

Nuffield Division of Clinical Laboratory Science
 Divisional Safety Advisory Committee Meeting
 3 December 2021
 MS Teams meeting

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: Steve Hyde SH, Shijie Cai SC, Toby Gamlen TG, Shazia Irshad SI, Hamid Dolatshad HD, Mark Evans ME, Tracey Mustoe TM, Stephanie Jones SJ, Mariana Viegas MV, Abigail Lamikanra AL, Tina Garland tG

<p>1) Apologies</p> <p>Felicity Bennett FB, Brian Shine BS, David Maldonado-Perez DM, David Roberts DR</p> <p>2) Minutes of the previous meeting</p> <p>The minutes of the meeting held on 13 July 2021 were accepted as a true and accurate record.</p> <p>3) Matters arising (not otherwise covered in agenda)</p> <p>AA advised that tG will be taking the minutes of the meetings moving forward as Joanne Lavender (JL) has moved on. AA thanked JL for her efforts on Health & Safety.</p> <p>TG advised he will be leaving NDCLS on 13th January 2022. AA & GR thanked TG for all his efforts during his time with NDCLS.</p> <p>ME advised he will be seconded to OCDEM from 1st January 2022. AA thanked ME for all his support with Health and Safety.</p> <p>ME to let GR know if he needs to send any Admin requests for OCDEM to ME or someone else.</p> <p>Pg 1 of previous minutes: AA created posters with names and photos of First Aiders and circulated them to various area representatives for sharing and display. AA also created and shared a Mental Health First Aid poster.</p> <p>Need to consider getting a new First Aider trained in place of TG.</p>	<p>ME</p>
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<p>Pg 2 of previous minutes: AA followed up with ORB who have some trained first aiders in their team and they confirmed they are happy to provide cover should the need arise and NDCLS will do the same as part of a reciprocal agreement.</p>	
<p>Pg 3 of previous minutes: Hand Arm Vibration Exposure Survey. AA has surveyed local reps and lab spaces and mostly a nil return. Only thing to come up was use of vortexers in labs. Tend to be infrequent and a very short time that they are used for. AA to check the numbers but believes we will not need to take any further action. Ultimately this will be included in our General Departmental Risk Assessment as a research specific activity to be aware of.</p>	AA
<p>GM Committee Meeting AA look to arrange early 2022. SH advised we would normally address anything essential within this meeting.</p>	AA
<p>4) Reports from Safety Officers</p>	
<p>a. Biological – SH has received a request for a new GM Risk Assessment from Shamir who is supervised by SI. SH will work with Shamir and TM to get this completed. GR advised if all work is being done at WIMM then Risk Assessment must go through WIMM GM safety committee to be approved and ratified before it can be used. SI confirmed WIMM need to see NDCLS have GM risk Assessment in place before they will take the cells to do the work. TM confirmed this process. AA asked what is process for a new GM Risk Assessment. SH advised you complete a form that can be found on RDM website which is reviewed by SH and TM to make sure we are dealing with lowest category of risk, which is about 99% of work. Work can be done retrospectively and signed off but need to review the form to make sure it falls within correct category. Risk Assessment is then officially signed off by SH and HoD and placed on internet.</p>	SH/TM
<p>SH advised the Home Office is inspecting the University BMS in a couple of weeks in relation to GM work. NDCLS Home Office GM related work is in GMG lab and SH confirmed all risk assessments are up to date and that BMS officer is comfortable with them. SH will update if needed. ME asked if Home Office would be interested in spaces outside of the BMS complex. SH advised GMG have a small room that is on the designated list and Jordan from BMS is going to inspect room before Home Office inspection. SH confident we would pass inspection if it was required.</p>	
<p>b. Fire – TG advised nothing to report. GR advised he has contacted the Trust Fire Officer to ask if we can get onto their OUH training. GR happy to deliver the training using the Trust Fire Officers slide set if he can obtain them, he will continue to chase. AA also advised that Steve Emery (University Fire Safety Officer) offered to do training for us that was tailored for hospital site rather than the standard University version. AA to follow up with him.</p>	GR AA

