



CMVM CENTRAL AREA (Covering INCR CENTRAL & EMS)



Health, Safety & Wellbeing Policy

SECTION A.

Statement of intent by Heads of School

The CMVM Central Area is committed to maintaining the highest standards of health, safety, and wellbeing for all staff, students, visitors, and others who may be affected by activities carried out within its facilities.

The CMVM Central Area currently comprises staff, students, and visitors associated with the Institute for Neuroscience and Cardiovascular Research (INCR) Central and the Edinburgh Medical School (EMS). We will ensure, so far as is reasonably practicable, that all teaching, research, and support activities undertaken within the CMVM Central Area comply with the University's Health and Safety Policy and all relevant statutory requirements.

To achieve this, CMVM Central Area will:

- Provide and maintain safe working environments, equipment, and systems of work.
- Identify, assess, and control risks associated with all activities within the area, including laboratory, teaching, and support operations.
- Ensure that all staff and students receive appropriate information, instruction, training, and supervision to enable them to work safely.
- Promote a positive health and safety culture that encourages openness, responsibility, and the reporting of hazards, near misses, and incidents.
- Allocate adequate resources to implement, maintain, and continuously improve effective health and safety management systems.
- Monitor, audit, and review our health and safety performance regularly to ensure continual improvement and compliance.

All those working or studying within the CMVM Central Area are expected to take reasonable care of their own health and safety and that of others, and to cooperate fully in achieving the objectives of this policy.

This statement will be reviewed annually and updated as necessary to reflect changes in legislation, University policy, or the activities taking place within the CMVM Central Area.

Professor David Wyllie

Professor David Newby

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co-Directors, Institute for Neuroscience and Cardiovascular Research
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Head of Edinburgh Medical School

SECTION B.

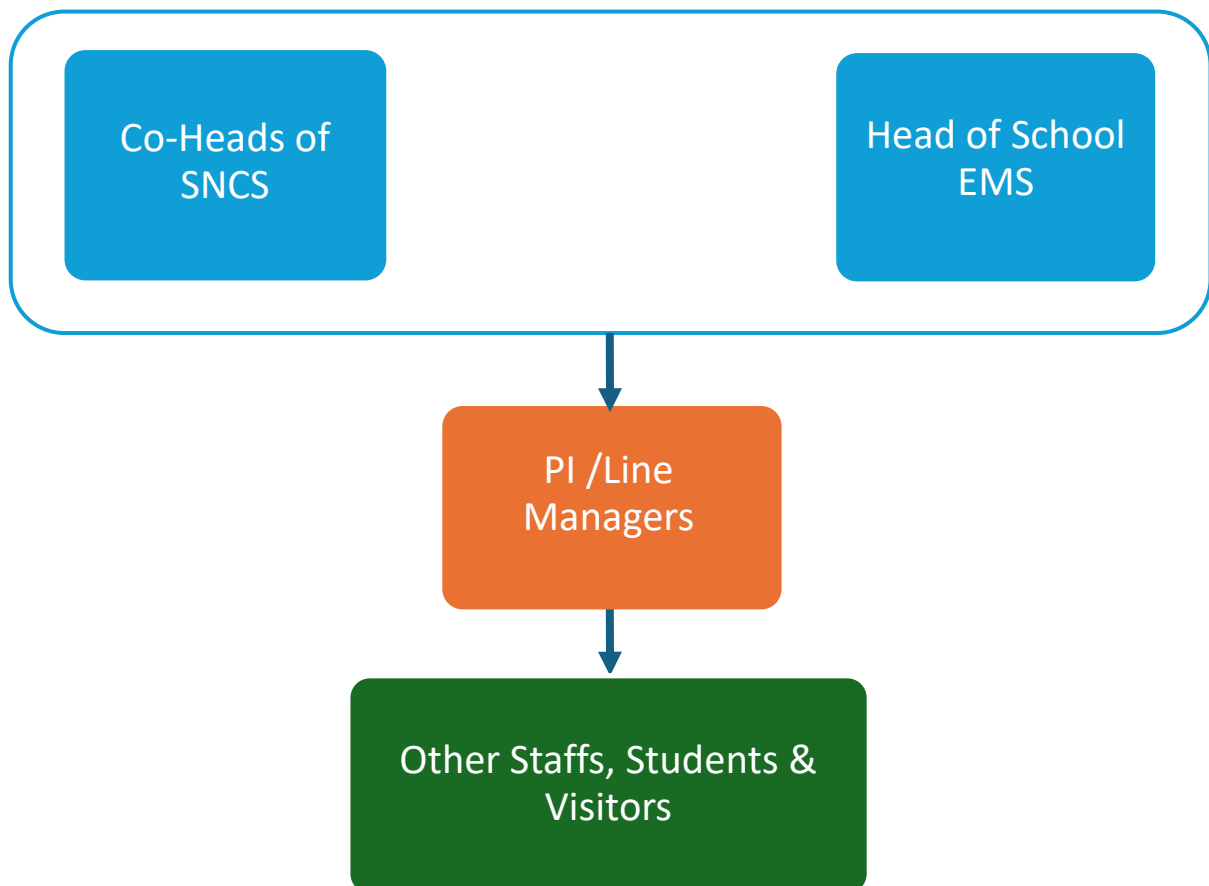
Organisational Framework

1. Introduction

The successful implementation of the Health and Safety Policy in CMVM Central area requires the full support and active co-operation of all staff, students and visitors. All parties have a role to play in ensuring the highest standards of health, safety and wellbeing are achieved.

