

Nuffield Division of Clinical Laboratory Sciences

Divisional Safety Advisory Committee Meeting

Monday 17th April at 14.00 in the NDCLS Seminar Room

Minutes

Divisional Safety Officer: Dr Amanda Anderson AA
Head of Division: Professor Deborah Gill DG
Medical Sciences Divisional Safety Officer: Graham Ross
GR Chair of Meeting: Dr Amanda Anderson AA

Also present: Hamid Dolatshad HD, Tina Garland TG, Felicity Green FG, Steve Hyde SH, Mariana Viegas MV, Kamran Miah KM, Stephanie Jones SJ, Stephen Minay SM, Shijie Cai SC, Shazia Irshad SI

1. Apologies

Daniel Royston DR, Abigail Lamikanra AL, Brian Shine BS, Tracey Mustoe TM

Amanda thanked Tina and Felicity for their contributions to the safety committee meetings. Tina is moving back to New Zealand, and Felicity is moving to a new role with IT Services in July.

2. Minutes of the previous meeting

The minutes of the meeting held on 7 December 2022, which was the last meeting, were accepted as a true and accurate record.

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

- Pg1 of previous minutes – Travel and Risk Assessments to be circulated. **This has been actioned** and is also on the NDCLS Website.
- Pg1 of previous minutes – chemical unknowns – GR trying to roll into one the training for chemical unknowns and training on spillage (how to use spill kits and what to do etc.).
Action: GR to follow this up with Derek.
- Pg2 of previous minutes – AA to circulate reports on Fume hoods and follow up with JR Estates on report for Fume hood in 4A14. **To be actioned AA**
- Pg2 of previous minutes – GR to close out IRIS action 641. **This has been actioned.**
- P3 of previous minutes – Risk Assessment for Monique Andersson to work in Boulwood lab on level 5. SH to work with Monique and clarify several items. **This has been actioned** AA to clarify status of student, look into UV Bulb in safety cabinet and circulate approved RA. **This has been actioned.**
- Pg 5 Incident reports –AA to provide templates for emergency contact information to be put on the walls within NDCLS & GMG. **This has been actioned**
- Pg5 Gas burner incident – AA to find out where a safer alternative can be purchased from. **This has been actioned.**

- Pg7 Safety Training Programme - SJ & GR to investigate why a cryogenics safety course was being charged for via CoSY. **This has been actioned** and was found to be a processing error.
- Pg8 Access to Safety training records on CoSY. FG to investigate if she could also access these records. **This has been actioned** and whilst CoSY does report safety training, it does not record all training (e.g. HTA training) so there is still a need to have a local system capturing everything on one place
- Pg8 NOC H&S Arrangement. **This has been actioned.** Agreement in place for staff based in NOC which is a similar letter to what was agreed with NHSBT. This has been signed by both parties, and includes an appendix document that clarifies responsibilities; essentially, responsibility for aspects of their University-administered work would fall to NDCLS if it is not directly linked to, or covered by, any OUH project and risk assessments etc. AA has contacted the two PI's based over at the NOC to check with them as to what they are doing and what documents they have in place. There is a new centre manager for OHTC, Simone Kelly, who is now the point of contact. AA confirmed that:
 - Hazardous waste goes out through OUH.
 - Accidents and incidents are reported through the NHS system Ulysses (formerly Datix) and AA requests once a term if there are any accidents or incidents. The NOC retain all responsibility for HSE reporting processes unless it is specifically NDCLS-related. Any Biological Safety/GM work as part of the University administered research would fall to us.
 - OUH meets occupational health requirements, referrals, DSE assessments and they have all their policies in place. The Staff have to complete mandatory training and have training record reviews. Things that would fall to us include e.g. Health surveillance that might be needed for animal work, risk assessments for University-related travel etc.
 - SJ confirmed that a Joint appointment with OUH is covered under an honorary contract which covers the same as a Research passport but also enables an OUH email address and access to OUH training for staff member.
- Pg9 Prescription Safety specs - AA called Specsavers to discuss specialist lenses and now has a contact to use if anyone requires specialist prescription safety specs. **Action: AA to send contact name to GR**
- Pg9 Power Disconnections – Unlikely to affect hospital sites. AA & FG to check that labs are prepped for equipment and to identify where all stand by sockets are so we can ensure critical equipment is covered. **This has been actioned.**
- Pg9 Human Tissue in -80 freezers. SJ to check if Human tissues can be stored at -70 instead of -80. **This has been actioned** No clear decision on this. Told to check the protocol.

