

SLS H&S Working Group Meeting Minutes

Held on Friday 28th January 2005 at 2pm in the WTB Seminar Room

Present

Lisa Grayson (LG)
Irene Blair (IB)
Aileen Watson (AW)
Monica Lacey (ML)
Gail Alexander (GA)

Apologies

	Action
1. Previous Minutes	
<ul style="list-style-type: none"> • Accepted as a true and accurate account. 	
Matters Arising:	
<ul style="list-style-type: none"> • 31st October 2003 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> 8. AOCB 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> viii. LG carried out risk assessment for Dr Tim Thompson. Other Mortuary H&S material still to be forwarded to Sue Black for her comments. Risk assessments still to be done. 	LG
<ul style="list-style-type: none"> • 28th May 2004 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> 3. AOCB 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> vii. IB still investigating labels for non-spark-proof fridges/freezers. Label/sign printer would be very useful but, unfortunately, costs £4.3k. IB to prepare justification for purchase and present to IRL. 	IB
<ul style="list-style-type: none"> • 25th June 2004 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> 5. AOCB 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <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 by next H&SMC meeting (end March 2005). LSTU staff to use current paper format in the mean time. 	LG
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> vii. LG still to pursue VHP option. Not a priority at the moment. 	LG
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ix. Presentation on H&S Legislation delivered at BHSO meeting on 21/12/04 at 2pm. Meeting attended by all BHSOs and deputies. Group agreed this should be an annual event. 	
<ul style="list-style-type: none"> • 28th July 2004 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> 6. AOCB 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <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
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> iii. LG and IB to work on H&SWG tasks arising from TC inspection over next few months. Tasks will not be completed by the end of 2004. Focus on completing LN2 Inspection tasks first. 	IB/LG
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> iv. H&S video training sessions are due to start on 31/1/05, beginning with a 20min DSE safety video. This will run for 2 weeks, and be followed by a fortnight of centrifuge and chemical safety training sessions. Long term program has yet to be discussed. 	IB/LG
<ul style="list-style-type: none"> • 24th August 2004 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> 2. Liquid Nitrogen Inspection Follow-Up Meetings 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> LG reported that she was struggling to get through the actions arising from LN2 Inspection follow up. They must be done by next H&SMC meeting (end March 2005). IB offered assistance. LG and IB to see Donald Gardiner re Stores issues w/c 31/1/05. 	IB/LG
<ul style="list-style-type: none"> <ul style="list-style-type: none"> 3. LARA System Latest 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ii. System title changed to the SLS Risk Assessment System. 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> 6. AOCB 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <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
<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> x. IB to give RA and SOP to EM and NMR staff accessing 1st floor roof and ask them to 	IB

<ul style="list-style-type: none"> sign RA. 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. xii. IB and LG agreed location of PTW, training and inspection records. 	IB
<ul style="list-style-type: none"> • 1st October 2004 5. AOCB <ul style="list-style-type: none"> iii. LG still to fix date with Donald Gardiner to see how O2 monitor testing/calibration is done. See 24th August, item 2. 	GA IB/LG
<ul style="list-style-type: none"> • 5th November 2004 2. Gas Cylinder/Regulator Action Plan <ul style="list-style-type: none"> ii. IB and LG have updated plans and inventory for WTB 1, 2, M & 3. WBRU and MSI still to be done. LG to find out if Carnelley fire plans are up to date. Lab managers still to be issued with serial number/test date stickers and the regulator inspection checklist. GA to copy Gas Safety regulator label and checklist to LG. Aim to complete inspection and issue checklist by 4/2/05. 5. Updated DSE Guidance from Safety Services <ul style="list-style-type: none"> ii. Kirsten Paterson confirmed that DSE risk assessments should be done for all staff using DSE as part of their job and not just official users. 6. Monthly Review of Incident/Accident Reports <ul style="list-style-type: none"> iii. LG still to confirm that CL3 tritium procedure has been reviewed and modified. 	LG
<ul style="list-style-type: none"> • 3rd December 2004 2. Waste Disposal Routes <ul style="list-style-type: none"> iii. IB asked Lab Managers for comments at their meeting on Wed 8/12/04. A few forwarded their comments to LG. 3. Lone/Out-of-Hours Working <ul style="list-style-type: none"> i. Ian Leith agreed that normal working hours could be specified as 8.30am to 5.30pm rather than 8am to 9pm, on the basis that this is when full support is available. ii. Comments received from Will Whitfield - see item 3 of today's agenda. iii. Generic risk assessment will not be drafted at the moment – wait until need arises. 4. Reporting Suspected Work Related Ill-Health <ul style="list-style-type: none"> iii. The sickness reporting procedure does not appear to be fully complied with, therefore, does not provide a reliable way of quickly picking up all HSE reportable cases of work related ill health. The Group felt this should be flagged at the next H&SMC meeting. iv. Lab Managers made it clear that they do not want to play a role in the sickness reporting scheme. 5. Microwave Oven Safety <ul style="list-style-type: none"> i. LG added scalding incident to the “Lessons to be Learned” section of the H&S website. ii. Risk assessment and SOP for use of microwave ovens has been finalised and circulated to lab managers and BHSOs. 7. AOCB <ul style="list-style-type: none"> i. See item 2 of today's agenda. v. Assessor, approver and person responsible signature section has been removed from the SLS risk assessment form. The names of the assessor and approver will still be printed at the start of the form. 	LG
<ul style="list-style-type: none"> 2. DSE: Policy & Arrangements and Facilities Inspection <ul style="list-style-type: none"> i. The Group approved of the DSE policy arrangement (paper A). LG commented that Ian Leith had given his approval for the Lab Managers to take on the role of DSE Assessor in their area. IB said she had mentioned this to Letty Gibson and Letty did not think the Lab Managers would be willing to do this. LG to discuss with Ian Leith. ii. IB has spoken to Kirsten Paterson about DSE Assessor training for the Lab Managers and other SLS personnel. Kirsten said she did not have the time to hold a special session just for SLS, but that she was happy to hold one or both of the scheduled sessions in SLS if a suitable venue could be found. IB to find a venue and confirm with Kirsten. iii. ML to forward names of LSTU candidates to LG. ML to ask Lesley Blythe to put forward a candidate from the LSTU office. iv. IB and LG informed the group that they had carried out a DSE facilities inspection in WTB 	IB ML