2. Hierarchy of Responsibilities

While everyone has a role to play in Health and Safety, there is a hierarchy of responsibilities in the University of Edinburgh (UoE) structure. The hierarchy of organisational responsibilities is summarised below for CMVM Central.



Above: Simplified hierarchy of organisational responsibility

Abbreviations:

SNCS – School of Neurological and Cardiovascular Sciences.

EMS – Edinburgh Medical School.

PI – Principal Investigator

It should be noted that the 'general duties of all staff, students and visitors' are applicable to all roles. Individuals may also have more than one role, and therefore additional duties will apply (e.g. a line manager may also be a first aider).

A complementary list of duties/responsibilities is detailed in the [UoE Framework for Managing Health & Safety](#).

3. Duties & Responsibilities

3.1 Heads of School (HoS)

The duties of the HoS are as follows:

- Accountable to the UoE Court in matters of health and safety.
- Deliver, with support from the H&S Manager, the key requirements of the UoE H&S Policy.
- Provide leadership and governance which supports, and promotes, a positive health and safety culture.
- Allocate sufficient resources (time, money and effort) for health, safety and welfare.
- Ensure health and safety is a standing agenda item at executive meetings.
- Ensure that all staff and line managers within the Institute fulfil their health and safety duties/responsibilities.
- Support the CMVM Central H&S team, and the CMVM Central H&S committee, in the development and delivery of a suitable H&S management system.

3.2 Principal Investigators (PIs)/Line Managers

The duties of the PIs are as follows:

- Ensure that suitable and sufficient risk assessments, and Standard Operating Procedures (SOPs), are completed for all work activities and are communicated with their team.
- Ensure the competency of all Staff, Students and Visitors by providing suitable information, instruction, training and supervision.
- Monitor their group/team's compliance with safety requirements (including control measures) and act on any shortcomings identified by the H&S Manager or Director.
- Champion H&S, leading by example on H&S related matters.
- Determine if health surveillance is required for their team (via risk assessment) and, if so, ensure group members are promptly referred to Occupational Health, fully participates in the surveillance programme and follow all control measures.

3.3 General duties of all staff, students and visitors

- Take reasonable care of the health and safety of themselves and others.
- Co-operate with CMVM Central H&S team on all health and safety matters.
- Complete all mandatory H&S training and training requests from line management or health & safety advisor.
- Use agents (chemicals etc.) and equipment in accordance with training, instructions and any risk assessment findings.

- Report any dangerous situation or deficiencies in risk assessments, policies, procedures etc. to the Health and Safety Manager.
- Do not interfere with, or misuse, items provided for the purpose of health and safety.
- Report all accidents and near misses using the [Accident/Incident reporting system](#)
- Implement, and adhere to, control measures identified in risk assessments for work activities.

3.4 Health and Safety Manager

The duties of the Health and Safety Manager are as follows:

- Provide advice on all aspects of health and safety management across CMVM central; reviewing, developing, and implementing policies and/or procedures aligned to relevant legislation, regulations, and best practice guidelines.
- Provide strategic and operational assistance to the Executive, Directors and other personnel on health and safety related matters.
- Proactively work with staff / PIs to ensure risk assessments are completed to a high standard for all work activities and are regularly reviewed.
- Work with colleagues across the University to further a positive, pro-active culture that enhances the CMVM Central / UoE's approach to health, safety, and wellbeing.
- Offer expertise and specialist advice across the School, coaching and supporting managers to develop best practice.
- Lead the development, implementation, and regular review of a Safety Management Strategy for the School.
- Liaise with regulators, external and internal authorities on the behalf of CMVM Central.
- Provide information, instruction and training on health and safety related matters.

3.5 Facilities/Building Manager

The duties of the Facilities/Building Manager are as follows:

- Provide practical support and assistance in health and safety matters as required.
- Disseminate information on current requirements and new developments, as applicable.
- Coordinates day-to-day building maintenance and repairs with Estates that affect normal building operation.
- Provides occupants with updates of electrical, water and other service outages and scheduled shutdowns.
- Conduct new start building inductions and oversee building security.
- Coordinate changes to space assignment in School facilities.
- Coordinate School's facility related activities and projects.
- During evacuations, assists emergency response teams in assessing building condition, locating missing personnel, shutting off utilities, and delivering a status report to assembly point leaders.

3.6 Genetic Modification and Biological Safety Officer (GMBSO)

The duties of the GMBSO are as follows:

- Provide advice and support to CMVM central personnel on biological safety.

- Chair the CMVM Central Genetic Modification and Biological Safety Committee and report to the CMVM Central Health and Safety Committee.

3.7 Radiation Protection Supervisor (RPS) and Deputy (dRPS)

The duties of the RPS and DRPS are as follows:

- Liaise with the UoE Radiation Protection Unit and UoE Radiation Protection Advisor.
- Designate, control access to, and supervise Radiation Controlled Areas and Radiation Supervised Areas.
- Ensure accurate accounting for radiation sources.
- Ensure that all radioactive materials are kept secure.
- Ensure that CMVM Central complies with all Scottish Environmental Protection Agency (SEPA) permits, UoE Polices and arrangements for radioactive work.
- Ensure that all radiation users have sufficient information, instruction, training and supervision to conduct radiation work.
- Ensure risk assessments and local rules are accurate, and kept up to date, for work with radiation.