<p>c. Laser – Shijie Cai. To update on the list of lasers he was compiling at the next meeting. AA to assist.</p> <p>d. Electrical – Amanda Anderson (currently covering this) PAT of lab equipment has been completed. Lab equipment is done every year and office equipment every 2 years based on assessment of risk. A couple of items in GMG failed. TG confirmed items in question are no longer being used and are being replaced.</p> <p>e. Manual Handling – Amanda Anderson (currently covering this) Nothing to report.</p>	<p>SC/AA</p>
<p>5) Accidents/Incidents and Near-Miss Reporting</p> <p>a. Updates: Nothing to report as no incidents have occurred since last meeting.</p> <p>One outstanding action for GR to close down on IRIS when he is able to log on.</p> <p>Leak in GMG – TG updated on current situation. Nothing has happened for quite a long time. Other than an occasional leak from sewerage riser in the freezer bay everything has settled. There is also a small leak sometimes in one of the offices and TG has put a system in place to catch any leaks. AA asked if this system was checked regularly and TG confirmed maximum leakage was around 10ml so very little chance of overflowing. ME confirmed this issue is still being taken forward by the University to the Trust and there is an expectation that action will be taken. GR advised that when divisional risk register was being completed, he pushed to get problems with third parties or owners with which we sit (with specific reference to the trust) sorted and that we are reliant on them giving adequate service. The risk register goes back to central university to highlight these issues so the leaking issues in GMG are not being left to lie</p> <p>Lights out in GMG -DG advised Estates would not replace lights that were out because there was a plan to replace all lights with LED panels. No timeframe was given for this work and in the meantime, we were expected to buy lamps in order to prevent team members having to work in the dark. This is not acceptable. TG advised that communication from Estates contractor has been poor however TG has been advised that lights will be replaced W/C 6th Dec. AA reported similar issues in the academic centre spaces.</p> <p>Faulty Door handles - HD advised ongoing problem with door handles in Boulwood lab not being repaired properly. AA to</p>	<p>GR</p> <p>AA</p>

arrange for Estates to come back and repair properly or replace door handle completely.

6) **New Circulars from The Safety Office/Occupational Health**

a. **Policy statements:** No new policy statements since last meeting.

b. **Memoranda:**

M6/21 Training courses for Michaelmas term were published on email lists and noticeboards.

AA advised to encourage PIs and supervisors to remind people to look at their training needs on a regular basis, especially new team members. Also remind team members to do refreshers courses to keep up to date as things change and things get forgotten. A lot of webinar type training available online so you don't need to wait until next memo comes out with training courses available.

M7/21 Overseas risk assessment template. AA shared her screen to show everyone the new template. General purposes committee have advised it is now mandatory to complete a risk assessment for all travel going forward. Safety Office has prepared a template. **Section 1 Low Risk** – to be completed for any travel; only this section is required for low risk travel such as within UK, or to North American or the European union or a country where the TravelHealthPro website does not recommend vaccinations nor state a risk of malaria.

Section 2 Medium Risk or High-Risk Activities or Travel to countries that are higher risk. This needs to be signed off by Supervisor and sent to AA for review.

Section 3 This section needs completion when the Foreign & Commonwealth Office (FCO) advises against travel. This must be reviewed by Safety Office (via DSO) and signed off by HoD. This can take several weeks.

University Travel insurance will need a copy of this risk assessment uploaded to qualify for insurance through the University.

Make sure you start this process well in advance of any planned travel.

There is also a COVID risk assessment which also needs to be completed if you are planning on travel.

GR reminded everyone that regardless of when risk assessment has been signed off traveller must check the FCO website for the latest travel requirements regularly as requirements can change quickly.

DG confirmed she is happy with the suggested process and risk assessment.

AA to circulate new template and send email outlining new requirements for travel.

AA

c. **Guidance** No new Guidance notes since last meeting.

<p>d. Occupational Health have issued an updated version of the poster for injuries from sharps, bites or splashes when there has been an exposure to an infectious agent. AA has circulated this. Subsequently OH issued another version where they advised that any incident should be reported on IRIS rather than in the accident book. AA to circulate this.</p> <p>SC joined the meeting.</p>	AA
<p>7) Roles of officers on the committee/vacancies</p> <p>AA had circulated a list of vacancies to committee members first and HD offered to take on role of Fire Officer to replace TG. AA & HD to discuss this further as HD is also Deputy Biological Officer. AA will now circulate vacancies to wider NDCLS asking for volunteers.</p> <p>At recent DSO training course that AA attended it was suggested that it would be good to have a student rep on safety committees. AA to send email to students looking for volunteers.</p>	AA/HD AA
<p>8) RTOSW/New Ways of Working</p> <p>a. Updates/Reviews</p> <p>Risk Assessments have been reviewed and only minor changes were required as restrictions still remain in hospital spaces. Lab Med course was taught online again this year. University is mandating wearing of masks in libraries and strongly encouraging it in all indoor spaces.</p> <p>ME asked if anyone knew what the WIMM were doing. SI confirmed the WIMM has no changes for collaborators, just facemasks and the need to book the facility you are using one week in advance. SJ also visited the WIMM and was asked to complete an Escorted Visitor check list.</p> <p>GR gets sent circulars from WIMM. Will send it to AA going forward.</p> <p>Isolation guidance updated by the Trust. You can return to work as a household contact but you need:</p> <ul style="list-style-type: none"> • to have had a 3rd booster jab • have no symptoms of COVID-19 • a negative PCR test result • complete 10 days lateral flow testing. <p>As most will not have had 3rd booster yet, staying away from the hospital for 10 days will likely still apply. If, however you are identified as having the Omicron variant you must self-isolate for 10 days.</p> <p>GR advised the Trust has said that anyone in an embedded space who is not double vaccinated and has a patient facing task/role will not be able to perform that role from 1st April.</p> <p>GR asked if we could check if anyone in the Dept has a non-direct contact with patients that might be classed as patient facing. No action to be taken yet. The requirements expected</p>	GR