<p>on 18/1/05, using the DSE Workstation Checklist (paper B) and taking in 194 workstations. LG presented a short summary of the findings. Group agreed that this should be presented to the H&SMC along with the policy arrangement.</p>	LG
<p>v. LG and IB reminded the Group that DSE video training sessions start on 31/1/05. GA and ML said they did not receive the original email. LG to resend.</p>	LG
<p>vi. LG and IB to gather attendance statistics and present at H&SMC.</p>	LG/IB
<p>3. Lone/Out-of-Hours Working: final amendment</p>	
<p>i. Will Whitfield's comments were factored into the appendix to the Lone Working policy arrangement (paper C). Group approved of the amendment.</p>	
<p>ii. LG to seek approval at next H&SMC meeting.</p>	LG
<p>4. Policy Arrangements: other priorities</p>	
<p>i. Group agreed that the policy arrangement format currently in use is clear and concise and this approach should be applied to all SLS H&S issues. LG to progress this forward.</p>	LG
<p>ii. LG felt that arrangements for risk assessment, training and inspection/monitoring must be drafted as a matter of priority. Group agreed.</p>	
<p>iii. Group also agreed that arrangements must be made clear in order for implementation to succeed.</p>	
<p>5. Basic Training Checklist: proposed change of plan</p>	
<p>i. LG expressed concern over the final stage in the implementation of the Basic Training Checklist scheme i.e. making issue of prox cards dependent upon submission of a completed, signed checklist. LG foresees possible delays in new recruits receiving their prox cards, especially in MRC/DSTT where the BTC has not been adopted and a longer, general checklist is in use, and fears that this may reflect badly on the H&SWG. As an alternative, LG suggested close monitoring of compliance, investigation of non-compliance and reporting of gross non-compliance to the H&SMC. Ian Leith has already given his approval for this approach. The Group understood the concerns and also approved of the alternative approach.</p>	
<p>ii. LG to see Janette Cordiner about how best to get a complete list of new recruits on a monthly basis. Submitted BTCs will be checked against this list. Postgraduates and undergraduates must also be included.</p>	LG
<p>6. Revision of Micro-organisms CL1/2 Procedures</p>	
<p>i. GA pointed out a couple of typos in paper D and suggested that section 3.5.d should direct staff to Linda Connelly for further advice on shipping micro-organisms within and outwith the UK. LG to amend document accordingly.</p>	LG
<p>ii. LG pointed out that some sections had been removed, for inclusion elsewhere or to become an arrangement/procedure in their own right, and have been, or will be, replaced with a link to the relevant document.</p>	
<p>iii. LG asked IB to confirm that the autoclave maintenance and testing arrangements recorded in the Micro-orgs document are still current. IB to confirm.</p>	IB
<p>7. Pregnant Mothers: H&S Officer's Checklist</p>	
<p>i. Group approved of the checklist (paper E) and agreed that it should be issued to all H&S Officers and their deputies. LG to issue.</p>	LG
<p>8. Changes to SLS H&S Web Site</p>	
<p>i. LG reported that she now has direct access to the University Duxweb server and can, therefore, update the live H&S site directly from her own computer at any time. This will allow for the site to be kept bang up to date.</p>	
<p>ii. Induction training material has been added to the site. IB to email the current version of her induction presentation to LG for inclusion in this section.</p>	IB
<p>iii. LG pointed out that the finalised version of the chemical waste disposal routes document, amended in light of comments received from the Lab Managers etc, is now on the web site. IB suggested that this is copied to Ian Scragg and Martin Rollo for their approval before the Lab Managers are notified. LG to email Ian and Martin.</p>	LG
<p>iv. IB also expressed concerns over the staff on WTB 3 using sharpsafes for disposal of chemical waste and sending them via the clinical waste route. Apparently Martin Rollo is aware of this and is allowing it to continue. LG to seek clarification.</p>	LG

