

Nuffield Division of Clinical Laboratory Sciences

Divisional Safety Advisory Committee Meeting

Wednesday 7 December 2022 10.15am 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, Julie Hamilton JH, Steve Hyde SH, David Maldonado-Perez DMP, Mariana Viegas MV, Kamran Miah KM, Stephanie Jones SJ, Stephen Minay SM, Brain shine BS

1. Welcomes and Apologies

AA welcomed everyone to the meeting especially to Stephen Minay, who is the new Lab Med course administrator following Felicity Bennett's retirement, and to Julie Hamilton from the Safety Office, who is attending today in place of Tracey Mustoe who has sent her apologies. AA also informed the committee that HD is now working in the Gill and Hyde group and is happy to continue his roles on the DSAC as Fire Safety Officer and Deputy Biological Safety Officer. Additional apologies from Shazia Irshad (SI), Daniel Royston (DR), David Maldonado-Perez ((DMP), Abigail Lamikanra (AL) and Shijie Cai (SC).

2. Minutes of the previous meeting

The minutes of the meeting held on 22 July 2022 were accepted as a true and accurate record.

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

- Pg1 of previous minutes – AA/GR/HD/SI to liaise over fire safety – **this has been actioned** and HD will provide a summary in his Fire Officer report
- Pg1 of previous minutes – MDIN info to be circulated – **this has been actioned**
- Pg2 of previous minutes – Travel info to be circulated – remains outstanding. **To be actioned AA.**
- Pg2 of previous minutes – AA/KM to meet to discuss SO role – **this has been actioned** and KM will provide an update in his Electrical Safety Officer report
- Pg2 of previous minutes – chemical unknowns – GR needs to chase up Derek. **To be actioned GR.**

- Pg3 of previous minutes – fume hoods – Fume hoods in 5501 and 4826 serviced recently. 5501 passed fine, 4826 passed with some comments re housekeeping; AA to pass report to lab manager. Fume hood in 4A14 not done on this occasion, AA to follow up with JR Estates department. **To be actioned AA.**
- Pg3 of previous minutes - action for AA to put updated laser register onto NDCLS H&S website: remain outstanding. **To be actioned AA.**
- Pg4 of previous minutes – GR to close out IRIS action 641: remains outstanding. **To be actioned GR.**
- Pg7 of previous minutes – AA to request clarification from NHSBT regarding reportable incidents and hazardous waste disposal: **this has been actioned.** AA reported that if any NDCLS individual was to be injured through an NHSBT activity/arrangement, which required a RIDDOR report, then NHSBT would undertake this and make NDCLS aware and also involve NDCLS for any root cause analysis meetings that are required to take place following any RIDDOR reportable incidents. If it was an individual e.g. a contractor arranged or supplied by NDCLS who had an incident at NHSBT, then this would be the responsibility of NDCLS to report. However NHSBT would always participate in discussions if there was an incident to provide any necessary support. Hazardous waste goes out via NHSBT streams. Action for AA to forward relevant NHSBT GM documents to SH: **this has been actioned.**
- Pg10 of previous minutes – action for AA to schedule safety inspections: remain outstanding, **to be actioned AA.**
- Pg10 of previous minutes – action for AA to update Safety Office/IRIS with correct Fire Safety Officer details: **this has been actioned.**

4. Reports from Safety Officers

a. Biological (including GM matters if applicable)

One new risk assessment - request to support some work from Monique Andersson (MA) to use some of the Boulwood space level 5 to conduct some research. We need to review the risk assessment that's been put together by MA, AA and SH, and reviewed by Tracey Mustoe.

Focus on the use of biological materials because the project is to assess clinical samples for possible sexually transmitted diseases; specifically testing for a defined list of species. Workers will receive closed samples from the clinical sample scheme via MA (OUH) and evaluate new tests for those organisms.

Risk assessment document reviewed on the screen. From the moment of the sample being opened to it being closed again is the period of risk. Organisms to be tested for in Hazard Group 2 (requiring protection etc.). Reviewed the differences between Containment Levels 1, 2 and 3; CL1 is essentially open lab space; MA operates at CL3 in OUH so understands the protocols required. NDCLS labs are CL2 level labs. CL1 v CL2 largely the same requirements with main differences being security = microbiological safety cabinet, determine use within risk assessment – MA will do anything requiring this in a cabinet.

GR asked what the route of infection could be – contact/splash via surfaces. MV suggested use of longer gloves, which go over ends of lab coat sleeves, to eliminate risk of exposure of skin on arms. Consensus is we want clarity on the routes of infection.

DG asked how this is normally approved: this DSAC acts as the Biological Safety Committee to review it then SH signs off on behalf of committee and permission is then granted by divisional head (DG).

