

SLS H&S Working Group Meeting Minutes

Held on Friday 25th February 2005 at 2pm in WTB Meeting Room 111

Present

Lisa Grayson (LG)
Irene Blair (IB)
Monica Lacey (ML)
Gail Alexander (GA)
Marilyn Hardie (MH)

Apologies

Aileen Watson (AW)

Action
<p>1. Previous Minutes</p> <ul style="list-style-type: none"> • Accepted as a true and accurate account. <p>Matters Arising:</p> <ul style="list-style-type: none"> • 31st October 2003 <ul style="list-style-type: none"> 8. AOCB <ul style="list-style-type: none"> viii. Mortuary H&S material still to be forwarded to Sue Black for her comments. Risk assessments still to be done. LG • 28th May 2004 <ul style="list-style-type: none"> 3. AOCB <ul style="list-style-type: none"> vii. IB still investigating labels for non-spark-proof fridges/freezers. IB to prepare justification for £4.3k label/sign printer purchase and present to IRL. IB • 25th June 2004 <ul style="list-style-type: none"> 5. AOCB <ul style="list-style-type: none"> vi. LG still to transfer a few LSTU risk assessments into the LARA system to find out how easy it is to make the transition between the two formats. Will not be done by next H&SMC meeting – see item 2 of today’s agenda. LG vii. LG still to pursue VHP option. Not a priority at the moment. LG • 28th July 2004 <ul style="list-style-type: none"> 6. AOCB <ul style="list-style-type: none"> i. IB still to comment on risk assessment for collecting water samples from freshwater lochs. IB still in the process of doing SOPs and RAs for Media and Wash-Up areas. IB iii. LG and IB to work on H&SWG tasks arising from TC inspection over next few months. IB/LG iv. H&S video training sessions – see item 3 of today’s agenda. • 24th August 2004 <ul style="list-style-type: none"> 2. Liquid Nitrogen Inspection Follow-Up Meetings LG still struggling to get through the actions arising from LN2 Inspection follow up. 6. AOCB <ul style="list-style-type: none"> vii. LG still to email Bill Reynolds and invite him to look at some of the worst affected PAT labels to clarify exactly what the problem is. LG x. IB to give RA and SOP to EM and NMR staff accessing 1st floor roof and ask them to sign RA. IB xi. IB still to draft an SOP for suspected release of harmful gas/vapour in Wash-Up area to ensure such an occurrence is always responded to appropriately. IB • 1st October 2004 <ul style="list-style-type: none"> 5. AOCB <ul style="list-style-type: none"> iii. LG and IB met with Donald Gardiner on 7/2/05 to see how O2 monitor testing/calibration is done. The following issues came to light. <ul style="list-style-type: none"> (1) Instructions for testing and calibrating monitor are not totally clear. (2) Critically low alarm did not illuminate when exposed to 18% O2 test gas. (3) Low O2 alarm sounds routinely during dispensing. If heeded, dispensing would never be possible, therefore, alarm is ignored. This is a potentially dangerous

