN2)	HD		Complete
HT25 4.12	Contents of Banham group boxes to be minimised into a smaller number, for ongoing archiving (in LN2)	AA		<i>Inventory completed of stuff to go to NDORMS, 2 boxes from AA taken away by Shazia’s group, to be returned</i>
HT25 4.13	Contents of ORB boxes to be condensed into a smaller number (in LN2).	DMP		<i>Ongoing. List of samples that need to be audited by biobankers has been generated</i>
TT25 12.1 & TT25 12.2	Escalate concerns to Keith about impact of implementing the travel policy (S1/25) for those travelling to CHG/FGF daily due to the closure of the JR BMS and Add daily trips to CHG/FGF by members of GM group,	AP		<i>This was escalated to Safety Partnership meeting; as a result, NDCLS are implementing a generic RA instead that covers all travel inside or outside Oxford for work purposes (including all</i>

	to the risk register for NDCLS (in progress)			<i>different buildings that might apply)</i>
TT25 12.3	Determine the impact of designating FGF as a "usual place of work" for members of GMG in context of S1/25.	AP		<i>This is not possible (and also includes those who sometimes work at the WIMM for example).</i>

Appendix 2: Termly Accident statistics

	Accident/incident number per term			
Accident type	Michaelmas 2025	Hilary 2026	Trinity 2026	Total
Allergies				
Chemical Spills / Gas release				
Burns and Scolds				
Eye Splash				
Needle Stick / Sharps Injuries/Bite	7090 - Needle stick			
Cuts Inc. Scalpel Injuries				
Slips / Trips / Falls				
Struck by / Against				
Near Miss	7245 - Bunsen Burner 7455 - Damaged multiplug extension lead			
Fire				
Electrical				
Allergies				