DG wants to know who else is working with Monique on this (two students with experience in this work), what is their status, who are their supervisors, will MA be day-to-day supervisor (yes) and their supervisor in engineering is aware (yes). AA to clarify exact status of students. All have had a local H&S induction into the space with AA and the students have received their university H&S inductions with their local departments (Engineering). JH advised AA to chase Engineering and keep lines of communication open with the students and MA to ensure everything is up to date.

SJ questioned waste disposal of tips and decontamination – AA suggested use of lidded dispo jars. Suggestion of double bagging softer waste if left. TM has not perceived this as high risk, instead viewing it as quite standard lab research. DG advised of the need to make current users of the lab aware that this is happening to anyone who uses this space.

DG encouraging people/students to move out/into office space rather than the lab.

GR queried UV use and is it automatically shut off when you open the door? AA to check interlocks on microbiological safety cabinet. MA encouraged to specify which disinfectants will be used. Students are experienced in the techniques as currently doing this work elsewhere.

SJ raised checking clinical data and anonymisation with MA and OUH.

No other updates from SH.

GR questioned local training – AA confirmed inductions have been conducted by NDCLS and HS-1 forms have been submitted to Engineering DSO to activate health surveillance if not already in place.

Actions for SH:

- To work with MA to update risk assessment and clarify items especially
- Listing routes of infections and detailing adequate PPE including long gloves
- Addressing patient identifiers/anonymization/discarding samples in OUH labs if patient identifiers are present)
- Include use of dispo jars for disinfecting and disposal of tips
- Specifying which disinfectants will be used
- Including a statement re exclusion of any known HIV/HepB positive samples as they cannot be used in this space (requires a CL3 lab)

Actions for AA

- Clarify status of students involved and supervisory relationships
- Check UV bulb shutting off when door opens
- Share approved RA document with current local users of the space for awareness

Once all checked – sign off by SH (on behalf of DSAC) and DG required then good to go and staff/students will get access and be added to mailing lists etc.

NDCLS DSAC is happy to approve this risk assessment in principle subject to the amendments above being addressed to the satisfaction of SH (NDCLS BSO).

b. Fire

HD met with GR, SI (Deputy Fire officer) and AA. Current risk assessment is out of date (2013) so need to make new risk assessments for new spaces as well as update. This will include ability to hear the fire alarm in all areas. HD to undertake some fire safety training. GR added that he is having a Fire safety tour with OUH and University fire officers after this meeting and will feedback anything that crops up for Uni staff in NHS spaces. **To be actioned GR.**

In terms of fire safety training, we would ideally like to get University staff to do the OUH training and if that not possible then Graham will come and deliver a version for NDCLS. Access is the main issue in terms of doing the OUH training as uni staff tend not to have OUH email addresses. The ORB/OCHRe teams all have OUH email addresses and there was a discussion around whether the online training could be downloaded for NDCLS staff to do, or whether it could be done by sharing the trainee's screen in the seminar room with NDCLS staff/Students in attendance as a way of receiving the OUH training. AA could keep the attendance register as evidence of training. SJ to investigate whether either of these are a possibility. **To be actioned SJ.**

GR also advised that Steve Emery has left his role as University Fire Officer, and Caroline Tilling has taken the role on in the interim.

SJ reported that level 1 space have had an issue with their alarm and OUH emailed people to say when any alarm that sounds you must go out of the building. Stephanie to request AA, SJ and FG to be added to that communication list. **To be actioned SJ.**

c. Laser

SC has no updates to report. Updated registers need to go on the NDCLS website. **To be actioned AA.** Next step is to use new RA/SOP documents once templates have been finalised.

d. Electrical

PAT testing completed recently for both labs and offices – nothing untoward found, just a couple of minor fails on cables now sent for disposal. KM will be responsible for organising PAT testing moving forwards. Testing is currently done on an annual basis (labs) and biannual (offices). SH questioned whether it needs to be this regular. GR/JH advised that it depends on what our risk assessment says but that annual testing of lab equipment was fairly standard across the university.

AA/KM had met up to discuss the tasks he can take ownership of as Electrical Safety Officer, which also included identifying locations of circuit breakers/standby sockets for NDCLS, and the identification of any critical equipment that should be plugged into standby sockets from a business continuity point of view.

e. Manual Handling

No updates 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/Statement of Safety Organisation.

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

August 2022 IRIS Incident # 2227. Staff member was inserting hooked racks into metal key cabinet in the wall of an office when one of the racks slipped and caused quite a deep cut in the staff member's hand. Staff member took themselves to A&E on first aider advice but only Steristrips required. Root cause: lack of sufficient risk assessment process before attempting task. Risk assessment to be done and documented prior to completion of task and gloves recommended as additional protection.

