

Nuffield Division of Clinical Laboratory Sciences

Divisional Safety Advisory Committee Meeting

Thursday 7 April 2022 1pm via Microsoft Teams

Minutes

Divisional Safety Officer: Dr Amanda Anderson AA

Head of Division: Prof Deborah Gill DG

Medical Sciences Divisional Safety Officer: Graham Ross GR

Chair of Meeting: Dr Amanda Anderson AA

Also present: Daniel Royston DR, Steve Hyde SH, Shijie Cai SC, Shazia Irshad SI, Hamid Dolatshad HD, Felicity Green FG, Felicity Bennett FB, Tracey Mustoe TM, Stephanie Jones SJ, Kamran Miah KM, Tina Garland TG

1. Welcomes and Apologies

No apologies received.

AA welcomed Daniel Royston, a Consultant Haematopathologist who is also building up a research portfolio within NDCLS, who has agreed to take on the role of Deputy Divisional Safety Officer in place of Jo Lavender who is no longer with NDCLS.

AA welcomed Kamran Miah, a Post Doc in the Gene Medicine Group, who has agreed to take on the role of Electrical Safety Officer for NDCLS.

Welcome to Felicity Green. Felicity was Deputy Administrator but has now stepped up to take on the role of Administrator since Mark Evans has moved to OCDEM

2. Minutes of the previous meeting

The minutes of the meeting held on 3 December 2021 were accepted as a true and accurate record

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

Pg1 of previous minutes. ME to advise GR if he needs to send any Admin requests for OCDEM to ME or someone else. GR confirmed this has been sorted out with requests going to ME.

Pg2 of previous minutes AA contacted suppliers of the vortexes. Getting vibration magnitude data out of them was impossible so, given that the uses were reported as low frequencies and short durations, AA is going to go with low risk and add this to the General NDCLS Risk Assessment.

Pg2 of previous minutes GM Committee Meeting. SH advised that previously this is put on to the Agenda of this meeting and doesn't warrant a satellite meeting at the moment. When there are risk assessment issues they are brought to this meeting. [AA to add this as an item to future DSAC agendas.](#)

Pg6 of previous minutes NHSBT Safety agreement – a number of NDCLS staff are physically located in NHSBT and fall under their remit for H&S, but we do have a duty of care to them. There is an agreement in place stating that NHSBT hold the responsibility for H&S and we wanted to get that updated.

AA has contacted Abigail Lamikanra to sort this.

Similarly, AA has also contacted NDCLS staff working at the Oxford Haemophilia and Thrombosis Centre based at the Nuffield Orthopaedic Centre as currently there is no agreement in place with them either so this needs to be arranged.

4. Reports from Safety Officers

- a. **Biological** (Steve Hyde). SH advised that, from last minutes, the animal facilities in the hospital were going to be inspected by the Home Office and there was a sub comment about a procedure room which is in the GMG space. SH arranged for Jordan Tanner from BMS to inspect the room and he was comfortable with the operation of the room but identified that there as some bare wood around some windows which needed to be addressed. Estates were contacted to come in and repaint this area and photos of the completed work were sent to Jordan for confirmation that the room now complied with all Home office requirements. Jordan confirmed this and has arranged to put this room on an annual inspection from BMS going forward. Feedback from Home Office inspection was quite positive. The focus seemed to be around the importance of training and the recording of training

SH updated that the new GM Risk Assessment from Shazia's lab has moved forward and is currently back with Shazia for some amendments.

- b. **Fire** (Hamid Dolatshad). GR advised the meeting between OUH Safety and University Safety Office and Estate reps went ahead last month to discuss how the Trust Fire Safety training can be delivered to the University staff. Russell Adlam, the Fire Officer for the Trust, agrees that University staff should be able to do the Trust's Fire Safety training and is going to try and arrange this and get back to GR. He hasn't come back yet. He also advised he would try to provide GR with their updated slides, but he hasn't done this yet. [GR will continue to chase this](#). Failing this GR is happy to deliver the training that was used prior to COVID. AA is keen to get a date scheduled for training ASAP.

