

Nuffield Division of Clinical Laboratory Sciences

Divisional Safety Advisory Committee Meeting

Friday 22 July 2022 2pm via Microsoft Teams

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: Shijie Cai SC, Hamid Dolatshad HD, Tina Garland TG, Felicity Green FG, Julie Hamilton JH, Steve Hyde SH, Abigail Lamikanra AL, David Maldonado-Perez DMP, Daniel Royston DR, Aimee Ruffle AR

1. Welcomes and Apologies

Apologies from Felicity Bennett (FB), Shazia Irshad (SI), Stephanie Jones (SJ), Kamran Miah (MK), Tracey Mustoe (TM) Brian Shine (BS) and Mariana Viegas (MV). Welcome to Julie Hamilton (JH) from the Safety office, who is attending today's meeting.

2. Minutes of the previous meeting

The minutes of the meeting held on 7 April 2022 were accepted as a true and accurate record.

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

Pg 1 of previous minutes AA to add any issues with GM risk assessments to future DSAC agendas. **This has been actioned.**

Pg2 of previous minutes AA, HD, SI & GR to discuss Fire risk assessments. **To be actioned AA/GR/HD/SI**

Pg4 of previous minutes AA to circulate Topic Disposal Information notes (TDINs) focused on hazardous waste to Lab Reps. **To be actioned AA**

Also, an action for AA to circulate the advice on the testing and self-isolation guidance from the Trust which was different depending on whether you were patient facing or non-patient facing. **This has been actioned.** The guidelines are still in place and if you test positive you still need to have two consecutive negative LFT tests before coming back to work. LFT tests are available from Amanda should any staff need them.

An update on the Ventilation guidance that GR mentioned in Life After COVID:

The Trust lifted all distancing and mask wearing restrictions for non-patient facing staff in mid-June. We can now use our spaces as per pre covid times. Two CO2 monitors have been

purchased to monitor air quality in rooms that do not have any windows for ventilation. The Meeting room has windows so they can be opened for better ventilation. The CO2 monitors will be placed in the Museum and Seminar room as neither of these rooms have windows and rely on air conditioning units which only recirculate air.

GR requested that we collect the data from the monitors and also please make sure they are positioned correctly, a metre away and around head height. The monitors are alarmed and give a visual symbol for PPM and CO2.

Pg5 of previous minutes AA to circulate new overseas travel risk assessments to wide NDCLS.

To be actioned AA

Pg6 of previous minutes AA to circulate an update on the H&S Review to everyone in the Department. **This has been actioned**

Pg7 of previous minutes AA to arrange meeting with KM (Electrical Safety Officer), HD (Fire Officer role) & SI (Deputy Fire Officer role) to discuss what is required of them to complete the roles they have taken on. **To be actioned AA/KM/HD/SI**

Pg7 of previous minutes GR to inform people of dates and times for the Hazardous waste disposal. **This has been actioned.**

AA asked GR is there any progress on the workshops on identifying the unknown chemicals. This is on GR list of things to engage with Derek about. A working Fume cupboard will be required so AA suggested we could host these workshops.

AA to provide GR with some names of people to attend and they will then become the trainers for other staff/students. **To be actioned AA**

Pg7 of previous minutes FG to check with Charvy when GM Risk assessments page on the RDM website is going to be updated and easier to find. FG provided a link on how to access them. FG advised that the pages are being reviewed in August as part of an RDM online induction. SH suggested that the risk assessment link should be renamed Divisional GM Risk Assessments. SH confirmed that he can now access the GM risk assessments.

AA has prepared a list of the most urgent changes that are required and will add the suggestion to rename the Divisional Risk Assessment to Division GM Risk Assessment on her email to Charvy.

Pg7 of previous minutes AA to update the Statement of Safety Organisation on the website. **This has been actioned.** The update was also sent to the Safety office, so they had the latest details too. AA discovered there is a page on the website to upload the minutes from these meetings. Access is via SSO so will be good to have them all in one place.

Pg9 of previous minutes AA to follow up on who had completed the Eye Protection training. Gill/Hyde Group are the only group to have 100% completion. AA to send an email 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. **This has been actioned.**

Pg9 of previous minutes KM to put a sign on the fume cupboards that are not working in GMG stating they are for storage only. **This has been actioned.**

The fume head in their main lab 4826 is currently not working and has been reported to Estates but nothing has happened. GR advised an Engineer is visiting the JR on 24th July so AA to follow up on this and see if that Engineer can include checking the GMG fume hood.