4. Reports from Safety Officers

a. Biological (including GM matters if applicable)

SH working with SC on a RA currently. No other active areas of RA for Biological safety. No notices or events to report on.

AA advised that Heli Simmonds would also be in touch to discuss an RA for virus work she is intending to do within NDCLS with some DPhil students from October. AA asked if SH had reviewed GM RAs on the website. SH felt some items were very old and out of date so a further review and update of GM Risk assessments was required. **Action: SH to let AA know which need to be updated.**

b. Fire

GR took Steve Allen, the Trust Fire Officer, and Hayleigh Colling (ORB staff member who highlighted the issue) to have a look at issue with the fire exit on level 1. GR confirmed that the exit at the pathology mortuary is the one to use. SJ has confirmed to everyone in ORB/OCHRe that the way out is via the pathology mortuary exit if you are on level 1, to the Japanese gardens if you are on level 4, and that staff are to stay there until a fire officer/OUH Security officer advises it is safe to re-enter.

GR advised that a new Fire policy will be issued by the University soon which links into the Trust's guidance documents. It is currently still being reviewed by DivSOs.

c. Laser

SC advised that updated Laser Register document and the RA document associated with the FACS machine are now updated and on the NDCLS website.

d. Electrical

KM working with AA to generate a checklist that will be used once a month by lab leaders in their respective spaces to make sure we are compliant with electrical safety. This will be circulated to all groups soon.

KM looking at compiling a list of standby points in labs that should be used for critical equipment in the event of power outages or power disconnections.

A reminder that WEEE that is non-hazardous can go through the Trust - pass to AA for disposal. Anything hazardous goes through safety office – contact AA in first instance.

e. Manual Handling

Nothing to report.

5. Incident Reports

a. IRIS Privileges

AA confirmed that our DSO, DDSO, FSO and BSO contacts for IRIS are unchanged from the last meeting.

b. New incidents (occurring since last meeting, includes any NHSBT and NOC reports)

AA advised we have had a second fire incident with a canister style Bunsen burner (the same style of burner that was involved in the previous incident in this lab). A window was open and it is believed the wind blew the flame around the control valve and caught fire so the burner was not able to be turned off. A fire blanket was used to put the fire out. Actions taken since the incident:

- This burner has now been removed and new safer burners are now in use.
- Windows that couldn't be closed have been fixed and are now closed.
- Fire blanket has been replaced.
- RA and SOP for using the burner are now with DSO for review and will be circulated ASAP.

Action: AA to email central purchasing team and ask that the self-sealing canisters be added to R12 catalogue and older less safe canisters be removed.

SJ advised she has been told by OUH staff on Level 1 that in the event of any fire the fire brigade should be called. This was disputed and it is believed the procedure is to call 4444 switchboard if there is a fire that can't be put out or if the alarm goes off. This bleeps a fast response team who will attend the fire. Need to clarify this. Action: SJ to speak with Sharon in Cellular Pathology; GR to speak to someone at the Trust.

There are no new incidents reported by NHSBT or NOC.

c. Updates on previous incidents

Monthly checks have been introduced to check there are no leaking pots in the Museum. DPAG are coming up to check all items, look at what we have got and what needs doing. Many pots are sitting in secondary units to contain any leaks but more are being purchased.

Action: AA to complete RA on incident where hooks when into her hand.

6. New circulars from the Safety Office

a. Policy

No new policy statements issued since last meeting.

S1/22 Asbestos Management – follow up from last meeting

Need to document departmental arrangements. There were a lot of forms to fill in for reporting which people hold responsibility for various aspects of asbestos management, what training people needed to go on, what equipment we possess that might have asbestos containing material in, and whether we do any work that might disturb asbestos containing material. The need for the completion of these forms has now been put on hold for those who are in embedded spaces as we need to make sure we fit in with the trust policy as well. GR will advise in due course.

GR advised due to an incident with a roof tile where it was unknown if it contained asbestos or not resulted in that the whole area being closed off until it was inspected. GR emailed everyone in the trust including director of Estates who jumped on it quite quickly. The result was it wasn't asbestos but it has prompted the trust to engage and advised they have regular meetings about the asbestos and also ventilation and would we like to send someone from University to attend and hear what's going on. Nominated people to attend and it's going back to George Bennett who is the asbestos person within the University Estates Compliance Team. GR meeting with Brian Jenkins to decide who else should attend.

AA has compiled register of equipment that might contain asbestos. Action: AA to pass this by GR for review.

Stephanie offered to check OUH intranet for asbestos register. To be actioned SJ.

b. Memoranda

Memo M2/23, the safety training course programme, has been issued and will be communicated in the usual way.

