



**CMVM CENTRAL AREA
(Covering INCR CENTRAL & EMS)**



**Minutes of the meeting of the School Safety Committee
Friday 6th March 2026 at 12:00 pm**

Present:	David Wyllie (DW)	Chair / Co-Head SNCS
	Tara Spires-Jones (TS)	Director of CDBS
	Morag Laidlaw (ML)	DOPs INCR
	Efe Scott-Emuakpor (ES)	CMVM Central Health and Safety Manager / GMBSO
	Jim Cameron (JC)	BVS Health and Safety Manager
	James Griffiths (JG)	Facility & Support Manager
	Rory Mitchell (RM)	Radiation Protection Supervisor
	Iain Porter (IP)	Departmental Laser Supervisor
	Mike Kerr (MK)	Teaching Manager
	Beth Henderson (BH)	Union Representative
Apologies:	David Newby (DN)	Co-Head SNCS
	David Kluth (DK)	Head EMS
	Laura Sheils (LS)	Anatomy Laboratory Manager
Retired:	Sutherland Maciver (SM)	Deputy GMBSO

1. APOLOGIES FOR ABSENCE

The Chair welcomed members to the meeting. Round table introductions were made. Apologies for absence were received from DN, DK and LS due to other work commitments.

2. APPROVAL OF PREVIOUS MINUTES FROM MEETING IN MAY 2025 – PAPER A

The minutes from the meeting held on 29th May 2025 were presented to the Committee and approved and formally ratified.

3. UPDATE ON ACTIONS FROM PREVIOUS MINUTES (MAY 2025) – PAPER B

ES provided an update confirming that most actions from the previous meeting had been completed. Two actions remain outstanding and require further follow-up.

- I. *PhD Representative* – ES informed the Committee that an email was sent from Mike Shipston's email account to Early Career Researchers (ECRs), including PhD students, postdoctoral researchers and research assistants, inviting volunteers to act as a PhD representative. No responses were received. DW noted that an upcoming ECR Day at the BioQuarter could provide an opportunity to promote the role and encourage volunteers.

Action 1: DW to highlight the opportunity for a representative at ECR Day and invite volunteers.

- II. *Starters and Leavers Report* – ES confirmed that access has been granted to the School Starters and Leavers report. However, the report does not currently provide sufficient clarity to identify staff who may have been rehired internally, transferred roles, or hold multiple positions, including PhD student demonstrators transitioning between roles.

ML noted that staff moving between roles should appear on both the starters transfer sheet and leavers transfer sheet and suggested that further training may be beneficial which Lee Dolan could provide.

ES also reported good progress with the laboratory documentation audit, focusing particularly on high-risk projects and Biological Agent (BA) and Genetic Modification (GM) risk assessments.

Action 2: ES to arrange training meeting with Lee Dolan.

4. HEALTH & SAFETY MANAGER'S REPORT (PAPER C) - ES provided the following updates to the Committee:

I. Health Surveillance (HS) Collective Feedback (January – September 2025) – Paper D

The health surveillance feedback showed a consistently high proportion of staff assessed as fit for work (75% Q1, 82% Q2, 74% Q3).

A small number of staff left the University of Edinburgh (UoE) without notifying Occupational Health Services (OHS), resulting in missed exit appointments (13 staff from a total of 276). No such cases occurred during March, May, June, July or August 2025.

OHS has implemented a new digital system (OPAS G2) integrating case management, appointment booking, medical surveillance and reporting. During the transition period, data can still be extracted from the CHPS system, although this remains resource intensive.

II. Accidents, Incidents and Near Misses (AINM) – Paper E

Between January and December 2025, 14 incidents (including one near miss) were reported.

- 57% occurred in laboratory settings
- The majority involved undergraduate and postgraduate students

The most common causes were glassware/sharps handling and needlestick injuries, followed by spillages or releases. Encouragingly, none required hospital treatment and were managed with first aid only.

III. Turner & Townsend H&S Management Audit Feedback

Actions arising from the Turner & Townsend audit have now been completed. These included:

- Updates to the School Health & Safety Policy.
- Establishment of H&S objectives and action plans.
- Creation of a legal compliance register.
- Formal risk assessment training for PIs, Lab Managers and Deanery staff.
- Review of Risk/COSHH assessments.
- Implementation of a one-month timeframe for mandatory training completion.
- Implementation of the annual fire evacuation drill.

IV. CTSA Inspection of High consequence Dangerous Goods (HCDG)

A CTSA inspection of CDBS Schedule 5 holdings in the Hugh Robson Building was conducted in March 2025. Actions from the previous inspection were completed, including installation of a lockable freezer secured to the floor in Room 161. Inspectors recommended installation of a protective cage, which has since been fitted. A follow-up inspection in April 2025 confirmed that the installation was satisfactory. The next CTSA inspection is expected in March 2026.

DW noted that the current arrangement will likely only remain in place for approximately six months prior to relocation to QMRI. JG confirmed the cage will be relocated.