9. Monthly Review of Accident/Incident Reports

- i. A small amount of DMSO sprayed onto a worker's neck as they were attempting to force it through a syringe filter. The worker was wearing a lab coat but not a Howie style coat, which would have given protection. Fortunately, although absorbed by the skin DMSO is not known to be hazardous and the chemical dissolved in it was only an irritant. The worker's skin was very red but this was due to them rubbing it with a damp paper towel and not caused by the chemical/DMSO solution. The worker did not sustain any harm but this "near miss" highlights four important points:
- Syringe filter incidents are relatively common and there is the potential for harm if the solution being filtered is hazardous. Lab personnel should be advised to use filters that screw into place rather than slip on.
 - Howie style lab coats offer more protection than other styles and lab personnel should be made aware of this and advised to opt for Howie style coats.
 - If DMSO is spilled onto the skin it is not the DMSO in itself which gives cause for concern but the fact that it can carry any chemical dissolved in it through the skin and into the bloodstream. Lab personnel should be made aware of this and advised to take measures to avoid skin contact with solutions of hazardous chemicals in DMSO.
 - When a chemical is spilled onto the skin, rubbing with a paper towel is not recommended. This can further irritate or even break the skin. Continuous, gentle flushing with clean water is usually the best treatment.
- LG to add the above to the "Lessons to be Learned" section of H&S web site.
- ii. A technician thought a glass shard had entered her eye when a glass measuring cylinder was dropped and shattered. The technician was not wearing safety glasses at the time, despite being reminded to wear them on more than one occasion. She was taken to A&E at Ninewells Hospital. No shard was found in her eye but she was given ointment in case the irritation persisted. IB pointed out that under RIDDOR, regardless of the nature of the injury/illness, if treatment is administered at A&E the incident/accident must be reported to the HSE. ML pointed out that there does not appear to be any mechanism for dealing with staff who continually ignore instructions to wear PPE. The Group acknowledged that this is a School wide problem.

LG

10. AOCB

- i. IB introduced the idea of mapping of incidents/accidents to identify high risk areas. Group agreed that this could be useful but it may require a high number of accidents/incidents to produce meaningful results. LG suggested that the annual accident/incident statistics could be displayed by location, in addition to personnel category and type of injury.
- ii. Safety Services latest training program has been issued. Group agreed that:
- Gina McKay, as a deputy BHSO, should attend the New Unit Safety Co-ordinators course. LG to email Gina.
 - A member of Stores staff should attend the manual handling risk assessment course. LG to see Donald Gardiner.
 - Lab managers should attend the DSE Assessors course on 8/3/05. See agenda item 2 for further information.
 - LSTU technical and office staff should attend DSE Assessors course. ML to email LG with a list of candidates.
 - All BHSOs and deputies should attend the Accident/Incident investigation course on 16/2/05. LG to email relevant people.
 - Once the above is finalised, LG to email Safety Services.
 - IB to run a manual handling course in the near future.
- ii. Kirsten Paterson has issued a memo to all Deans asking them to support Safety Services new Latex Allergy safety policy arrangement. CPD's memo has been forwarded to LG. LG asked the Group for their thoughts on the new policy. Group agreed that if there was a competitively priced alternative, i.e. nitrile gloves at ~£3 per box, SLS would be happy to phase out latex gloves. If the price of nitrile gloves remains high, staff and students will go outwith SLS Stores to buy in cheap latex gloves and this will be very difficult to prevent. LG to draft a response on behalf of CPD.

LG

LG

ML

LG

LG
IB

LG