7. New Circulars from Occupational Health

a. Policy

No new policies issued since last meeting.

b. Guidance

No new guidance issued since last meeting.

GR advised that the HS1 form is being updated and the Department can trial it. The form is now looking more like “not that I’m working with, but I am exposed to” so therefore I should be on Health Surveillance. Health Surveillance is what is left over once all risk assessments have been completed and risks have been reduced accordingly. All going to be online and will be a direct link from department to Occupational Health. Decided that NDCLS does not have enough new people so won’t look to trial the new HS1 form.

8. Safety Office Update

New channel in the SHEOx Teams dedicated to surveys and consultations. There is one out on Defibrillators, First Aid and Evac Chairs requiring completion by end of April. There is also one on the Everyday Safe campaign

CRIMSON system is owned by Insurance inspectors. Was managed by Insurers but has now been taken on by Estates Compliance Team. They have generated a list identifying items of equipment where pressure vessel testing is showing as outstanding. We had one item on the list which has now been checked.

Some new IRIS posters were designed with QR codes on them so everyone knows how to report incidents have been circulated around the department.

9. Training

a. Update on training plans

AA presented an update on behalf of DR. He mentioned last time that he would contact new starters to see who had done the training courses. There were four new lab based staff members and result was one had done all training, one had done some of the training and two had not done any.

They have now been told that the training is mandatory and there will be a follow up in one months’ time in liaison with their Supervisor.

Committee agreed local policy that new starters should not be given access to labs until online mandatory courses have been completed. These are currently advised at Health & Safety induction.

Action: AA to inform HR of new process.

AA raised the prospect of reintroducing the physical induction booklet for people to have at hand. This could also serve as a reminder to everyone that training is mandatory and completion certificates need to be sent to DR as a record of compliance and competency levels.

Action: AA/DR to look at what courses are available online and create a list of mandatory courses that must be done in first days of someone starting work.

b. Local courses

GR advised some practical courses on gas cylinder manual handling and regulator changing will be made available. Currently, many NDCLS staff do local gas cylinder and regulator training in house but would happily send all staff on a BOC course for gas cylinder and regulator training if it was available.

c. OUH Fire Training

Stephanie has circulated the OUH training video to AA and the GMG. GR advised he will attend the Trust OUH training to check it meets our needs. The Trust is happy for NDCLS members to attend the OUH training lecture after the OUH staff and GR can keep records of who has attended.

DG suggested that all Lab leaders should be proactive to ensure that all of their team members are aware of fire safety and what to do in the event of a fire. This can be achieved by watching the OUH video, attending OUH training lecture when available, having one-on-one conversations with group members to ensure they have an understanding of what to do, what to use, walk the evacuation route and to have regular/random spot checks.

AA to circulate video to lab leaders encouraging them to use these tools to keep their team well informed and to advise DR when any training has been completed. To be actioned AA

10. Health and Safety Documentation for NDCLS

AA has circulated the RA template and document about how to do and write a RA. Feedback is that generally it was good but what would be really helpful is some worked examples to clarify what sort of things need to be thought about. Action: AA will add in some worked examples and re-circulate.

11. Any Other Business

AA advised that the NHSBT Occupational Health provider has changed but no change to our arrangements in terms of NDCLS staff that we have down there.

AA advised that there are a couple of new Liquid Nitrogen cylinders being purchased and delivered at the end of this month, one for NDCLS & one for ORB. These will need to be registered with Crimson. Larger cylinder (for ORB) will need to be bolted onto a platform. If a problem when cylinders arrive then Cryo services will need to be contacted to do this. Action: AA to check Andrew's files to see if there is any information on who did the platform work for existing cylinder.

AA advised that MSD have issued a policy on storage and use of Human Tissues for research. It was agreed that every member of staff should be asked to read it. Action: AA to circulate to NDCLS.

GR thanked AA for completing survey about activities where your work may pose risk to the Trust. The Trust now want further information on the basis of what was provided so GR will direct this through Amanda as Risk Assessments will be required.

GR advised that Trust would like to have a list of people to contact in case of Emergency. They are looking to put together a contact list with approx. 5 names on it that can be sent to the University Security services office so that Trust can contact them in need for names. Will follow up in due course.

GR recounted that MSD had released some promotional material to try and recruit people and it was filled with non-compliance issues so reminded people that, if you are looking to prepare any promotional material, please think about the health and safety aspects before you do it.

GR thanked SH for stepping up and being MSD Rep on Safety Executive Group.

12. Date of next meeting

July 2023 (exact date to be agreed)