To be actioned AA

4. Reports from Safety Officers

- a. Biological (including GM matters if applicable)

No new R/A for review. Previous new GM R/A is still with Shamir & Shazia

- b. Fire

Nothing to report. GR raised training courses with Trust. It is on the Trusts agenda just watch this space.

GR has agreed to use Trust slides to give a training next term. AA/GR to arrange a date for this – **To be actioned AA/GR**

- c. Laser

SC confirmed that the only Laser equipment identified is the FACS machine in the Banham lab. The inventory has now been updated. SC has also updated the documents relevant to FACS laser machine.

AA to put this information on the website. **To be actioned AA**

The next plan is to develop the umbrella risk assessment document for this machine. AA advised that Laser pointers class 2 have been found in AG office and GR advised there is no need to have a risk assessment, just issue sensible warnings on the back of the laser pointer.

If there are plans to buy new laser pointers buy Class 1 ones.

- d. Electrical

Nothing to report this term.

Power outage in Gill Hyde TC suite but this is with Estates.

AA to have a meeting with KM to look at his role and the tasks he can take ownership of. **To be actioned AA/KM**

e. Manual Handling

No actions to report.

AA looked into asking estates for porters to removing big pieces of equipment. General consensus was to do it ourselves. On a related note, the guys in Goods inwards were very helpful when we needed to move our big equipment out to loading bays.

5. Accident/Incidents/Near-Misses (includes NHSBT and NOC reports)

a. Leaks in lab 4826

For benefit of JH. Series of leaks in Gill/Hyde lab over many years. Most recent spate began in Oct 2020 with a major leak of sewage into the lab causing business critical operations to be relocated. Major section of rotted pipework was replaced. This has been reported on IRIS.

Minutes from the last meeting refer to an incident in January which was a similar leak in another area of the lab and suspect pipework has been replaced. Action for KM to report leak in IRIS has been completed.

Further small leak in Tea room and report has been completed on IRIS.

Feeling is that major repairs have happened, and risk has lessened, so the plan is to move the GMG critical business operations back into the lab next month.

SH reiterated that KM has done a fantastic job in dealing with these leaks and the reporting of them on IRIS.

GR suggested we report absolutely everything as we have the Trust Quality people on board, and they are very embarrassed that all this has happened and there has not been any resolution.

GR to close off action 641 in IRIS from first big leak. **To be actioned GR**

b. Leaking pot in museum

There are human tissue specimens stored in the museum. They are stored in a Perspex container known as a pot which is filled with a non-hazardous potting fluid. They are used on the Lab Med course for teaching purposes and are mostly stored in drip trays, but some are just in the cabinets.

On 6th June Abhi (Abhisek Ghosh), the Collection Responsible Officer, and AA were doing an audit and discovered a pot that had leaked its fluid. They cleaned it up and then arranged for pot to be repaired. It was reported on IRIS and also as a Non-compliance on iPassport for HTA purposes.

Abhi and AA are working through a series of actions which include:

- Arranged repair of the pot. Usually use a pathology conservationist called Paul Bates but he was unable to help this time and he referred us to DPAG (Department of Physiology, Anatomy and Genetics) who have been fabulous. AA has been investigating other places who have pathology museums to find out what they do and who they use so that we have a broader net of people we can call on in the future.
- Reviewed and updated the SOP and risk assessment documents to include new arrangements on leaking and broken pots
- Display a poster on what to do if you discover a leak so it is in the room for quick reference.
- Monthly visual inspection going forward to check for fluid reduction or signs of issues.
- Purchasing additional spill trays that we can put remaining pots in.

AA confirmed all actions have been listed on IRIS and will go back into the incident report as actions are completed to update and upload any photos.

SH was alerted to this near miss as the Biological Officer but had problems accessing IRIS.

SH to check that he can now access IRIS [Post meeting note; SH has confirmed that he can now access IRIS reports]

NHSBT incident report in the last quarter: Near-miss advised there was a cyro tank leaking which was related to an area where NDCLS staff work. No one was in the room at the time and repair is underway.

GR advised we should report all near misses as we should see more near misses than accidents.

6. New circulars from the Safety Office

a. Policy statements

No new policy statements since last meeting. Safety Office are keen to know of any suggestions for new policy statements.