3.8 Departmental Laser Supervisor (DLS)

The duties of the DLS are as follows:

- Maintaining a register of all laser equipment (except for Class 1 lasers) in the department.
- Ensuring that arrangements are made to see that all safety matters are adequately dealt with.
- Consulting with the Radiation Protection Adviser in arranging Laser Designated Areas for the safe use of Class 3B and Class 4 lasers.
- Ensuring the necessary administrative arrangements for schemes of Work, Local Rules and for the safe use of Class 3B and Class 4 lasers.
- Ensuring that all registered laser workers receive appropriate instruction and training.

3.9 Health and Safety Committee

The duties of the Health and Safety Committee are as follows:

- Liaise with, and represent, CMVM Central staff, students and visitors on health and safety matters.
- Ensure membership to the committee is representative of the CMVM Central population.
- Meet six monthly and make minutes available to all staff and students in a timely manner.
- Develop and ratify strategies and policies to uphold and improve health, safety and wellbeing standards within CMVM Central.
- Make recommendations, and provide advice, to the CMVM Central Executives on health and safety policy and procedures.

3.10 Genetic Modification and Biological Safety Committee (GMBSC)

The duties of the GMBSC are as follows:

- Represent CMVM Central staff and students on health and safety matters in relation to the use of biological agents and/or genetically modified organisms.
- Evaluate and comment on the suitability of biological, genetic modification risk assessments and connected programmes of work.
- Report relevant information to the Health and Safety committee via the GMBSC.
- Meet at least annually, conducting business throughout the year electronically.
- Consult, and collaborate, with the UoE Biological Safety Adviser.

3.11 Fire Stewards/ Coordinators

The duties of the Fire Stewards/Coordinators are as follows:

- Attend training, including refresher training, as required.
- Undertake regular checks of the local work area to identify hazards, reporting issues to the Health and Safety Manager.
- In the event of a fire alarm, sweep the local area closing windows and doors (where practical) and assemble at the assembly point.
- Work as a team with local fire stewards, coordinators, security and operations to coordinate fire evacuation and building re-entry.

3.12 First Aiders

The duties of the First Aiders are as follows:

- Attend training, including refresher training, as required.
- Monitor local first aid box stock levels and top up as required.
- Provide first aid on demand to anyone injured or ill, and encourage all reporting of Accidents and Near misses using the [Accident/Incident reporting system](#)

3.13 Mental Health First Aiders

The duties of the Mental Health First Aiders are as follows:

- Attend training, including refresher training, as required.
- Meet with individuals who may require support, or further information, about mental health - actively listening and signposting to resources and services.
- Attend local training sessions and regularly consult with provided resources to prevent skill fade.
- Promote mental health in the workplace to “normalise” discussion and reduce stigma.

SECTION C.

Arrangements

1. Introduction

The CMVM Central Health and Safety (H&S) policy is segregated into three sections:

- A. Statement of intent from the Heads of School (School of Neurological and Cardiovascular Sciences, and the Edinburgh Medical School).
- B. Organisation Framework.
- C. Health and Safety Arrangements.

All sections of the CMVM Central H&S Policy should be read in conjunction.

The University of Edinburgh (UoE) has detailed Health and Safety arrangements for its estate and work activities. The CMVM Central H&S policy does not aim to replicate the numerous sections of the UoE policy, instead making this document more accessible and relevant to local arrangements. If you are unable to find specific information in the CMVM Central H&S policy, please consult with the UoE Policy:

<https://www.ed.ac.uk/health-safety/policy-cop/policy>

2. Emergency Action

2.1. Fire

If you discover a fire:

1. Operate the nearest fire alarm call point or, if no alarm is provided, shout "FIRE".
2. Immediately call 999 and request the Fire Service.
3. Leave the building via the nearest exit.
4. Dial the University Emergency Number 2222 from extensions on the 650/651 exchange and explain the situation. (For all other telephones, dial (0131) 651 3999 or (0131) 650 2257)
5. Once University Security and/or the Fire Service arrive, provide them with as much information as you can about what has happened.

If you hear the fire alarm:

1. Leave the building by the nearest available escape route. Lifts **must not** be used in the event of fire, unless designated as a fire evacuation lift. Temporary waiting spaces, where provided, should be used to ensure assistance can be provided where necessary.
2. Go to the assembly point and await further instructions. Do not re-enter the building until the Fire Service or University Security advise that it is safe to do so.

It is the duty of all staff to acquaint themselves with the steps to be taken in the event of fire and what to do in case of an emergency. This includes reading Section 4 of the Safety Policy Framework:
CMVM Central Health & Safety Policy v1 Page 7 | 33

Arrangements (Link below) the instructions found on the blue fire notice signs posted in your work area, and completing the relevant fire safety training on Cardinus.

[University Safety Policy Framework: Arrangements](#)

Induction of new workers should include notification of fire escape routes and local fire stewards. Induction forms are available from the link below:

[New members](#)

All persons **must** make themselves familiar with the location of their nearest fire alarm call points, telephones, emergency fire exits and firefighting equipment, in the area of the building where they normally work.

All passageways, stairs and fire exits **must** be kept clear and free from obstruction of any kind at all times. Bicycles are prohibited inside any building within the School.

Fire Doors (except those with automatic or magnetic releases connected to the fire alarm system) **must** be kept closed at all times.

Flammable materials, packages, etc. should not be allowed to accumulate in laboratories, corridors, or stairs.

2.1.1. [Fire alarm tests / Fire drills](#)

The fire alarm is tested at 10.00AM every Wednesday for Hugh Robson Building (HRB), 10.00AM every Thursday for 1 George Square (1GSq) and 9.53AM every Thursday for Teviot Building. The alarm is a continuous electronic sounder. If the alarm sounds for more than 30 seconds during this time, or you hear the fire alarm at any other time, all personnel **must** immediately evacuate the building and gather at the local fire assembly point.