<p>situation that needs to be investigated and put right ASAP. LG to consult manufacturer on the above and report back to the Group at the next meeting.</p>	<p>LG</p>
<ul style="list-style-type: none"> • 5th November 2004 <ol style="list-style-type: none"> 2. Gas Cylinder/Regulator Action Plan <ol style="list-style-type: none"> ii. Sandy Chudek informed LG that the Carnelley fire plans are not up to date at the moment, but this will be remedied as soon as possible. GA copied Gas Safety regulator label and checklist to LG. IB & LG to fix a date for completing inspection and issuing the checklists & serial number/test date stickers. 	<p>IB/LG</p>
<ul style="list-style-type: none"> 6. Monthly Review of Incident/Accident Reports <ol style="list-style-type: none"> iii. LG still to confirm that CL3 tritium procedure has been reviewed and modified. 	<p>LG</p>
<ul style="list-style-type: none"> • 28th January 2005 <ol style="list-style-type: none"> 2. DSE: Policy & Arrangements and Facilities Inspection <ol style="list-style-type: none"> i. Letty Gibson emailed the lab managers to tell them they would be expected to act as DSE assessors in their areas and are required to attend the DSE Assessor training session. ii. DSE Assessor training for the Lab Managers and other SLS personnel to run on 2/3/05 in MSI Board Room. iii. ML forwarded names of LSTU candidates to LG: ML and Lesley Blyth to attend and, possibly, one other LSTU technician. 5. Basic Training Checklist: proposed change of plan See item 2 of today's agenda. 6. Revision of Micro-organisms CL1/2 Procedures <ol style="list-style-type: none"> i. LG amended document as per GA's comments. ii. IB confirmed the current autoclave testing and maintenance arrangements. LG amended document accordingly. 	
<ul style="list-style-type: none"> 7. Pregnant Mothers: H&S Officer's Checklist <ol style="list-style-type: none"> i. LG issued checklist to all H&S Officers and deputies. LG to try it out and report back to Group at next meeting. 	<p>LG</p>
<ul style="list-style-type: none"> 8. Changes to SLS H&S Web Site <ol style="list-style-type: none"> ii. IB emailed the current version of her induction presentation to LG. LG to update web site accordingly. iii. Martin Rollo confirmed his approval of the chemical waste disposal routes. See item 4 of today's agenda for next step. iv. Martin Rollo explained that WTB3 were only disposing of trace chemical contaminated sharps in the yellow sharp-safes and that this is in keeping with the waste disposal guidance. IB does not think the sharp-safes are going via the autoclaves and that WTB3 are classing Gilson tips as sharps, which is <i>not</i> in-keeping with the guidance. Situation must be monitored once lab managers are officially notified of the finalised waste disposal routes. 	<p>LG</p>
<ul style="list-style-type: none"> 9. Monthly Review of Accident/Incident Reports LG added syringe filter incident to the "Lessons to be Learned" section of H&S web site. 	
<ul style="list-style-type: none"> 10. AOCB <ol style="list-style-type: none"> ii. Safety Services latest training: <ul style="list-style-type: none"> • Gina McKay did not respond to LG's email re New Unit Safety Co-ordinators course. • Donald Gardiner said he and Mike Hannan had already attended the manual handling risk assessment course. • Lab managers and key LSTU staff to attend the DSE Assessors course on 2/3/05. • All BHSOs and deputies attended the Accident/Incident investigation course on 16/2/05. There were eight attendees from SLS and four from outwith SLS. • IB still to arrange a manual handling course. iii. LG drafted a response to Kirsten Paterson's latex memo on behalf of CPD and delivered it to the Safety Office. 	<p>IB</p>