to meet the Trust regulations has been raised with Chris Price who will discuss with the Trust. It has also been raised with Occupational Health. Watch this space.

SJ advised the Bio Bankers all have honorary contracts and are in contact with patients. SJ thinks everyone has been vaccinated through OUH but will check with staff at next team meeting how they are getting the 3rd booster.

SJ

9) H&S agreements covering NDCLS members in non-NDCLS spaces

Some staff and students within NDCLS are based and work in NHSBT, -or the Oxford Haemophilia & Thrombosis Centre (OHTC) at the Churchill site. People working in NHSBT physically fall under the responsibility of NHSBT in terms of H&S with a recommendation that NDCLS have oversight of the arrangements in place. In a previous H&S Management Profile audit it was recommended that this agreement be put formally into writing. DR wrote a letter to the previous NDCLS HoD, stating that NHSBT have responsibility for H&S and therefore any university staff working there would be subject to their H&S arrangements.

AA suggested that we might not have met our obligations in terms of keeping oversight of those arrangements and felt it was a good time to revisit this as we don't have any detail on what equivalent things happen in NHSBT. There is no equivalent agreement with the OHTC.

DG advised that historically the responsibility for the H&S of students came under the responsibility of the Dept they were working in at the time. As a student supervisor DG has previously had to sign over responsibility to e.g., WIMM when one of her students has gone to work in the WIMM for a period. If this is considered the standard, then we should use the same principal for NDCLS members in non-NDCLS spaces. DG suggested that we check that what was signed off years ago is still solid.

GR agreed with DG and made the point that anyone who is responsible for H&S in non-NDCLS spaces needs to be aware that NDCLS members will fall under their H&S regulations whilst they are in their space. Should NDCLS members feel that the host is not covering them for H&S then they should come back to the NDCLS responsible person and let them know so that arrangements can be made to ensure the host is meeting their obligations.

Current agreement from NSHBT is over 5 years old so if AA can get this agreement updated that would be fantastic. In the meantime, GR suggested talking with the students/team members to get an idea of what the induction was like in the non-NDCLS space would be helpful to ensure we feel comfortable that H&S is being covered off adequately.

AA

AL from NHSBT gave a summary of their H&S arrangements via a PowerPoint slide. It covered:

- National risk assessments that are reviewed annually. These are given to people when they join the lab based on what they are going to do.
- Health and Safety plan that is presented to the National H&S committee. Meet quarterly where compliance is checked and provide H&S score cards which involve walking around the lab checking equipment and areas that people work in and also whether risk assessments are up to date.
- Lab inspections on a regular basis.
- Cat 3 Lab Code of Practice is in place which covers using Virkon, taking care with separation waste and how this is disposed of. Staying on top of hazardous chemicals. Handling liquid nitrogen requires practical training course.
- Fire safety procedures are covered in the induction when they start.
- Cetronics is the alarm system used for equipment and safe levels of oxygen in certain areas of the lab and cyrovat room for liquid nitrogen.
- COVID-19 risk assessments in place as well as monitoring number of people on site. Work from home policy in place and also strict sign in, sign out procedures.

GR asked about accident reporting and if an NDCLS member has an accident in NHSBT does AA and NDCLS get a copy of the report and the actions taken. AL confirmed this was a good idea but was not aware if this is happening. Currently this gets reported on Datix system. It gets flagged up centrally and is monitored on a national basis. AL will look to see about getting something in place so that it gets reported to NDCLS as well.

AL

GR had two further questions:

- HR items, like reporting being away for 7 days or more following a work accident, is that handled by NDCLS Admin or is it dealt with in NHSBT?
- Do Occupational Health issues fall with University Occupational Health or NHSBT Occupational Health?

AL confirmed both HR and Occupational Health items go through the University. She would expect the PI to contact ME @ Admin NDCLS in both cases.

AA asked if there was a health screening process in place when people are working with human tissue, working with animals etc where there is a risk to health. AL advised there is nothing in place currently. AA to contact AL to discuss this further in term of screening, returns with chemicals and GM reporting.