Fire drills will be conducted annually and during working hours.

2.1.2. [Personal emergency evacuation plans](#)

Any staff, students or visitors who have a mobility issue (temporary or permanent), which could hinder their ability to escape in an emergency, should raise this with the Building Manager and H&S team so that a Personal Emergency Evacuation Plan (PEEP) can be created.

2.1.3. [Fire safety team and local fire arrangements](#)

Fire Stewards and Fire Coordinators are trained by the UoE to ensure the highest standards of fire safety. Fire Stewards **must** be briefed regularly on their duties and instructed on the arrangements for assisting mobility impaired persons in the event of a fire or other emergency. Lists of Fire Stewards, escape routes, and fire assembly points are displayed on Notice Boards in CMVM Central Buildings, and can be found on the link below:

[CDBS Fire & First Aid](#)

2.2. [Medical Emergencies & First Aid](#)

If you are the first on the scene of an accident, check for any danger before approaching. Do not put yourself in danger and become a second casualty.

Care of casualties. If you are not qualified in first aid, send for the nearest available qualified First Aider by phoning HRB reception on 51 1145. Provide as much context/information as possible. Reception will send a First Aider to your location.

If no qualified First Aiders are available, ensure that an ambulance is called by dialling 999 or 2222. Names of local first aiders can be found on green notices on local safety noticeboards.

If the casualty is unconscious or not breathing, send for an Ambulance by dialling the emergency number **(9) 999**. Follow the instructions provided by the emergency call handler. If possible, send somebody to collect the nearest automated external defibrillator and/or to arrange for someone to be at the main entrance to the building to show the Emergency Services the way to the incident.

If you suspect that a casualty has been poisoned, alert Accident and Emergency, dial (9) 536 1000, so that A&E staff can get information from the Poisons Bureau.

Eye wash stations are available in all laboratories, available for use by all personnel.

A list of First Aiders and local first aid information (locations of first aid kits, facilities and AEDs) is available online: [CDBS Fire & First Aid](#)

2.3. Accidents and near misses

It is the School's aim to develop a "no automatic blame" culture whereby all accidents, incidents, near misses, and ill-health are reported without prejudice. All such reports will be investigated to an appropriate level with a view to finding the root cause and incidental failures, and to learn lessons and take improvement actions where appropriate. Line management will be engaged in this process. Information will be analysed in order to develop meaningful statistics on performance and trends.

2.3.1. Accidents involving biological material, sharps or glass

In the event of an accident involving biological material or sharps, first aid measures should be applied in the first instance, and the injury reported immediately to the Group Leader and/or School Health and Safety Manager. Where an infection risk is identified, the injured person should attend A&E. The accident **must** be recorded on the University's accident reporting system as soon as reasonably practicable after the accident.

A flow chart detailing the procedure to follow in the event of a glass, sharps or splash incident can be found on the University H&S Department website.

[University H&S Department - Sharps, Glass and Splash Incident Flowchart](#)

2.3.2. Reporting Accidents

All accidents, dangerous occurrences and near misses **must** be reported promptly using the University's electronic accident and incident system (link below). Besides taking immediate corrective action and putting into effect remedial or preventive measures, this system enables us to fulfil our obligations under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2003 (RIDDOR), and The Genetically Modified Organisms (Contained Use) Regulations 2000.

Even where all the facts or the outcome is not yet known, the accident **must** be reported as soon as practicably possible. All accidents will be investigated by the School Safety Team, in a manner proportionate to the severity of the incident. Investigation is not about attributing blame, but instead aims to identify the root cause of the accident and any measures that can be taken to prevent a reoccurrence.

Reporting near misses can prevent accidents and therefore it is important that all events with the potential to cause loss (health, equipment, reputation) are reported. No near miss is too small to be reported.

Potentially serious accidents should be reported to the University Health and Safety Department and/or the CMVM Central Health and Safety Manager via telephone and subsequently followed up by the submission of an online accident and incident form.

[University H&S - Accident & Incident Reporting Tool](#)

2.4. Spillages

Each laboratory and service area **must** have ready access to a Spillage Kit to be stored in a designated area known to the lab users. Spillage Kits should be appropriate to the hazards associated with the work carried out in that area. This should be determined by local risk assessment. Periodic spill drills should be conducted in labs to ensure that all lab users know what to do in the event of a real spill, whether chemical or biological. Further guidance is available from the Building Manager / School Health and Safety Manager.

- a. For biological materials, the kit should contain as a minimum:
 - two yellow sacks and closures.
 - autoclave bags.
 - sharps container.
 - appropriate disinfectant (e.g. Virkon), in the form of granules or tablets.
 - absorbent material suitable for soaking up liquids after disinfection.
 - paper towels and disposable cloths.
 - disposable scoop and spatula for waste including sharps which **must** not be handled directly.
 - protective clothing kit that should include disposable gloves, overalls, foot protection Respiratory and eye protection.

Disinfectants and other materials **must** be relevant to likely spillage in each laboratory. This should be identified in the risk assessment for the works conducted there. Spillage Kits should be checked regularly and replenished after use. Place All potentially infectious / hazardous waste in a yellow sack or sharps container and disinfect area thoroughly. Any waste containing **genetically modified, or pathogenic** (HG2 or 3) organisms should be placed in an Autoclave sack and autoclaved before disposal.

See also guidance from the University's Biosafety Unit on general biosafety information.