V. **CMVM Central Annual Health & Safety Inspection – PAPER F**

The annual inspection programme commenced in December 2025 and has been completed in the following areas: Hugh Robson Building, 1 George Square and Edinburgh Medical School (BMTO and Anatomy laboratories). Due to preparations for relocation to QMRI, the inspection programme focused on previously identified issues and laboratory documentation.

Key recurring issues included: laboratory clutter, excessive storage of consumables, and corroded or unsecured chemical storage cabinets. The ongoing laboratory clear-out programme in HRB and 1GS is expected to address many of these concerns.

Given the upcoming relocation, full replacement of chemical storage cabinets was not considered cost-effective. As an interim control measure, decontaminated spill trays have been installed.

VI. **Genetic Modification and Biological Safety Committee (GMBSC) – PAPER G**

The GMBSC currently comprises eight members, following the departure of Sutherland Maciver and Andrew Jarman. The Committee continues to review BA and GM risk assessments. A new referencing format was introduced from 1 August 2025: INCR Central-[number] for Central area and INCR EBQ-[number] for the BioQuarter. Existing risk assessments will retain their original reference numbers. The next meeting is scheduled for September 2026.

DW suggested that following relocation, the reference format INCR EBQ-[number] should be retained to distinguish work undertaken at the EBQ campus.

Action 3: ES to retain INCR EBQ prefix for BA and GM risk assessments following relocation.

VII. **First Aid – FANA**

A risk-based, building-level approach to First Aid provision has been introduced across the University. First Aid Needs Assessments (FANA) have been completed for Hugh Robson Building, 1 George Square and Edinburgh Medical School. These assessments have been approved by the First Aid training team and the number of First Aiders deemed suitable.

JG commented that all nominated First Aiders have now completed training, and updated posters have been displayed.

VIII. **Staff Health & Wellbeing / Mental Health First Aiders**

Updates included the following:

- Launch of the UoE Staff Health & Wellbeing Hub.
- Development of a Framework for Supporting Wellbeing Activity.
- Appointment of Victoria Swan as Staff Wellbeing Services Lead.
- Introduction of a Mental Health Awareness course via Cardinus.

CMVM Central MHFA drop-in sessions currently take place monthly at HRB (first Wednesday of each month, 2:00–4:00 pm) and BMTO (first Thursday of each month, 2:00–4:00 pm), although attendance has been low.

DW suggested that a lack of anonymity may be a key barrier, as staff may be reluctant to seek support from colleagues within the same building.

ML confirmed that this concern has been raised with Susan Thompson, noting that staff may prefer to speak to someone outside their own workplace environment.

ES stated that a staff survey has been circulated to identify potential barriers to attendance, including possible concerns regarding confidentiality and anonymity. A prize draw was included to

encourage responses. ES further stated that the result of the survey would be presented at the next Committee meeting.

Action 4: ES to update the Committee on MHFA survey results at the next meeting.

IX. Training / Induction

ES updated that in the calendar year 2025, the Technical Team delivered 236 building inductions for HRB and 1GS. A review of the induction process and H&S documentation for new starters is underway in collaboration with CVS.

ES added that maintaining accurate training records remains challenging due to the use of multiple University platforms (P&M, LEARN Ultra, Cardinus). This issue has been escalated to University Court as one of eight institutional H&S objectives. In the interim, line managers can access training records for staff they directly manage.

ES plans to work collaboratively with other CMVM Safety Managers to establish a more robust and accessible system for managing training records. The objective is to ensure accurate reporting and enable identification of gaps in Health & Safety training provision.

Action 5: ES/JG to complete the School induction and training record review.

X. School Policy – PAPER H

ES updated that the University recently introduced a new Health, Safety and Wellbeing Policy, comprising the main policy document and a supporting framework covering organisation and arrangements.

The CMVM Central Health, Safety and Wellbeing Policy is currently being updated to align with the University framework. As an interim measure prior to relocation to QMRI, the Statement of Intent has been signed by: David Wyllie, David Newby and David Kluth.

Committee members were asked to review the draft policy (Paper H) and provide comments or approval via email within one week. DW suggested that following the meeting, ES sends out an email to the Committee, requesting approval of the Policy for the benefit of members not present at the meeting.

Action 6: ES – Email Committee after meeting requesting review/approval of Policy.

XI. Local Policies/Guidance / Forms / Checklists Updates

ES updated the Committee on the local health and safety documents that in the last year had been reviewed, developed or updated and circulated to staff via the School mailing list and newsletter, and uploaded to the School Health & Safety webpages (listed in Paper C).

5. REPORTS FROM BUILDING MANAGER AND TECHNICAL SERVICES

I. Report from Iain Porter - Lasers

IP updated the Committee as follows:

- Two custom laser installations have been completed: one at 1 George Square (1GS) by Rebecca Jordan, and another on Level 5 of the Hugh Robson Building (HRB) in Matt Nolan's laboratory.
- In line with requirements for custom installations, both projects received support from the University of Edinburgh Radiation Protection Adviser (RPA), Mark Green. Documentation is currently being finalised to ensure compliance with best practice standards.
- IP will be taking over the role of Departmental Laser Supervisor (DLS) for QMRI from Rolly Weigand.