GR advised for Hamid's information that University has a new extensive fire risk policy that pulled all of the policies together. There is a comprehensive risk assessment proforma with a set of questions that would be easy to go through to satisfy our own minds that we have done something to do with fire risk assessments.

[AA, HD, SI & GR to get together to discuss this further](#)

- c. **Laser** (Shijie Cai). SC advised he has asked around how many laser instruments we have in NDCLS and it appears we only have one, which is a FACS machine in Alison Banham's lab. SC advised that he has an SOP template from the WIMM FACS Facility, and AA had dug out risk assessment documents from Andrew Graham's time. [SC & AA They plan to meet to discuss how to get all these documents updated, and will report more on this at the next meeting](#)
- d. **Electrical** (Kamran Miah). As KM is new to this role, he was unable to report at this meeting. AA advised that there have been no electrical matters to report on.

- e. **Manual Handling** (Amanda Anderson). Nothing to report other than looking to move some equipment in GMG. OUH Haematology has a scissor left that takes up to 150kg so we will borrow this to move the equipment in GMG
GR advised that OUH portering services should be able to assist with this as University does pay part of our overheads for portering. [AA to look into this via Estates.](#)

5. Accident/Incidents/Near-Misses

a. Leaks in lab 4826

Brief history the GMG has a lot of pipework in its ceiling that has over many years been subject to many leaks. Back in 2020 there was a major leak of sewage into the lab and then lesser leaks over the following days and weeks. The main pipework has been repaired but it was noted at the time that some other pipework looked suspect. January 2022 there was another leak, further down the lab that has now been repaired.

SH thanked KM for all his excellent work in dealing with this leak and the subsequent repairs. Estates came in on a Saturday and did a good job in removing the damaged pipes and replacing them with plastic ones. SH showed pictures of how badly damaged the copper pipes were and the sludge that was inside them that had caused the blockages.

AA advised that these sorts of leaks should be reported on IRIS so we have a record of them.

[AA and KM to work on getting that latest leak recorded on IRIS.](#)

GR reiterated that he escalates this up the Medical Sciences Division hierarchy and to senior members of the University Safety Office. The GMG leaks are used as an example of why it's really difficult to get compliance in a lot of our departments when we are in spaces that are maintained by 3rd parties like the hospital. It is being taken seriously but it is an infrastructure and cost issue.

AA confirmed this is on our General NDCLS Risk Assessment as a risk, but it is something that we have no direct control over; at least it is documented, and the Safety Office higher up are aware of it.

b. Updates: Nothing else to report as no incidents have occurred since last meeting.

AA advised there has been a recent IRIS training course for DSOs, and one aspect was looking at how to pull out metrics for reporting, identifying trends etc. in accidents and therefore helping us to tailor what we need to be addressing.

AA suggested PIs & Supervisors remind and encourage everyone to report near misses, not just the actual incidents and accidents. DG and University are very keen to improve safety culture across NDCLS, and reporting near-misses will go a long way to improving awareness.

GR still has problems to trying to log in remotely but expects to be able to do this soon and will then close down the action on IRIS that is outstanding.

c. Faulty Door handle – AA confirmed that the faulty door handle in the Boulwood lab has now been replaced.

6. New circulars from the Safety Office

a. Policy statements

No new policy statements issued since last meeting

b. Memoranda

M1/22 Safety Training Program for Hilary Term 2022. This was circulated to everybody.

AA advised that Andrew Graham used to be sent reports advising who had attended training courses, but this no longer happens. There is a trial at the moment to enable DSOs to obtain this information directly from CoSY. This will enable them to identify what training needs there might be and encourage people to undertake training opportunities when they can.

Topic Disposal Information Notes (TDINs) have been issued that focus on hazardous waste. There was one on Duty of Care which talked about our responsibilities in terms of producing, storing, disposing of waste, the hierarchy of waste (Prevent, Reduce, Reuse, Recycle, Incinerate, Dispose), the use of licensed contractors and the duty of care checks that the University does.