AA advised she worked on a risk assessment with Rosie Munday and Charvy Narain for a science engagement activity at Glastonbury, and they had previously done one for an event at the Oxford Town Hall. AA emailed Safety Office to suggest a policy statement on this kind of thing would be helpful and it is on their list.

b. Memoranda

Safety training courses for Trinity term which were circulated in the normal way.

Eye Protection training video has already been discussed.

7. New circulars from Occupational Health

a. Policy

No new documents from Occupational Health.

As previously mentioned, GR advised mechanism for registering via the HS1 system is going to change. It is a significant change in terms of who does all of the assessments and signing off before it goes to Occupational Health. There will be online training for this.

b. Guidance

Nothing to report.

8. H&S Agreements covering people working in NHSBT and NOC sites

An action for AA was to get historic agreement between Alison Banham & Dave Roberts in NHSBT updated. Thanks to AL who introduced AA to Becky Herrin, the NHSBT Oxford Health and Safety Advisor, we now have an updated version of that letter that has been signed off by Head of Centre for NHSBT Oxford, Becky Herrin and Deborah as HoD NDCLS. This agreement now covers everybody from NDCLS that is based in NHSBT, not just those working in Dave Roberts' group.

Both sides know what is required for any new starters and NHSBT Induction checklist now includes a section of university requirements for any staff and students and the things they need to undergo.

There will be a two-year review unless otherwise required.

NHSBT will cover all aspects of H&S aspects except for the Health Surveillance program as the University covers this.

NHSBT has a comprehensive list of H&S documents and a system that manages everything for them. All staff have to read and undergo training as part of their induction processes. All incidents and near misses are reported via the NHSBT Datix system and Becky will advise AA if any NDCLS staff/students are involved in any incidents.

NDCLS New Starter checklist has also been updated and AA has spoken with Megan in HR NDCLS, so we are aware of what now applies to NHSBT people.

NHSBT do regular internal audits which is equivalent to our safety inspections and Becky will send through any reports that are related to NDCLS staff. They confirmed that they handle all matters relating to their genetic modification work including annual returns, but we have sight of their risk assessments and policies around this.

Going forward we will share our safety minute meetings and AA will get invites to their monthly H&S meetings.

GR asked with regards to accidents and incidents if they are reportable are NHSBT notifying us, as usually we share that information and sometimes both parties report because maybe it is a failure of plant that is owned by the trust but affects our staff. This needs to be shared very quickly as there is a time constraint in terms of reporting.

AA to check this with NHSBT. **To be actioned AA**

GR asked if NHSBT dispose of our hazardous waste or does it come out through us.

AA to clarify with Becky. **To be actioned AA**

GR asked does anybody that works in NHSBT on GM stuff also come over to NDCLS areas in JR. SH advised they used to, but it is no longer the case.

AA to send a copy of the documents to SH **To be actioned AA**

AA has started conversion to get the same sort of thing in place with people based at the NOC who are OUH employees. AA hopes to have something in place by next DSAC meeting.

9. Safety Office update

JH advised that since the H&S Review there are lots of things going on in the background that hopefully will get more information by the start of next academic year. Now have an "Everyday Safe" campaign with a focus on engagement and cultural changes to do with H&S. Link to all the information is on safety office web site.

<https://safety.admin.ox.ac.uk/everydaysafe>

Inform people leading more into an action orientated safety culture instead of what we have been doing. This means that the Department can take on a lot more responsibility for themselves, not have to wait to be told what to do and when there are a series of changes coming out or changes to legislation or policies, you can start thinking about how you might implement these things without waiting for information to come out centrally or by the Division.

There is also a change in management structure, we now have SEG which is made up of academics and is a faster way to get things through university approval rather than it having to go through committee and having to wait for several months before things can be actioned. Links to this is on the website.

There is a downloadable signature file that will take you straight to the Safety office link.

Recently issued some new information notes regarding how to dispose of hazardous waste and how to fill in forms correctly. Two new information notes will be published shortly on Printer cartridges and contaminated packaging.

JH advised she is currently working on a new suite of biological training packages. Not sure when they will be available but working on a big one at the moment which is the Biological Safety Officer training. The course will be similar to the DSO training but specifically for Biological Safety officers. JH also working on Genetic Modification and risk assessments specifically for GM work and a few other things like same packaging and transport. Trying to get as much as possible onto E learning platform.