II. Report from Rory Mitchell – Radiation updates

RM updated the Committee as follows:

- There is currently no radiation use for research purposes within HRB.
- Tritium continues to be used for teaching at 1GS.
- Following successful renegotiations with SEPA, a single central licence now covers both HRB and 1GS.

JG advised that the radiation laboratory in HRB is being decommissioned, as it is unlikely to be used prior to the relocation to QMRI.

TS noted that although uranyl acetate is not regulated due to low activity levels, its use is being phased out in favour of safer alternatives, and it is becoming increasingly difficult to source.

III. Report from James Griffiths – Building/Technical updates

JG informed the Committee that:

- Following the successful clearance of equipment from HRB and 1GS, focus has now shifted to the removal of surplus consumables / chemicals ahead of the move.
- This process is currently being managed by the technical services team.

IV. Report from Jim Cameron – BVS updates

JC updated the Committee as follows:

- The upcoming move remains the primary focus for BVS.
- Concerns were raised regarding the volume of equipment and smaller components currently held within the animal unit (5th Floor, HRB), particularly in workshop laboratories, and whether all items are intended for relocation to QMRI.

JG confirmed that a comprehensive inventory of equipment designated for transfer to QMRI has been compiled and can be shared with JC for verification.

DW emphasised the importance of ensuring that no equipment is left behind for Estates to deal with after the move, and advised that any discrepancies identified in the equipment list by JC, should be reported to JG.

Action 7 – JG to send HRB equipment list to JC for verification.

V. Report from Mike Kerr – BMTO updates

MK updated the Committee as follows:

- Teaching activities within BMTO are progressing smoothly, with no issues to report.
- MK is due to retire shortly.

VI. Report from Laura Sheils – Anatomy updates

ES reported on behalf of LS:

- The Anatomy area has recently undergone inspection, with laboratories and associated spaces found to be well maintained.
- All risk assessments (RAs) have been reviewed.
- COSHH documentation and standard operating procedures (SOPs) are currently being updated to ensure full compliance.

VII. Report from Beth Henderson – Union updates

BH updated the Committee as follows:

- A key priority for the year is supporting staff mental health, particularly in light of organisational changes and the upcoming relocation.
- Work is ongoing with Susan Thompson and other organisations to enhance mental health support across the University.
- Engagement with Estates is underway to address health concerns raised by stores and procurement staff, with corrective actions in progress.

6. Important issues/Decisions

I. Committee Membership and Amalgamation

- ES proposed not replacing outgoing GMBSC members at this stage, given the imminent move to QMRI.
- It was agreed that the INCR Central and CVS Health & Safety Committees should be amalgamated ahead of the relocation and the next committee meeting should be for INCR with representation from across INCR EBQ.
- ES is awaiting the CVS H&S Committee membership list from Cathy Duff to assess representation across INCR EBQ.
- DW noted that the relocation is expected to take approximately eight weeks, reinforcing the need to establish the new structure in advance.

II. QMRI Induction, Training and Documentation

- ES highlighted the importance of ensuring all Health & Safety documentation, inductions, and training are in place prior to relocation to enable laboratory access.
- A standardised data collection process will be initiated, requiring Principal Investigators (PIs) to provide details of staff, projects, training records, and risk assessments. This will be mandatory.
- This exercise presents an opportunity to update and standardise records across all areas.

Additional points:

- CVS currently operates a centralised training record system, including an online signature process for risk assessments.
- DW queried arrangements for staff based in the Chancellor's Building and DRI, including responsibility for training records.
- JG confirmed that building induction records for ground floor staff are maintained by his team (Karen and David), although training provision is not included.
- BH noted that Chancellor's Building operates a group-based system with locally maintained training records.

III. Training and Access Arrangements

- A combined approach to QMRI induction will be implemented, including both online and face-to-face elements. Further details will be communicated in due course.
- JC highlighted that the P&M systems provide automated reminders for refresher training and are used alongside local laboratory training records within BVS.
- JG confirmed that a CVS training declaration form will be adapted for INCR Central use. Completion and verification of mandatory training will be required prior to granting card access.

IV. Health & Safety Resourcing

- ES raised concerns regarding future Health & Safety support for EMS following relocation of all INCR staff from the central area, and INCR as a whole, noting that current resourcing is insufficient given the scale of INCR.
- ML confirmed that this is a College-wide priority and is expected to be addressed by the end of July.
- JG and DW highlighted the complexity of INCR operations across multiple campuses and the associated Health & Safety implications.

7. AOCB

The Chair asked if there was any other Committee business. No additional business was raised. The Chair thanked all Committee members for their contributions.

****NEXT MEETING DATE**

The next meeting date will be September 2026. Date to be confirmed.

Action 8: ES to arrange a date for the next H&S Committee meeting (September 2026).