[University Biological Safety Unit Website](#)

- b. For chemicals - Spill kits should contain:
 - absorbent materials, e.g., booms, towels, granules relevant to the materials used in the work area.
 - chemical waste bags.
 - labels to identify waste and origin.
 - respiratory Protective Equipment (RPE) and spare filters (check seal is removed before use).
 - eye/face protection (may be combined with RPE).
 - appropriate chemical resistant gloves for substance to be cleared.
 - coveralls.

- overshoes.
- check sheet for spill team.

These should be held in a central location and lab users should be trained to use the equipment and PPE. Building Managers are responsible for ensuring that Spill Kits are maintained, and supplies replenished every time the kit is used.

2.5. Building Security

The presence of unauthorised personnel in the building is a threat to safety as well as property. Authorised persons can be classified as, staff, students, contractors, statutory visitors or visitors. All such persons should carry proof of identify and produce this if requested. All others are unauthorised.

Authorised persons should be alert to any unauthorised person on university property and appropriate steps should be taken to report suspicious activity to the security division as soon as possible. In particular:

- Keep personal valuables locked away when unattended.
- Ensure that outer doors are locked out of normal working hours.
- Shut ground floor windows when leaving a room.
- Any unauthorised person found on university property should be asked to justify their presence and to account for any property in their possession - if it is judged safe to do so.
- Report any suspect person or activity to University Security, extension 50 2257.
- Sign the out of hours book when working out of normal hours i.e., between 8.30am-6.00pm and telephone security on 50 2257 (or a colleague) if you intend working alone out of hours to notify them of your arrival and departure.

2.6. Lone and out of hours work

The normal hours of building occupancy in the CMVM Central are (8.30am-6pm Monday to Friday). Out of hours work is defined as any work activity conducted out with the normal hours of building occupancy, including Saturday, Sunday and any University of Edinburgh holidays (e.g. Christmas closure periods).

Lone working can occur at any time, even during normal hours of building occupancy, and the task specific risk assessment should consider the likelihood of lone working and the risks such work may pose.

Lone and out of hours work creates additional risk for workers due to reduced support immediately available to them, particularly in an emergency. **Lone and out of hours work must be avoided where reasonably practicable, and work should be planned around 'core' hours of building occupancy (8.30AM-6PM, Monday-Friday) and/or in a competent team.**

Where lone and out of work is unavoidable, then it **must** be justified by the [risk assessment](#) process to ensure that all risks are considered and any additional control measures implemented.

Only competent individuals are permitted to work alone or out of hours. Undergraduate students and visitors are **not** permitted to work alone or unsupervised out of hours. Additionally, all out-of-hours workers **must** complete a [late and lone working form](#), which has been signed by the building manager.

Staff working out of hours **must** sign in/out of the visitor book, this includes staff who are on site, but who work after 6PM, ensuring security are aware of all personnel on site.

All staff and postgraduate students intending to work alone or out of hours must also complete a LOOH risk assessment which **must** be signed off by their PIs / Line Managers.

Generic risk assessment forms and guidance are available here:

[Lone and out of hours | The University of Edinburgh](#)

3. Occupational Health/Sickness Absence

Members of staff who are away from work due to sickness or accident should conform to the University Staff absence policies and procedures. In order for the University to be able to reclaim Statutory Sick Pay (SSP) payments this procedure should be followed even if the individual is on annual leave.

3.1. Sickness Absence

The management of sickness absence is the joint responsibility of the Head of Department/Line Manager and the individual member of staff. It is important for monitoring work-related illnesses that all sickness absence is reported to the Line Manager. For further information see the University HR website (link below):

[University Human Resources Website – Absence Policy](#)

All absences should be reported on-line through P&M.

3.2. Occupational Ill Health

If a member of CMVM Central suspects that an aspect of their work is causing illness then they should report it through the Occupational ill health forms available from the Occupational Health website (link below), and seek assistance from the School Health and Safety Manager and/or the University Occupational Health Unit if they wish to discuss their situation.

The Occupational Health Unit (OHU) is part of the University's Central Health and Safety Department and provides a service which is totally independent, impartial and confidential. Remedial action at School level will be taken on the recommendation of the OHU, (see Occupation Health link below for more information).

[University Occupational Health Website](#)

4. Wellbeing

The UoE offers [wellbeing support for staff](#) and [wellbeing support for students](#).

CMVM Central recognises that our staff and students are key to achieving our goals of carrying out World Class Research. Resources are allocated locally to drive a range of wellbeing initiatives, coordinated by the Wellbeing Group, for staff and students.

Further information and resources are available from [Health and Wellbeing Central Area sharepoint site](#) and [University Framework to Support Wellbeing Activity](#)

4.1. Mental Health

CMVM Central is committed to reducing the stigma associated with mental health, supporting employees to develop resilience to mental distress, helping individuals to remain at, and return to, work.

The mental health portal is a free resource for all staff and students in CMVM Central. The portal aims to:

- Define what mental health is and outline factors which may impact our mental health.
- Signpost what local support is available at the CMVM Central for staff and students.
- Detail useful online resources and identify how you can access these resources for free.
- Raise awareness on what support is available from the University of Edinburgh.

[The CMVM Central mental health portal can be accessed here.](#)

CMVM Central has a team of Mental Health First Aiders (MHFA) which staff and students can approach locally if they are experiencing mental distress. MHFAs are trained in active listening, can be contacted in confidence and are impartial. Their role is to listen non-judgementally and signpost individuals to where further help and resources are available. CMVM Central MHFAs usually host drop-in sessions at:

- Hugh Robson Building: first Wednesday of each month, 2:00–4:00 pm
- Edinburgh Medical School (BMT0): first Thursday of each month, 2:00–4:00 pm

These sessions have currently been put on hold. Updated information will be provided once sessions resume.