2. H&SMC – actions from previous meeting and date/agenda for next meeting	
i. Group agreed that the next H&SMC meeting should be scheduled for mid April – CPD’s availability permitting – to avoid the Easter holiday period. LG to arrange.	LG
ii. LG summarised the actions arising from the previous H&SMC meeting and highlighted what remains to be done before the next meeting. The following priorities were identified.	
a. LG and ML to meet to discuss getting risk assessments onto the VLE. ML to suggest a date/time.	ML/LG
b. LG to arrange meeting with Ian Leith, IB and GA to discuss allocation of responsibilities.	LG
c. LG to see Janette Cordiner about obtaining a full list of new starts at the end of each month. IB to then begin checking completed BTCs off against this list.	LG IB
d. LG to send Human Material doc to Gus MacConnachie for his approval. Also, LG to get clarification on the proposed University ethical approval system at the next RGF meeting.	LG
e. LG to draw attention to the H&S web site via a monthly email to all personnel.	LG
f. See item 5 for Risk Assessment actions.	
g. LN2 Inspection actions to be completed. TC Inspection actions to be completed. Gas cylinder/regulator inspection to be completed.	IB/LG
h. See item 3 for H&S training actions.	
i. DSE workstation and DSE training statistics to be collated for presentation to the H&SMC along with the policy arrangement.	IB/LG
3. H&S Training – recent ventures and future plans	
i. The DSE training video was shown every day for 2 weeks (31/1 – 11/2). 89 people attended in total. The bulk of these were core technical staff and Bioinformatics personnel. The issue of Official Users has to be followed up and those who qualify must be notified. LG to discuss the Official user issue with Safety Services.	LG
ii. The centrifuge & chemical safety videos were shown every day for 2 weeks (14/2 – 25/2). 19 people attended in total. All bar one were core technical staff. IB/LG to present attendance statistics to H&SMC.	IB/LG
iii. Both of the above will now be run once a month, starting at the end of March. LG to notify all personnel by email.	LG
iv. The Group agreed that the issue of poor attendance should be raised at the next H&SMC.	IB/LG
v. It was decided that training feedback forms were not necessary but that attendees should be encouraged to comment by email if they wish too.	
vi. The Group will continue to co-ordinate SLS attendance of Safety Services training as this appears to be working well at the moment.	
vii. The following training priorities were identified:	
a. training for in dispensing of LN2 and use of cell freezers;	
b. biological safety training, including use of microbiological safety cabinets;	
c. risk assessment training, specifically involving the database system;	
d. more in-house radiation safety/radioisotope management training.	
viii. Ian Scragg has agreed to run a biological safety course on 27/4 for core support staff working in areas where biological safety is an issue. Group to come up with a list of names then LG to inform individuals by email.	LG
ix. IB and LG to run safety cabinet video ASAP.	IB/LG
x. IB and LG to work on risk assessment training session for core support staff.	IB/LG
xi. LG expressed doubts over how worthwhile the Radman course is. It currently costs £345 + VAT for a 2 day course in Macclesfield. Some of the RPSs who have attended in the past are still under-confident and appear to be lacking in basic skills/knowledge. LG feels that in-house training, tailored specifically to the RPSs’ needs, would be more beneficial. Group agreed. LG to see Martin Rollo about further training and re-run radiation spill video in the mean time.	LG
4. Biological Material – revised waste disposal routes and spill procedure	
i. LG informed the Group that the disposal routes for biological waste (i.e. CL 1 & 2 waste and blood/tissue waste) have been revised. IB and LG are to meet with Martin Rollo on 28/2/05 to go over the routes in detail and get Martin’s approval.	
ii. Once approved, information will go on H&S web site (along with the Chemical waste routes – already approved by Martin) and Lab Managers will be informed at their next meeting.	LG
iii. Group to access biological waste disposal routes on-line (LG to supply relevant web addresses), check carefully and forward any comments onto LG.	All
iv. The biological material spill procedure and CL summary sheets have also been updated. LG to send spill procedure to Ian Scragg for his approval.	LG