AA/AL

GR advised that once the OHTC team have moved to new premises we need to get in touch and arrange H&S agreement with them.

AA

TM asked if Plasmodium work is still going on? AL advised no but NHSBT is set up for it. TM then asked: Who is responsible for CL3? AL confirmed it is NHSBT and they register it with HSE for HSE inspections.

10) H&S documentation for NDCLS

AA has recently completed the DSO training course and advised that having an overarching risk assessment for Dept was discussed. Brian Jenkins from the Safety Office provided a copy of the general risk assessment they have created that we can tweak to work for NDCLS. AA to prepare this.

AA

AA has reviewed the risk assessment template and believes it would be best to update it to include a section for COSHH assessment where relevant. AA has also updated the risk assessment matrix to expand it beyond just health aspects of it to include things like environment, reputation, and to be a bit more descriptive to help people be able to assess what the risk level is. Bigger picture guide on how to write a risk assessment would be helpful. AA working is working on this and it is a priority for 2022. Risk assessment templates will then be sent to safety reps to coordinate getting staff/students writing them.

AA

AA

Also discussed previously was the best way to store and disseminate the risk assessments. AA had contacted the WIMM to see what they do. AA also posted on the SHEOx (Safety, Health, Environment - Oxford) Teams channel, which is filled with DSOs and safety officers, to see what they all do. In terms of the WIMM, they use a hybrid system of electronic and hard copy versions and in reality, it doesn't really work. WIMM looking to move to iPassport. The feedback from SHEOx was pretty much the same as the WIMM: a mix of electronic and paper. Those using electronic systems were predominately using iPassport and were in favour of that. iHasco system is also in use in a few other university departments, but this comes with restrictions to using their safety training courses and does not offer document control in the way iPassport does.

AA suggested we focus on writing the documents and then when we are ready to issue them, we may be in a better position to decide how to do so. Something may also come out of the H&S Review recommendations so we should wait for that in case the University are going to provide a central system.

ME hesitant on iPassport. Great for compliance but very hard system to interact with and hard for User to use.

SJ was in favour of iPassport. It takes time to get used to it but is it much better than SharePoint and paper-based systems.

DG is not in favour of iPassport. Strongly suggests it would be best to wait for a recommendation or if we are forced to use it.

GR suggested we continue to complete our risk assessments. They can then be transferred to any system/recommendation when it comes out.

Timeframe to get any form of recommendation from Safety Office if there will be a recommendation is unknown.

11) Local training requirements

- a. **Fire Safety Training** – AA Looking to arrange as reported in item 4B above. Will update at next meeting
- b. **Liquid Nitrogen training course** was run in October by AA & GR. There were 9 attendees. AA to finalise the review of SOP and risk assessment associated with that.

AA

12) Safety Office Updates

Hazardous Waste. Frances Russell, the University Hazardous Waste Officer, has retired and a temporary arrangement with Grundon has been put in place to provide cover.

GR advised NDCLS should continue to complete the TW2/10 and HE3/10 forms and send them to a dedicated email

address. Hazardouswaste@safety.ox.ac.uk They will be triaged through Brian Jenkins and Derek Salt from Grundon. Contract with Grundon is until June 2022 and then arrangements will be reviewed.

GR advised that the Safety Office sent a survey to identify contacts for hazardous waste and DSE issues in NDCLS. AA has completed this survey and also confirmed that she is the main contact with ME as deputy. AA to update the Safety Office with new contact when ME transfers to OCDEM.

AA

AA advised that hazardous waste chemicals and equipment that have been compiled on a list and they are on the system so hopefully they will be taken care of soon. There are also some unknown compounds and chemicals that need to be categorised for disposal.

GR has spoken with Derek about the unknowns and advised there are ways they can narrow it down into what the types of chemicals are. They won't be able to identify the actual chemical but could look to identify if primary hazard is toxic or flammable etc.

GR looking to bring Derek to a venue where he can provide a dichotomy tree of this and what we should do e.g., solid liquid, organic, inorganic etc. Watch this space. Not expected to happen before Christmas but will happen in the New Year

GR

ME left the meeting.

13) Hazardous waste disposal

Covered under Safety Office updates.

14) Any other business

GR suggested that Depts might want to make their own arrangements for purchasing face masks or coverings for anyone that works outside of the

<p>hospital site. They can be purchased at a reduced cost through the ordering system. MSD will continue to provide facemasks for hospital-based people.</p> <p>TG suggested SJ advise her team in ORB that lights will be being replaced overnight Monday and Tuesday.</p> <p>15) Date of Next Meeting</p> <p>AA will advise date of next meeting which will be in March 2022.</p>	