

SLS H&S Working Group Meeting Minutes

Held on Friday 25th July 2003 at 2pm in Meeting Rm 111, WTB

Present

Irene Blair
Gail Alexander
Lisa Grayson
Aileen Watson

Apologies

Monica Wilson

	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"> • 29th November 2002 <ul style="list-style-type: none"> ○ Report on Mortuary Visit <ul style="list-style-type: none"> ➢ Lisa & Irene still to consider how to demarcate clean & dirty areas. Postponed until end of August. • 25th April 2003 <p>7. AOCB</p> <ul style="list-style-type: none"> v. Packaging of toxic chemicals course was held on 7/7/03 and deemed to be interesting and worthwhile by all attendees (Lynda Connelly, James Metcalf, Damian Leddy and Jess Searle from SCRI). Lynda will inform lab staff of any changes to the existing procedures. Lynda will take care of all special packaging in MSI/WTB and James will handle BSI. 	<p>LG/IB</p>
<ul style="list-style-type: none"> • 2nd July 2003 <p>2. Anti-Terrorism, Crime & Security Inspection</p> <ul style="list-style-type: none"> ii. Key safes have been installed in WTB1 and Geoff Codd's lab. iii. Revised COP has been issued to all SLS Group Leaders along with a memo asking for an update on their Schedule 5 toxin/pathogens holdings. <p>3. Truncated H&S Portfolio, Current Status</p> <p>See item 2 of today's agenda.</p> <p>4. Review of Generic LN2 Inspection Report</p> <ul style="list-style-type: none"> i. Irene & Gail reviewed report – OK as is. ii. Gail suggested that H&SWG tasks should be completed, at least in part, before issue of report. All agreed. Lisa to list H&SWG tasks and circulate to Group. Group to consider feasibility and impact on timescales. <p>5. Laboratory Hazards Summary Sheet</p> <ul style="list-style-type: none"> i. Gail & Irene suggested a couple of amendments, which Lisa has made. Sandy & Monica still to receive a copy. ii. Hazard summary sheet now part of Portfolio (see item 2 of today's agenda). <p>6. Latest on Visitors Procedure</p> <ul style="list-style-type: none"> i. Still waiting for RMG's decision on badge issue – due early September. Early indication is that PIs will not agree to badge scheme (and are also opposed to wearing of staff ID/student matriculation cards). ii. Lisa still to incorporate MRC visitor information into the SLS visitor's sheet or procedure document. 	<p>LG All</p> <p>LG</p> <p>IRL</p> <p>LG</p>

2. Truncated H&S Portfolio Latest

- i. Security document
 - 🔒 The Security document has been amended to show BHSO as first point of contact in **non-emergency** situations.
 - 🔒 At Ian Leith's suggestion, and following negative feedback from the Division of Gene Regulation & Expression, statement on the requirement to wear ID badges will be changed - exchanging "must" for "should" - until senior management agree to make it mandatory (if they ever do). **LG**
 - 🔒 Almost finalised.
 - 🔒 Lisa still to copy to Ian and Richard with an explanation of our stance. **LG**
- ii. Emergency Procedures
 - 🔒 Amendments were made in light of Gail & Irene's comments.
 - 🔒 Document finalised.
 - 🔒 Will be issued to Safety Services as part of Portfolio. **LG**
- v. Owner's Details
 - 🔒 Finalised.
 - 🔒 Will be issued to Safety Services as part of Portfolio. **LG**
- vi. Policy document
 - 📄 Reshuffle and new appointments - those involved still have to be notified in writing. **LG**
 - 📄 Lisa amended Appendix 2 to include BHSOs in H&SMC.
 - 📄 Lisa added clarifying statement to Reporting Structure. Group approved it.
 - 📄 Lisa changed the Incident/Accident Reporting Structure, removing primary route by-pass and adding an instruction to call 4141 immediately if emergency assistance is required. Group approved.
 - 📄 Appendixes 2 and 3 have been amended to show Jim Elliot as Head of LSTU , as per the latest SLS glossy brochure.
 - 📄 Appendix 6 - Safety Services personnel list - has been removed on the assumption that this information will be contained in Safety Services' new handbook.
 - 📄 Document almost finalised.
 - 📄 Will be issued to Safety Services as part of Portfolio. **LG**
 - 📄 Still to forward to Pete Downes for his approval and signature. **LG**
- vii. Lab Hazards Summary Sheet has been incorporated into the portfolio.
- viii. H&S Section Personnel section has been altered: instead of printed lists, H&S Personnel database access instructions are given. Group agreed this was far more useful.
- ix. Janette Cordiner would rather keep all induction information in one handbook (according to Ian Leith). Letty Gibson is arranging a meeting with Janette to discuss this. Group does not object as long as issue of health & safety information is not delayed. Group agreed that, in the interim, the truncated portfolio should be issued as is. Lisa to see Janette and Ian Leith. **LG**
- x. Group were very impressed with the new-look document.