August 2022 IRIS incident # 2235. Water leak from ladies toilets next to lab 4A17 as a combined result of blocked pipe AND faulty flush (continuous flushing). Extensive amount of water flowed into 4A17 and on into 4A17A due to the gently sloping floor, despite the use of lots of paper towels to try to stem the flow. A number of cardboard boxes of consumables were damaged but contents were unaffected. Root cause: Human error causing blockage in the toilet with too much paper, coupled with general aging infrastructure of the hospital facilities. Spill socks to be purchased for future use in lab, signage to be displayed in toilets regarding not flushing excessive amounts of toilet paper, cardboard boxes to be stored off the floor in labs.

This incident prompted a discussion around emergency contacts being listed on NDCLS doors. AA advised that signage is in place on the main NDCLS doors in the Academic Centre, and on lab 5501, but not on lab 4A17, which lies outside of the main NDCLS doors. Emergency contacts for the Clinical Skills Lab are also on the main NDCLS doors. Gill and Hyde lab requires emergency contact information to be put on display. AA can provide templates. AA will do this for lab 4A17. **To be actioned DG/SH/AA.**

September 2022 IRIS incident # 2311. Staff member was lighting a portable gas burner, having just changed the gas cartridge for a new one. A larger-than-usual flame resulted in the tips of the staff member's fingers receiving superficial burns. First aid was provided and no subsequent health concerns reported. DSO review revealed that this activity has always been problematic but this a never been communicated to anyone, that the replacement of the gas canister had not gone smoothly and may have resulted in additional piercing of the can, and that there are safer alternatives to the system being used. Root cause: Lack of review/communication pathways regarding the process and associated risks. Alternative system will be purchased and a risk assessment for this activity will be done and documented. . SH reported that the safer canisters are not available on R12. AA/Safety Office to find where they're being purchased from. **To be actioned AA.** GR noted that if these have been taken off R12 we need to find out why and point it out.

October 2022 IRIS incident 2309. Water leak/falling ceiling tile in room 4834D due to leaking sink pipe which runs through suspended ceiling space. JR Estates patched the pipe but won't replace it due to encapsulated asbestos. Root cause: chronic under-maintenance of the hospital infrastructure. Although this lab area experiences regular leaks, this was the first one in this room for some considerable time. Risk assessment document to be reviewed and updated to include this additional hazard location. GR confirmed if asbestos is encapsulated and not disturbed then it's safe.

AA confirmed that there have been no incidents involving NDCLS staff working in NHSBT spaces since last meeting.

c. Updates on previous incidents

AA confirmed that the only update was that the operations that were relocated from the Gill/Hyde lab when sewage started raining down have now moved back in to their original location now that the major areas of pipe have been replaced and risk has lessened. GR still needs to close out action IRIS from that incident (Incident # 641). **To be actioned GR.**

AA reported that she is in contact with DPAG to do routine maintenance on pathology pots identified as requiring work through the monthly checks that are now happening. Additional spill trays ordered to trial for size and if they fit then we'll purchase as many as we can to contain additional pots and minimise any future spills.

6. Health & Safety Documentation for NDCLS

AA reported that the RA and SOP templates have been updated (minor tweaks (e.g. DSO to review, supervisor or HoD to sign off), tweaked layout slightly, included an updated risk matrix which gives guidance on assigning scores for likelihood and consequences). These have been sent to people for review and currently awaiting their feedback. Subsequently decided to add in a page for COSHH so that any activity involving substances hazardous to health would have that aspect captured all in the one document. Once feedback is received and updates made, these will be circulated to all for final comments.

AA has also drafted a guidance document on how to do and document a risk assessment, including signposts/suggestions. Sent to same people for feedback and will address comments once that comes back. When all approved, these will be uploaded to the website for ease of access and then the process of working through the required documents can begin.

7. New circulars from the Safety Office

a. Policy statements

S1/22 – Asbestos Management

AA advised that, under the new Asbestos Management university policy, we're required to review and check policy, guidance and training matrix, needs to be completed by 14 March 2023. Question posed to GR: What is required for those in embedded spaces? In terms of reviewing/checking, the Trust have an asbestos register that we need to contact Estates to see. GR will provide name of OUH person. **To be actioned GR.**

NDCLS needs to appoint a lead to take charge of asbestos matters so that if using external providers, rather than OUH, for works, then someone is able to advise on asbestos etc.

Not a major action for embedded spaces but we must make sure – and evidence – that we've addressed it.

Reminder that old pieces of equipment might have asbestos (incubator/ovens, retort stands etc.) so we should check inventory. **To be actioned AA.**

Also be aware of what procedures we should adopt in embedded space: if we're doing a refurb then we need info to report back to OUH. Refurbs by external suppliers need to be from the list of OUH approved suppliers which by proxy confirms they comply with OUH asbestos policies.