v.	Group to access via RA Database (LG to supply relevant SOP numbers), check carefully and forward any comments onto LG.	All
vi.	LG to inform Lab Managers of revised material once Ian Scragg gives his approval.	LG
5. SLS Risk Assessment System		
i.	LG has completed the Blood & Tissue Database help and three example assessments. She has also completed 13 Micro-organism Hazard Assessments.	
ii.	LG asked the Group if they had any suggestions as to who could approve these assessments. GA suggested Hilary Kay Young and offered to approach Hilary and ask if she would be willing help. Group supported this proposal. If Hilary obliges, LG to forward on assessments. Otherwise, LG to ask Ian Scragg if he can help.	GA LG
iii.	LG and IB to finalise and approve any SOPs that have not already been approved.	IB/LG
iv.	LG and IB to finalise/revise and approve current risk assessments.	IB/LG
v.	LG to write Manual Handling help page.	LG
vi.	Out of the 269 Chemical Hazards Assessments awaiting approval, 58 are still in the old format. These 58 are to be revised and approved as a matter of priority.	LG
vii.	The other currently unapproved CHAs will be approved as and when.	
viii.	Once the above tasks are completed, LG to open system up to all SLS personnel. This must be done before the next H&SMC meeting.	LG
ix.	Personnel must be instructed only to rely on approved assessments.	LG
6. Monthly Review of Accident/Incident Reports		
i.	A chemical was inappropriately disposed of to drains in the Carnelley Building causing significant amounts of a pungent, noxious vapour to be released into the building. The incident appears to have occurred in Jim Thomson's old lab. Staff in the vicinity suffered irritation of the eyes and throat, nausea and headache. Affected areas were cleared of personnel, windows opened and sinks thoroughly flushed. Vapour cleared after a few hours. The person responsible has not been identified.	
ii.	A member of research staff received a UV burn to the wrist while using a UV lightbox. She was wearing gloves and a labcoat at the time but her wrist became exposed when she reached forward and the cuff of her labcoat rode up. The worker was well aware of the risk of UV burns and thought she was suitably protected. Staff should be reminded of the risks associated with the use of UV light sources.	
iii.	A Wash-Up technician broke a 5 litre glass flask of spent bacterial culture while lifting it from her trolley onto the bench in the waste autoclave holding area. The spill was dealt with appropriately and contaminated clothing and footwear removed and treated accordingly. Fortunately, the culture did not contain potentially infectious micro-organisms. LG pointed out that, under current procedures, there was the potential for a Hazard Group 2 spill to occur in this way and suggested that procedures be reviewed. LG also stressed the need for risk assessments and SOPs to be in place. IB and LG to meet to discuss this further.	IB/LG
7. AOCB		
i.	ML reported that a psychologically disturbed student is continuing to cause disruption in the LSTU practical classes and this is causing concern amongst LSTU staff. Student Services and Safety Services are aware of this issue. The Group advised LSTU staff to report every single incident to LSTU management and, if appropriate, to Safety Services via an accident/incident report form.	
ii.	IB reminded the Group that paper recycling bins should not be stored in fire escape routes.	
iii.	ML informed the Group that there will be a fire drill in Carnelley week commencing 28/2.	
iv.	IB has updated the Health & Safety Law poster displayed at WTB Reception.	
v.	IB and LG agreed to liaise on the distribution of Safety Services' information bulletins, safety warnings etc on a case-by-case basis.	
vi.	Sandy Chudek asked the Group to consider the implications of Personal Emergency Evacuation Plans (PEEPs), especially in buildings where lecture theatres may be used by disabled students from other departments. Group felt that clarification is required. LG to investigate. In the mean time, H&S Officers are asked to consider staff and students <i>based</i> in their area and inform IB if they are aware of any disabled personnel who may require a PEEP.	LG
vii.	IB voiced concerns over the stack of wooden pallets by the WTB Stores entrance, just outside the flammable solvents store. She felt it was unacceptable to store combustible material outside a flammables store <i>and</i> in an area where smoking is allowed. Group agreed. IB has asked Stores staff if the pallets could be moved and, seemingly, there is nowhere else to put them. IB has contacted Ian Leith regarding this issue but has not yet received a reply.	

The Group felt there should be a strictly enforced ban on smoking outside the flammables store and suggested that this issue be raised at the next H&SMC meeting. IB/LG to consult Ian Leith. There have also been problems due to personnel smoking at the west end of MSI but this should cease once construction of the new waste stores is underway. ML to notify E&B about the lack of No Smoking signs in the Carnelley/OMS link block.

- viii. Sandy Chudek asked if the Lone/Out-of-Hours Working policy should specifically mention Honours students. The consensus was that this was not necessary. However, if he feels strongly about it, Sandy could raise this issue when the policy is reviewed by the H&SMC.

IB/LG
ML