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**Experimental Medicine Division**

**Departmental Health and Safety Committee Meeting**

10th July 2012

**Present:** Karen Clifford, Robin Sparkes, Brad Sutherland, Jon Silk, Julie Hamilton, Carolina Arancibia, Jenny Middleton, Sarah Morrish, Kate Alford, Andrew Thomson, Dai Griffiths, Derek Hood, Joy Bull

**Apologies:** Fiona Powrie, Graham Ross, Jo Hovard, Donald Warden

1. **Safety Office Policies and Memos**

**S1/2012** – This policy is not out yet

**S2/2012** – Karen said that this policy is set for reporting within our department. People need to report the incident to Karen or Robin before filling out a form which then gets sent off to the Health and Safety Office. It was stressed that near misses need to be reported. There has been one incident where a needle stick incident was not reported and then became infected. The person was hospitalized and then a report was then done retrospectively which doesn’t look good. The outcome could have been prevented had the incident been reported.

1. **Accident/Incident Reports**

Karen said that there had been another needle stick incident but this time it was a near miss. Someone had caught their glove on a needle stick when cleaning out an MSC tray.

A light casing had fallen from the ceiling in the women’s toilets, again a near miss. This had been reported to the hospital.

Karen asked if there had been any feedback regarding the blunt needles which Julie handed out. There was no feedback as yet.

1. **Risk assessments/COSHH/GMO assessments**

Karen said that general risk assessments are still being checked to make sure that they are on-going and up to date.

Karen asked everyone if they had seen the GMO from Alex Watson as she is collecting comments. Carolina has had feedback from Tracey regarding her GMO assessment but hasn’t done anything else with it as yet.

Julie is able to help with GMOs if anyone needs help.

1. **Laboratory Safety**

We are still waiting for the H&S inspection report from Graham and Julie. They have had a lot of reports to write but will circulate as soon as possible. Julie said that she can do an action summary for people if they are desperate for comments but the reports are all pretty good with only a few things here and there which need to be looked at.

Karen said that the induction process has been changed. This came into effect from beginning of June. Karen feels that the new process is much better as people are listening more to what is being said, and this can be seen through the answers which are being given in the test. 80% of the answers are good.

The fume cabinet on L7 is yet to be serviced. Robin said that he found an engineer wondering around the other day on L5 so showed him where the cabinet was on L5. L7 was on the engineers list so this should be done shortly.

The new H&S self assurance toolkit (assessment of departmental H&S compliance) is being looked at by the HoD and the DSO. This is on-going.

1. **Fire Safety**

There was nothing to report on Fire Safety.

1. **Chemical Disposal**

This is nearly complete. Robin is still putting together safety warnings, so that the chemicals are disposed of safely. How to transport the chemicals to the depot is being looked into as it has been relocated. Robin has some metal drums which could be used.

Dai asked about the minimum limit of phenol/chloroform for disposal. Small volumes left inside tubes should be disposed of in a plastic jar until full and then disposal can be arranged. Robin mentioned that an estimated volume should be written on the jar and can be roughly calculated by multiplying the number of tubes by the residual volume in each tube.

1. **AOB**

**Level 5 access** – Signs have been put on the doors to the L5 office and lab corridors. Swipe card access will be in place after hours from 30th July. There will be open access between 7.30am and 7pm. Anyone with a hospital card will have access. It is just to stop the public from wondering around the department during out of hours.

**MSC cabinet** in Flow facility was installed in April. Kate Alford has started Helens maternity cover. Kate is currently the designated laser officer.

**Yellow bins** on L7 are still an issue when needing to be collected. There is no room to leave the bins in the corridors in the A/B corridor as this is used as access for beds etc. Julie will speak with Carrillion about where the cleaners should pick the bins up from, whether it is inside the labs or from outside. There needs to be consistency so everyone knows what to do. This is on-going.

* Lab Management Website Link: [www.expmedndm.ox.ac.uk/lab-management](http://www.expmedndm.ox.ac.uk/lab-management)

**Date of next meeting: Tuesday, Oct 23 at 1100 in seminar room 7502**