**Experimental Medicine Division**

**Departmental Health and Safety Committee Meeting**

25th April 2012

**Present:** Karen Clifford, Fiona Powrie, Robin Sparkes, Brad Sutherland, Graham Ross, Jon Silk, Jo Hovard, Dai Griffiths, Julie Hamilton, Carolina Arancibia, Jenny Middleton, Sarah Morrish

**Apologies:** Donald Warden

1. **Safety Office Policies and Memos**

**S3/11 Work at Height –** This policy doesn’t really apply to work in the labs however, use of ladders and kick stools are covered in this policy. Graham said a risk assessment is needed for these and to check that a class 1 ladder (non domestic) is being used and is being checked annually.

**S4/11 Non-ionising radiation –** This policy focuses on reducing the exposure as practically as possible. There is a UV trans-illuminator in the L5 labs which has a perspex cover over the top. Face shields are available and signs go up on the lab doors when the equipment is in use. There is already a policy and risk assessment in place. Karen is the nominated person to make sure the checks are made. Jon Silk asked that L7 labs have signs for the doors, stopping people entering the lab when the UV trans-illuminator is in use.

**S5/11 Hazardous waste disposal –** Disposal of waste already goes through the Trust and hazardous waste such as chemicals, goes through the Health and Safety Office. This includes equipment such as computer monitors and fridges etc. Graham asked that batteries are now sorted out by individual groups as this will no longer happen in the H&S office. Bins for batteries will be placed in Lab Management Office and Core lab 7402. Graham stressed again that unknown chemicals cannot be disposed of so everything needs to be labeled.

Robin has started the chemical disposal cataloguing. Robin asked people to consolidate chemicals into an accessible location in the lab, label what needs to go and he will come and collect.

It was suggested that there be a policy stating how much can be ordered of a chemical, so this reduces waste.

**S6/11 Security of Pathogens, Toxins and GM Materials –** It is the responsibility of groups to notify H&S about pathogens in GMO products and of any new GMO or organisms coming into the Department. A risk assessment is needed and Karen also needs to be made aware. Karen said that there is only one pathogen on the list that she knows about. Heads of Department need to sign off any orders and H&S need to be told in advance of any acquisitions.

**M3/12 Safety training – Trinity Term Syllabus –** Safety training on Bio Safety and GMO training is now listed on the lab management website. Cell Culture training will also be available soon. Karen has but training dates on the lab doors as there are so many new starters. Jon asked whether people who had taken the Liquid Nitrogen training at the WIMM still needed to take the training here. It was agreed that so people are aware of our procedures it is necessary for them to take the training here also.

**Health & Safety Assurance Toolkit** – Departmental Safety Officers will now be given a self assurance questionnaire which they will need to fill in and the HoD will need to sign off before it is sent to the H&S office. This will replace the current annual compliance self-assessment.

The University Security Service has asked for departments to produce documentation to identify contingency plans, identify any high level kit and names of key holders and security codes. Graham said that this is not compulsory.

1. **Accident/Incident Reports**

Karen went through the two incidents listed on the agenda.

**Autoclave incident –** There was a power cut and the manufacturer settings were not correct. When the power came back on steam was released and a lab technician was burnt. Details of this incident are still being looked into.

**Needle-stick injury –** A lab member was punctured with a needle which had been disposed of incorrectly into a limb bin. Needles should not have been in there but when Karen went to look after the incident she found 9 more needles in the same limb bin. Occupational Health were notified of the injury and blood tests were done. The incident is being reviewed and Karen is going to do a review of general waste disposal. The induction process and procedures are to also be reviewed in light of improper use of waste bins on previous occasions but not as serious as this. Karen said that the new procedure will include a meet and greet with her, the person will receive a handbook and then there will be an online questionnaire to make sure people are reading the information which is given to them before access to the labs is given.

1. **Visitors**

Karen said that advanced notification of visitors and risk assessments were being carried out and working well.

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

Karen did an assessment audit last April, compiled a report and is working with the Groups to get their Safety Documentation up to date.

There will be 3-4 GMO assessments circulating shortly and has provided some accompanying guidance to assist in reviewing and writing GMO assessments.

Karen said she was happy to answer any questions on the guidance.

1. **Laboratory Safety**

The annual H&S inspection for L5 and L7 has just finished and the report is due out soon. Graham said that it had gone well but did have a few things to highlight:

* Fume cabinet testing is out of date – Karen has brought this to the attention of Operational Estates twice previously with no contact. Graham to chase this up.
* Manual handling needs reviewing and an assessment is needed.
* Transporting biological samples will be reviewed.
* Disinfection policy – Graham suggests this is reviewed and different disinfectants have different policies.
* Noise level monitoring is needed on sonicators.
* Graham has highlighted that the role of the Departmental Laser Safety Officer has become vacant as Helen is on maternity leave and her replacement does not start until mid June. Karen will take over this role until mid-June.

Karen circulated the updated statement of safety at the meeting. Graham asked the Liquid Nitrogen be added to the list of significant risk. Graham said he would read the statement and let Karen know about any amendments.

1. **Fire Safety**

Robin said that the new dates have started. The training is held on a weekly basis, every Monday and Tuesday. All the dates are up on the website. This training in mandatory and people should go annually for an update. Robin asked that people put Experimental Medicine next to their name on the attendance list when attending the training so people are easier to trace back.

Fire extinguisher training is also available.

1. **Chemical Disposal**

This was covered at the beginning of the meeting under **S5/11 Hazardous waste disposal**.

1. **AOB**

Jon highlighted that cleaners/porters transporting bodies in the lifts are wearing gloves all the time and touching doors and lift buttons etc.

Jon also asked that the far right hood in the cell culture room be used for anything which smells bad as this has an external ventilation system.

Brad said that on L7 they have been unable to leave bins for collection in the corridor outside the labs as cleaners/porters moving patients around in beds are driving into them. It was suggested that bins are left inside the labs for collection or store them in another secure place.

Graham informed everyone that Tom Wise, the PAT testing officer is retiring in July but due to holiday he needs to take will not be available from the next few weeks. Departments can PAT test themselves. Robin and Kasia have had the training. How this service will be managed is under review.

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

Date of next meeting: Tuesday, July 10 at 1100 in Seminar room 7502