Other notes were giving advice and guidance on:

- How to classify whether your material was hazardous or not for disposal based on its hazard properties and how much of the chemical is within a reagent
- How to package it
- How to store it
- How to complete the TW 2/10 form for hazardous waste chemicals to be disposed of via the Safety Office

All forms are very comprehensive and all available on the Safety office website.

[AA to make sure it is disseminated to lab reps etc.](#)

AA advised she is trying to coordinate, divisional wide, the disposal of chemicals and hazardous equipment through a central point and to do this on an annual basis.

GR advised that on the bottom of the training memo there is a lot of links to online training and E learning resources.

7. New circulars from Occupational Health

a. Policy

b. No new policies have been issued since the last meeting. **Guidance**

GR advised that there is revised guidance about the new way of doing Health Surveillance registration. This is moving away from individuals just completing the HS1 form to supervisors having to complete the form and doing the risk assessment process to work out if people have actually been exposed to material rather than just working with. This is a much better and much more safety-led approach. The new HS1 form is not out yet but the guidance is.

GR also advised there is new guidance on ventilation in preparation for 'Life after COVID'. Check this online to make sure your spaces are well ventilated and what to do if you don't think they are

GR advised there is new guidance for RTOSW Risk Assessments now that the University have changed to Business Contingency Level 0. For most university spaces, the COVID risk assessment is now incorporated into a general risk

assessment rather than having specific COVID risk assessments, and signage on rules regarding wearing face masks, cleaning of surfaces etc. has been pulled back> But, of course, as we are in an embedded space within the hospital, we have to continue to follow the OUH rules and there have been no changes from them. Safety Office is waiting for updates from OUH on these measures.

8. COVID-19 Updates

a. Updates/Reviews

OUH has updated guidance regarding COVID-19 testing/isolation:

From Friday 1st April LFD tests will be available for NHS staff working in a patient facing role to continue to test twice weekly when asymptomatic. NHS staff with symptoms should test themselves and if they test positive follow the guidance about returning to on site working.

If identified as a close contact, patient facing staff will be able to continue to work as normal so long as they remain asymptomatic and test twice weekly.

Non patient facing NHS staff, and University staff, are no longer required to test asymptotically twice weekly.

There is no longer a requirement to have a negative PCR test in order to return to work.

AA advised that she has a supply of LFD test kits that can be issued to staff if they have symptoms or need to take daily tests.

DG suggested we need to define the difference between patient-facing and non-patient-facing staff and what guidelines relate to each group.

[AA to circulate updates to NDCLS outlining what guidelines relate to each of the two groups, Patient-facing and Non-Patient-facing.](#)

SH brought up the issue of density of staff and voiced concern that NDCLS can never follow the University guidelines and is worried that we will end up in NHS limbo. GR advised that guidelines around social distancing has not changed yet, but he is pushing for this at every meeting he attends.

GR then suggested that some staff who don't have LFD test kits will come to work with a cough and sniffles and this in turn which makes other staff feel uncomfortable.

AA suggested that if staff do have a cough or sniffle then we can provide them with an LFD kit to test with, suggested that maybe they can do their role at home for a couple of days or, if this is not possible, maybe working at a time when it is quieter, so they are not mixing with a lot of other staff. This will can be managed on a case-by-case basis.

The Safety Office has updated its overseas travel risk assessment documents: During the pandemic, there was a general risk assessment document and a separate COVID risk assessment document that needed to be completed by anyone travelling on university business. The COVID risk assessment document has now been retired and the general travel risk assessment has been tweaked to address COVID risks within that document.

[AA to circulate the new templates.](#)

SJ reported she has asked patient facing staff in her group if they have had their 3rd vaccine booster and confirmed that they have.