[A list of the CMVM Central MHFAs and their contact details are available here](#)

4.2. Stress

Stress is the adverse reaction people have to excessive pressures or other demands placed on them. Exposure to stress may be beneficial in the short term, as it can improve performance, however, excessive or prolonged stress can result in ill health. Stress affects individuals differently, what stresses one person may not affect another. Care should be taken to tailor the role (and its demands) to the individual.

There are six main factors which impact on workers stress levels. Line managers should consider these factors and how they relate to work activities and individuals.

- Demands of the job (Physical and/or mental)
- Control (of workloads, activities etc.)
- Support (in the team and organisation, and how to access it)
- Relationships (interactions between the team)
- Role (in the team, and organisation)
- Change (to the role and the team).

Employers have a legal duty to protect workers from the negative impact of stress at work and this should be considered via the risk assessment process before stress occurs. Reasonable adjustments (and other controls) should be identified and implemented to reduce risk.

If an individual is experiencing stress at work, there is a range of support which is available in the CMVM Central and wider UoE. All support is confidential.

- [Human Resources \(HR\)](#)
- [Health and Safety Team](#)
- [Occupational Health](#)

- [CMVM Central MHFAs](#)

[Further information for managers and employees is available from the UoE.](#)

4.3. Smoking

Smoking (which is defined here to also include the use of E-cigarettes/vaping) is not permitted in any University Building at any time. Further information on the University Smoking Policy can be found below:

[University Smoking Policy](#)

The UoE will offer support to individuals who wish to give up smoking and smoking cessation advice is available from [Staff Health and Wellbeing Hub](#).

5. Risk Assessment

5.1. General

The Management of Health and Safety at Work Regulations 1999 requires that every employer is required to carry out a 'suitable and sufficient' assessment of the risks involved to employees and others affected by the work of the organisation.

All work activities (which generate a significant risk) **must** be risk assessed before work begins. Risk assessment **must** be recorded using CMVM Central or UoE risk assessment templates and shared with individuals who are being asked to perform the work. Anyone who may be at risk from work activities should be provided a copy of the relevant risk assessment (and standard operating procedure).

Line managers, in control of work activities (e.g. Principal Investigator, event organiser), have a duty of care to ensure risk assessments are completed and are suitable and sufficient for work activities.

Risk assessments should be written by any individual who has suitable training, skills, experience and knowledge of the work (competent individual). Line Managers may delegate the completion of risk assessments to competent individuals. However, line managers cannot delegate their health and safety duties and are ultimately responsible for the safety of the work activity and their staff.

Risk assessments should be kept up to date and relevant. The review period of risk assessments is dependent upon the risk, however annual reviews are recommended as best practice. Risk assessments **must** reflect current work practices and **must** be reviewed following a significant change.

A significant change is defined here as:

- An accident or near miss.
- A change in work processes (e.g. equipment, substances, procedures, methodology).
- New legislation or guidance relevant to the work.
- Information obtained from health surveillance.

Inactive or historic risk assessments **must** be retained in line with the University's retention schedule for health and safety documents. This is typically seven years but may vary. The full retention schedule can be found below:

[Health & Safety Document Retention Schedule](#)

The School Safety Manager is available for consultation, and to provide information and help. It may be necessary to pool knowledge and resources before completing the assessments and recording them. Further information on risk assessment can be found in the published HSE guidance (link below):

[HSE INDG 163 - Managing Risks and Risk Assessment at Work.](#)

UoE Generic risk assessments and templates can be found here:

[Risk Assessments | The University of Edinburgh](#)

Table 1 provides a summary of different hazards with corresponding risk assessment types and relevant guidance / legislation to be considered.

Hazards Identified in RA	Examples	Further Legislation to Consider	Risk Assessment / Action Required
Biological	Genetic Modification	GM	GM Risk Assessment approved by GMBSA
Biological	Pathogens and Tissue Culture	COSHH	COSHH BA1 Form. Register organisms with BSO and on RETAIN
Chemical	Hazardous Chemicals and Dusts	COSHH	Chemical COSHH form, including Safe System of Work
Chemical	Flammables and Explosive Substances	DSEAR	DSEAR form and Chemical COSHH
Radiation	Radioactive tracers and sealed sources	Ionising Radiation	RADUser Form approved by CMVM Central Radiation Protection Supervisor, and the University Radiation Protection Advisor.
Radiation	Lasers	Non-Ionising Radiation	AOR Risk Assessment
Radiation	Ultraviolet Light	Non-Ionising Radiation	AOR Risk Assessment
Electricity	Portable and Installed Electrical Equipment	Electricity at Work	Visual Inspection and PAT testing when required.
Manual Handling	Moving heavy / awkward items	Manual Handling	Manual Handling Risk Assessment, with training if required.
Fire / Explosion	Flammables and Explosive Substances	DSEAR, Fire Regulations	DSEAR form and Chemical COSHH. Inform fire stewards and minimise risks.
Travel & Fieldwork	Overseas travel and biological fieldwork		CMVM Central Travel / Field work RA form
Lone Working	Lone and out of hours working		LOOH Risk Assessment, and log-in and out of building.
Display Screen Equipment	Working with computer equipment	DSE	Cardinus training and risk assessment

5.2. New and Expectant Mothers

New and expectant mothers (NEMs) are defined by the Health and Safety Executive as employees who are pregnant, have given birth within the last six months or are breastfeeding.