3. Targets for Next H&SMC Meeting, Current Status

- i. Lisa used the GANT charts to illustrate where and by how much the schedule for each project has slipped.
- ii. Inspection program and LARA System are worst affected, being ~6 weeks behind.
- iii. Ian Leith suggested delaying the H&SMC meeting by 1 month to compensate. Group agreed to this proposal, as long as meeting occurs before December 2003.
- iv. Lisa suggested delaying Biological Safety inspection until after next H&SMC meeting. Group agreed.
- v. Review of "Procedures for Working with Micro-organisms..." is delayed until waste disposal routes are reviewed (see AOCB) and any changes agreed.
- vi. Development of training program relating to basic training checklists must begin ASAP. **LG/IB**

<p>4. Summer Students</p> <ul style="list-style-type: none"> i. Irene voiced concern over summer students beginning work in SLS labs without notification of Janette Cordiner's Office, issue of health & safety induction material or completion of risk assessments. ii. This problem is not restricted to summer students. iii. Irene to ask Ian Leith if a memo could be issued to all SLS Group Leaders asking them to ensure Janette Cordiner's office is notified of all "visiting workers", including undergraduate students, however short the duration of their stay. Janette can then notify the relevant BHSO. (This could be covered at the "Induction Handbook" meeting?) 	IB
<p>5. Hydrofluoric Acid</p> <ul style="list-style-type: none"> i. DMJL lab ordered in 2 x 100ml of hydrofluoric acid without being fully aware of its hazard status and the precautions necessary for safe handling and storage. ii. Irene asked Safety Services if they still stocked the antidote: calcium gluconate gel. They do not – this is the school's responsibility. iii. Irene asked DMJL if risk assessments and control measures are in place. Contrary to his response, they are not. iv. Lisa and Irene to look at hazard data/procedure and assist with risk assessment and implementation of controls. 	LG/IB
<p>6. Accident/Incident Reports</p> <ul style="list-style-type: none"> i. Dina Dikovskaya stumbled on the WTB atrium stair, causing her to dislocate her shoulder and drop the 1 litre flask of liquid nitrogen she was carrying at the time. (The lid remained on the flask, so only a few drops escaped, and it did not fall to the floor below.) Dina was taken to A&E and successfully treated. Shoulder dislocation is considered a major injury and therefore reportable to HSE under RIDDOR. ii. A member of the JGW group was treated by their GP for corneal oedema, believed to have resulted from an allergic reaction to pungent fumes - currently unidentified, but similar to sulphur dioxide - that appear to emanate from the air supply/drainage system in the northeast corner of WTB3. E&B have investigated possible sources (e.g. the "egg drain", air intakes, WBRU cage-wash area) but have so far failed to identify the cause. Investigation is hampered because the episodes, although intense, are short lived and the odour varies. The odour is at its worst on the Mez floor, especially in the early morning, and appears to come from the air-supply vent in the ceiling. Staff have complained bitterly and threatened to report it directly to the HSE. Irene was present on one occasion and likened the odour to cat pee. E&B are continuing to investigate. iii. Netta Gallazzi trapped her fingers in the new snack dispensing machine in MSI. 	
<p>7. AOCB</p> <ul style="list-style-type: none"> i. Safety Services are proposing to pilot the "yellow bag" scheme in MRC/DSTT. Pros and cons were considered. This should be discussed in depth by the waste management group. The pilot must not begin without full agreement from MRC and SLS. ii. Not all E&B staff were aware that the roof permit scheme applies to all SLS roofs. Irene has now clarified this with George Morrison who has, in turn, informed all E&B staff. Permits are issued by E&B but must be counter signed by a BHSO, deputy BHSO or Ian Leith. iii. Lisa noticed that the MRC/DSTT entries in the Radioisotope Users Database do not bear registration dates. This would suggest registration is not complete. Lisa queried this with Martin and he confirmed that they are not yet fully registered. This could prove problematic in the event of an HSE inspection. 	