9. Safety Office update

a. H&S review

The University H&S underwent a major review by the HSE ASCENT (Achieving Safety Culture Excellence Now and Tomorrow). The University was given an '*ad hoc*' rating which is the lowest of the 5-rank scale. The overall finding was that the culture was reactive rather than proactive. This resulted in various internal reviews that resulted in a set of recommendations, which were presented to Council and were all approved. There is now a new programme in place to address this over the next 3-5 years. Various recommendations that came out were:

- Improving engagement with staff and students, with having clearer lines of responsibility and improving visibility of leadership
- Communicating the important positive role of Health and Safety in achieving strategic goals.
- Introducing a new H&S management system and a new leadership group reporting directly to Council. This has already happened, and new group is called Safety Executive Group.
- Establishing a new H&S network to strengthen links with Divisions and Departments. This is also underway, there is a Teams group called SHEOx that has been set up and this will link in with the new Safety Executive Group.
- Establishing a new competency framework for training and support to staff.
- Introducing a new assurance process
- Adopting the 'Plan Do Check Act' approach to managing H&S across the University.
- Reviewing the resources we need to deliver this new programme
- Programme of IT investment to improve efficiency and enable sharing of knowledge and good practice.

AA suggested it would be good to plant the seed and start raising the awareness of having conversations about H&S on a more regular basis whether that is in lab meetings, 1-2-1 meeting etc. The risk assessment processes that we will be doing will also help to raise awareness.

[AA Will circulate an update on this new programme.](#)

GR made the comment that although the result of the review was '*ad hoc*', this does not mean we didn't have good systems in place. We were compliant with everything we were expected to be compliant with. The reviewers looked at H&S in a different way to what the University had looked internally. Things are changing and the enabling works to make things change are going on in the background. It is going to happen and is expected to be released sometime in May. There will also be some new branding and new slogans to put on the bottom of your emails etc.

b. Health Screening

Discussed in item 7b above.

10. Roles of officers on the committee/vacancies

AA had circulated the vacant roles through wider NDCLS and had quite a good response.

Dan Royston will take on the Deputy Divisional Safety Officer role.

Hamid Dolatshad will take on the Fire Officer role.

Shazia Irshad will take on Deputy Fire Officer role.

Kamran Miah will take on the Electrical Safety Officer.

Andrea Pellagatti will be one of our DSE Assessors and will undertake the training for this role.

[AA to arrange meetings with HD, SI and KM to discuss what is required for them to complete these roles.](#)

AA thanked everyone who have stepped up to take on these roles.

AA advised there was no response to the email to the students. She encouraged PIs and Supervisors present to have a discussion with students in their group to find someone who would be willing to be a student representative, and to let AA know.

11. Hazardous waste disposal (including Housekeeping initiative)

AA has updated the Safety Office with FG as Deputy Point of Contact for NDCLS Hazardous Waste matters as ME had gone to OCDEM.

GR advised that meeting with Derek to help dealing with unknown chemicals is still pending as previous meeting was cancelled due to the rise in COVID cases. Going forward we don't want to have any unknowns so please label your stuff and make sure you know what it is and get rid of it as soon as you can.

Chemical Waste & Hazardous Waste Collections –

GR advised Derek wants to do a chemical waste collection around 21st April from the JR site. A note will be coming around to ask you to complete your TW 2/10 forms to get this in the pipeline.

Derek is looking to collect Hazardous waste equipment (fridges, freezers etc.) around 27th April.

[GR will circulate the details to relevant parties.](#)

Expanding Lithium Ion Batteries

GR has put 10L cans and anti-static bags with MSD IT in the main hospital so they can collect them and pack them until GR can get in and put them into store.

12. Health & Safety Documentation for NDCLS

AA advised this has not progressed very far since the last meeting. AA has found a set of slides on "How to do and document" risk assessment so this will be adapted and incorporated into our guidance document going forward.

SH was looking to check the GM Risk assessment on the RDM/NDCLS website but couldn't find them.

FG advised that H&S pages are deliberately hard to find because some of them are in dire need of updating.