Common risks for new and expectant mothers would include:

- toxic Chemicals.
- manual handling.
- exposure to infectious biological agents.
- work related stress.
- static or repetitive work.
- exposure to radiation.

New and expectant mothers require special consideration via the risk assessment process and a specific risk assessment should be completed, which considers both the individual and their work. It may be necessary to implement additional controls, dependent upon the nature of the work activities performed.

The risk assessment process is confidential and individuals are encouraged to inform the Health and Safety team as soon as possible so that any necessary control measures can be implemented. See link to UoE NEMS Risk Assessment Policy, Guidance and Risk Assessment form here:

[Pregnancy Information | The University of Edinburgh](#)

5.3. Substances Hazardous to Health

COSHH covers substances that are hazardous to health. Substances can take many forms and include: chemicals, products containing chemicals, fumes, dusts, vapours, mists, nanotechnology, gases and asphyxiating gases and biological agents (germs), [germs that cause diseases](#) such as leptospirosis or legionnaires disease and germs used in laboratories. For more COSHH information, read [what you need to do](#) and [COSHH assessments](#).

The COSHH risk assessment should be completed before the substance is purchased so that storage, use and disposal considerations can be made before the material is brought onto site. Further guidance can be found in Section 5 (Chemical Safety) of this policy.

Biological agents are also covered by COSHH, for further information see section 6 (Biological Safety) of this policy.

Risk Assessments for COSHH should be Activity-based, i.e., how hazardous substances are used and how exposure may occur. Correct assessments can only be based on a practical understanding of what happens or could happen in the workplace. All those engaged in similar work may be assessed together and copies of the COSHH Safe System of work form shown to everyone conducting that activity. An individual may belong to more than one group for purposes of Risk Assessment.

Risk Assessments are best written by the people carrying out the work, but responsibility for ensuring completion of the forms falls to Supervisors e.g. PI's, Course Conveners, Supervisors of Research and Class Projects, and Organisers of Field Work. The preparative work undertaken by technical staff for undergraduate practicals held in the School **must** also be subject to suitable and sufficient risk assessment and adequate task supervision. **All Risk Assessments must be recorded.**

The Classification, Labelling and Packaging (CLP) Regulations require that suppliers **must** provide [Material Safety Data Sheets](#) (MSDS) detailing, the known or potential hazards associated with substances. This can be used as a source of information on the substances used in the work activity. Other sources of information are available from the UoE website and the School Health and Safety Manager. See link to UoE COSHH Guidance and Risk Assessment forms here:

5.3.1. Face-Fit Testing

Where the risk assessment identifies the requirement for respiratory protection, Respiratory Protective Equipment (RPE) should be supplied. COSHH requires that anyone using close fitting RPE on a regular basis **must** be properly fitted and trained to use the masks. School personnel, who require this service, should visit the University Health and Safety Department website (link below) to arrange face-fit testing of suitable equipment.

[University Health and Safety Department - Face Fit Testing](#)

5.4. Display Screen Equipment (DSE)

Display screen usually forms part of a computer or electronic data device (e.g. desktop computers laptops, tablets etc.) and shows text, numbers or graphics. The whole workstation, job and work environment as well as the screen, keyboard and other equipment requires assessment to ensure that it is compliant.

When DSE is not used correctly, ill health effects can include musculoskeletal disorders, eye and mental fatigue. Where an individual is identified as a User (someone who habitually uses DSE for an hour or more continuous spell each day of their working week) **must** undertake a DSE/Workstation assessment. The University provides an online DSE/Workstation e-learning course called Cardinus Healthy Working, which Users **must** complete. In the School, both staff and PhD students are considered as potential Users.

On completion of the eLearning, Cardinus will provide the User with a questionnaire that the user should complete at their usual workstation. At the end of the questionnaire, a DSE Risk Assessment and action plan are generated for users to complete.

Any issues identified in the DSE/Workstation assessment **must** be reported to the Line Manager or Supervisor for remedial action. Where completing Cardinus is not possible, proposed actions do not resolve issues, or further assistance is required, Users should contact the CMVM Central Health & Safety and/or the University Occupational Health Service for further advice.

As the ergonomics of this operation are specific to each individual and workstation, it is in the interests of each individual's comfort and long-term health to ensure that a DSE/Workstation assessment is completed. UoE DSE Assessment forms and guidance documents can be found here:

[Personal Computing | The University of Edinburgh](#)

5.5. Manual Handling

Manual handling encompasses lifting, carrying, putting down, pulling or moving a load by human effort. All manual handling tasks should be adequately planned, prepared for, and performed, in order to prevent injury.

Initial Manual Handling training can be accessed on the Cardinus eLearning platform (through P&M), and for further guidance and training, contact the School's Health and Safety Manager.

University guidance on Manual Handling and the risk assessment template is available at the link below:

[University H&S Department - Manual Handling](#)

6. Information, instruction, training and supervision

The provision of information, instruction, training and supervision for employees is a legal requirement of the Health and Safety at Work etc. Act (1974).

CMVM Central will provide all resources required to ensure employees are competent to perform work activities, and will deliver H&S related information, instruction and training to employees via a range of different media and events, typically lead by the H&S team.

Additional conduits of H&S information, instruction and training will include:

- Verbal and written instructions provided by your local laboratory group and/or manager.
- The H&S SharePoint site.
- The [UoE H&S internet pages](#)
- The Central & Biomedical H&S Committee.
- H&S Noticeboards located on every floor in our buildings.