GR asked if the University centrally will roll this out and expect everyone to do this as a mandatory training or will the department step up and say they expect everybody to do it as a mandatory part of their local training.

JH advised the University centrally does not like to mandate any form of training. There has been focus on trying to get the University to put mandatory training in place, but they still don't like to do this. Departments will need to push this as mandatory training and decide what aspects of training they want as mandatory for their staff.

10. Health & Safety Documentation for NDCLS

Currently stalled with AA. **To be actioned AA.**

11. Training

a. Update on training plans

DR is going to take over training. The proposal is he is going to update the list of mandatory modules and create a database that documents completion. We will have a list people in the department/division and list of appropriate modules (training courses) for those individuals that we can keep on the database and keep it updated. The database will include any lapsed periods of the modules and time of the completion. The question is depending on what people's other roles are as some of the modules may be covered from other divisions, so whether we need to duplicate the training is up for discussion. By next meeting we will aim to have a copy of the spreadsheet developed with a list of the modules and the individual and we can begin to document the completion of the modules.

AA has an old list of training courses that should be attended, dependent on the role you hold, but these need to be updated. More specific training for researchers depending on activities e.g. working with animals, the responsibility would be with the supervisor to roll out and embed this ethos across the division.

GR advised that the university will be running a departmental safety officers training course next term in case DR was interested. They do it in 3 modules and it will come out with the training memo.

GR advised that the department could make any training requirements mandatory, so you don't have to rely on safety office or the centre to say that you have to do it.

DG advised that there is already quite a big package of mandatory training required to be completed by staff and students and we need to think about how we can capture all the trainings so that it is going to be easy for everyone to keep up to date without it being a huge amount of work. Looking to recording completion centrally would be a good start and maybe start with new starters and then catch up with everyone else who will be at different stages. DR & AA to re-look at a proposal and bring it to the next meeting confirmed this training could be added to new starter inductions. **To be actioned DR/AA**

AA advised that central Safety Office are piloting a study for H&S courses where the DSOs can access who has done what training very easily so hopefully that will get rolled out. Also thinking about when people have completed their courses, we can set up a folder on the safety drive that they can use to deposit their training certificates.

GR asked if DR was going to have a system to cover local training as well as central training. He added that if someone has been trained by OUH in fire safety do you need to do the University fire safety course? The answer is no. If you do the University fire course which is different to the OUH fire course, then you would need to follow up with your local OUH site.

The more you document the easier it is to audit.

AA advised that for now DR is going to focus on the bigger picture, central things, but then we do need to look at local training and then follow up on "hands on" training and competency records.

b. Local courses

AA reported there was a near miss in the cryostorage facility when the low oxygen alarm sounded and the people in there were not exactly sure what they needed to do, despite having attended the training course last October. SJ and AA are going to run a series of "hands on" training courses in the cryostorage space in small groups. This will be mandatory on an annual basis to make sure we have a more robust training process.

AA would like to implement a competency training record which would include things like:

- General use of the room
- Accessing samples in the cell banks
- Dispensing liquid nitrogen
- Sending cylinders for refills.

This is the kind of training AA would like to roll out across relevant areas, starting with the risk assessments and then having more “hands on” training by experienced people in specialist areas and then having that documented in training records.

c. OUH Fire training

Move forward with a local training as discussed above.

12. Any other business

DG thanked AA for the lab tour today. Both DG & AA were quite shocked at the state of some of the labs in terms of how messy they were. A lot of this is a result of COVID-19 with people having to spread out and move boxes etc. Going forward it needs to be a priority that everybody has a good clean up of their labs as it is a hazard physically and it is also a fire hazard.

DG suggested that an email needs to go out to the labs PI's now as they start to move back into the labs advising that another walk around is going to happen, and the expectation is that the labs will be much tidier next time. AA advised Inspections are to start again after the summer. New term new start. **To be actioned AA**

GR advised that the Safety Office are requiring Departments to have an agenda item now to confirm that those listed on IRIS with privileges to investigate accidents and be advised of accidents are still the same.

At the moment on the list that is logged with the centre we have:

- DSO - Amanda
- Fire Safety Officer - Amanda
- BSO - Steve

AA advised that Fire Safety Officer has changed.

AA to notify Safety Office on a Self-service request of the change and put this on the agenda for future meetings. **To be actioned AA**

13. Date of next meeting

November 2022 (exact date to be agreed)