[FG to check with Charvy to see where we are at with this as the page is hidden.](#)

DG advised GMG they are trying to be more proactive by getting staff/students to go and read the risk assessment and tell them about it, but they are always difficult to find. Need to find a way to make this more accessible to everyone. FG provided link to show where to access the GM risk assessments (<https://www.rdm.ox.ac.uk/intranet/facilities-and-health-safety/facilities-and-health-and-safety/ndcls/divisional-risk-assessments>)

DG advised the H&S pages need to be updated and ex staff removed.

[AA to update the Statement of Safety Organisation on the web pages now that the vacant DSAC roles have been filled.](#)

AA advised she has circulated the latest poster on injuries from sharps, bites or splashes when there has been an exposure to an infectious agent

13. NDCLS Eye protection policy

The Safety office issued a training video called “Hindsight: the Ken Woodward Story”, which was quite hard hitting, and this has been circulated to everyone.

[AA to follow up and see what the take up has been on the training after Easter.](#)

Eye Protection is mandatory for everyone in wet labs and as part of the H&S induction process every new starter is given a pair of safety spec, glasses wearers are given over specs and told to go to AA if not suitable so other options can be looked at. If prescription specs are required, the cost is met by NDCLS.

Compliance of wearing eye protection is fairly low across the Division and in light of the new proactive approach to safety, a discussion around what our approach will be on how to engage people in wearing their safety specs, how we can monitor compliance, and how we address non-compliance, is needed.

Previously non-compliance was a conversation with the person’s supervisor and then if it required escalation it went to the administrator and then HoD.

SJ & DG have advised teams to complete the training and both confirmed they remind people when they see them to put on their safety specs on when in the lab.

For specific procedures that require really fine viewing DG suggested that maybe we look to invest in a light with a magnifying glass or other optical aids to make it easier while wearing safety specs.

GR advised now that we have a philosophy that it’s everybody’s responsibility for safety, so we shouldn’t rely on Supervisor or lab manager to tap people on the shoulder. It would be really great if colleagues within the lab felt empowered to say to colleagues “put your safety specs on”.

The reason for mandatory eye protection in labs is that there is a need to get control of the eye injuries because, in the past, the HSE have advised that if this does not happen, they will come and shut the lab down.

In an industry environment if you don’t wear your safety specs you don’t get to go into the lab so this needs to be reinforced in our labs.

If the approach of reminding people to wear eye protection does not improve the situation, more severe measures such as exclusion from the lab (for an individual or entire group) can be discussed.

[AA to draft an email to be sent on behalf of DG outlining the approach going forward to encourage people to feel empowered to remind colleagues to comply with the eye protection policy if required.](#)

14. Local training requirements

Nothing further to report; fire safety training was discussed in item 4b above.

15. Any other business

AA gave an update on changes to named First Aiders and Mental Health First Aiders in NDCLS.

Named first aiders in NDCLS

- Felicity Green has taken over from Toby Gamlen
- Aimee Ruffle
- Debbie Hay

Mental Health First Aiders in NDCLS (Toby Gamlen and Helen Oldham have now left)

- Felicity Green
- Amanda Anderson

Across RDM there are about 20 mental Health First Aiders.

All of this information has been circulated and new posters have been sent to lab reps for local display.

SJ mentioned she is a trained Mental Health First Aider for NDS but will need to do a refresher course in August.

AA advised that a Safety Officer is looking at the revamping the training for biological safety. There was a survey which was circulated to the DSOs and Biological Safety Officers.

TM advised the survey was about what people want and what they believe is required. One of the key things was training for Biological Safety Officers and also improvement to the website. A lot of information that was removed from the website will be put back and that should help with training. AA and SH have completed the survey.

GR asked if all of the NDCLS fume cupboards are now working. AA confirmed that all are working well.

SH advised GMG have two fume hoods in the old radiation room that are currently used for storage. These had been decommissioned for radioactive work but will require further testing if their use as functioning fume cupboards is required in the future.

[KM to put a sign on both of these fume cupboards to say that the fume cupboards are not working and can be used for storage only.](#)

16. Date of next meeting – June 2022 (exact date to be agreed)