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

b. Memoranda

M3/22 SAFETY TRAINING PROGRAMME – MICHAELMAS TERM 2022

AA confirmed this had been circulated to all staff and students via the usual channels. SJ raised cryogenics training course as she had been charged £75 via CoSy. SJ to provide screenshot of the message, GR to investigate. **To be actioned SJ/GR.**

8. New circulars from Occupational Health

a. Policy

No new documents since last meeting.

b. Guidance

No new documents since last meeting.

9. Safety Office Update

JH apologised for the lack of updates from the Safety Office. Will be a workshop about everyday safe (action orientated safety – if anyone likes to attend then let Graham know. There are limited resources (time/capacity/money) to provide training packages from the centre. Hoping to put something together for the end of next term.

10. Training

a. Update on training plans

DR had previously proposed plans for improving training compliance/records. Suggested that some more thought needed to be given to this and how to make it work. DR had said he would provide a report for today but no update provided. In brief summary, AA and DR had discussed doing initial surveys to identify where to start/efforts should be focussed

New starters are advised of H&S training they must do e.g. eye protection, and recommended e.g. biological safety, risk assessment etc. DR to survey new starters to assess compliance.

Survey of all staff/students to report what training they have done in 2022 to give snapshot of current engagement. HR can access some records but they are not complete.

AA advised that HR processes being reviewed currently, including look at training course compliance as part of that – focus on H&S to get up and running, then look at merging with others areas in future.

AA asked if there has been any update on pilot study enabling DSO to access safety office training records to monitor compliance/attendance etc. GR advised that DSOs can apply to CoSY to interrogate the training course records. FG advised she can check CoSY so will see if this also includes safety courses. **To be actioned FG.**

Actions for DR:

- Do the surveys to identify training needs with a view to presenting those results and a plan of how to move forward at the next DSAC meeting.

b. Local courses

As discussed at the last DSAC meeting, AA and SJ have been running hands-on training courses for using liquid nitrogen and the Cryostore. Have now completed this year's sessions for everyone – seven sessions – with 100% user attendance. Definitely worth doing as it identified some questions that would have been covered in the training sessions run by GR/AA. Also highlighted some local concerns that were easily rectified e.g. shorter aprons, relocating some towers in Frodo to reduce manual handling risks.

AA also advised that there is now only one person left working in the lab on Level 5. There is plan in place to consolidate samples from this lab and to store them in Level 4 and eliminate requirement for LN2 storage on 5501. The remaining worker will also relocate to office space on level 4 to reduce risks from lone working.

c. OUH Fire training

Move forward with a local training possibilities as detailed above. If delivery of OUH training via Teams is not possible, tentative dates in January 2023 have been scheduled for Graham to deliver sessions locally.

11. Any other business

From AA:

- New NOC Centre Manager starting in January 2023 so Amanda will pick up liaison regarding H&S arrangement for NDCLS staff/Students based there, akin to NHSBT situation. NHSBT arrangements seem to be working well.
- Hazardous waste – AA is coordinating an NDCLS-wide collection so needs info by end of the week.
- Cryostore annual service has been completed with no major issues.
- Autoclaves had annual checks required by insurers done yesterday

- It has become apparent that many staff/students have slipped through the net previously in relation to DSE assessments, with some never having had an assessment in their time here. AA to work through all staff through the next year. DG is impressed with level of support AA is providing on this for the new starters in her group.
- AA reported that a member of staff has a specific requirement for prescription safety specs for prescription safety specs – anatomical requirement for thin lenses otherwise they get dizzy. Gardiners have said they can't provide this so need to investigate where her original ones were from. Suggestion is to get info from Gardiners so we know what to take elsewhere. DG to discuss with staff member concerned to investigate possibility of contacting previous provider. **To be actioned DG.**

From GR:

- GR advised that staffing levels in MSD office have been reduced from 4 to 2. Recruiting in early new year for replacements but please bear them. For anything urgent it's best to phone him.
- GR advised that business continuity plans for power outages had been discussed at a recent forum that he and AA attended. At the forum we were advised not to worry as the hospital site is protected so wouldn't be at risk of any 'rota disconnections' (planned outages to reduce load on system), but there have been mixed messages subsequently as generator back up system might still switch off and back on again. AA and FG to check labs are prepped for equipment. **To be actioned AA/FG.**

DG raised the issue of sustainability and encouraged lab staff to attend the LEAF meeting in the WIMM. SJ to check freezer temps and samples in the Biobank and Gill and Hyde labs to see if temperatures can be raised. **To be actioned SJ.** A reminder was given that sustainability and safety often have conflicting conclusions so activities should be looked at from both angles.

12. Date of next meeting

March 2023 (exact date to be agreed)