6.1. Induction

New staff, students and visitors (who are present in CMVM Central for more than a week) **must** attend the mandatory Building and H&S induction, as close as possible to their start date. Individuals will not be given secure card access to the buildings until the induction is completed. It is the Line Managers responsibility to ensure induction is arranged and completed.

Induction information can be accessed via this link: [New members](#)

6.2. Training

Training is required for all work activities until individuals are deemed competent. There are a number of mandatory H&S training courses which all staff and students **must** complete, these can be accessed via this link: [Health and Safety training – where to find it | The University of Edinburgh](#). All mandatory H&S training **must** be completed within a month of joining the School.

Additional training requirements will be task and/or role specific, and will depend upon the hazards associated with work activities. Different roles have different requirements to ensure competency. Task specific training is mandatory, if the risk assessment for the work activity identifies it is necessary. For staff and staff and students working with animals, the required trainings can be accessed via this link: [Getting Started | Bioresearch & Veterinary Services | Bioresearch and Veterinary services](#). All task/role specific training courses and training checklists can be accessed via the above H&S training link.

Hands-on training will also be required for the majority of physical workplace activities. Hands-on training should be delivered by individuals competent to perform the workplace task and is typically delivered 1:1, but may also be delivered in groups.

In order for hands on-training to be effective, it **must** follow a robust methodology. Table 2 indicates the steps which should be followed for hands-on training in CMVM Central:

Table 2 – Hands-on Training Techniques.

Stage	Technique	Further information
1	Demonstrate	Show learners how to perform the task
2	Ask learners questions	To demonstrate they understand the task and key learning outcomes
3	Repeat	Repeat stage 1 and 2 until the trainer is happy the learner understands the technique Note: Every learner is different, some individuals may require more time than others. This is perfectly natural.
4	Ask the learner to perform the task under close supervision	Similar to step 1-3, ask questions to confirm they understand the technique and repeat as many times as required.

6.3. Training records

All training **must** be recorded, this includes mandatory, task specific and hands on training. Both digital and paper records are suitable.

Training providers will issue training certificates for any courses undertaken. These records may be in paper or digital form but should be retained to demonstrate training requirements have been met. Examples would include the CMVM Central Health and Safety induction and the University of Edinburgh 'Healthy working' package.

Hands-on training will require to be recorded on paper during the initial training exercise, but may be scanned and kept in digital format.

When an individual is deemed competent to perform the task then the trainer should countersign their training record.

6.4. Supervision

The level of supervision required will vary depending upon the type of task and competency of the individual. It is acceptable for low-risk tasks (e.g. office work) to occur unsupervised. Higher risk work will require some degree of supervision and ultimately line managers are responsible for ensuring their staff, students and visitors are appropriately trained and supervised.

7. Laboratory arrangements

7.1. Laboratory Code of Practice

The [CDBS Laboratory Code of Practice](#) summarises key health and safety requirements which all staff, students and visitors in the laboratory **must** follow.

7.2. Responsibility notices

It is the School's policy that a responsibility notice should be displayed on the door of every laboratory. This is to enable prompt action to be taken in an emergency. The notice should include the name and contact number of the staff member responsible for the laboratory, and the name and contact number of an appointed callout person. It should also contain a list of specific hazards of which emergency services should be aware and where to find the risk assessments.

7.3. Transport of samples around CMVM Central

If individuals require to transport samples (biologicals and/or chemicals) then this **must** be done in a safe manner to reduce risk to themselves and colleagues.

Like all control measures, priority should be given to collective protective measures. It is recommended that all samples are transported in clean, robust secondary containment regardless of travel distance. This advice is in accordance with best practice and UoE arrangements.

It is however permissible for low-risk samples to be transported in just primary containment. Low risk samples would include:

- Fixed biological samples.
- Attenuated biological samples.
- Inert or lower risk chemicals (e.g. irritant).
- DNA or RNA.

Ultimately the risk from samples, chemicals and their transport should be determined via the risk assessment process and **must** be recorded.

High risk samples being moved between floors or buildings of the CMVM Central **must** always be transported in secondary containment. High risk samples would include those containing:

- Hazard Group 2 Biological agents or Class 2 Genetically Modified Organisms (as used in CL2).
- Toxic, Carcinogenic, Mutagenic, and Sensitising chemicals.

7.4. Containment Level 2 facilities

Containment Level (CL) 2 laboratories pose a higher risk than CL 1 laboratories because Hazard Group 2 biological agents are in use, which can cause human disease. Furthermore, CL2 laboratories may use Class 2 Genetically Modified Organisms (GMO), which can be hazardous to humans and/or the environment.

There are additional safety requirements for working in CL2 laboratories:

- Visitors are not permitted to work in CL2 laboratories.
- A local Code of Practice (CoP) **must** be in place (in addition to the CMVM Laboratory CoP).
- Workers **must** undertake a dedicated induction by the area manager, which **must** detail the hazards, risks and control measures to be implemented (as detailed in local COP and risk assessments).
- Workers **must** complete the UoE Biosafety Unit training '[Biological and Genetic Modification Safety](#)'.
- Laboratory gloves (both) **must** be removed prior to leaving CL2 laboratories.
- Samples transported outside the CL2 laboratory **must** be in secondary containment.

For more information on Biological Safety go to [University Biosafety Unit website](#)

7.5. Ethidium Bromide

Ethidium Bromide is toxic and is a known mutagen. To comply with Control of Substances Hazardous to Health Regulations (COSHH) 2002, it should be substituted for safer alternatives (e.g. SYBR safe). Use of Ethidium Bromide is only permitted following discussion with the CMVM Central H&S Manager, and after a thorough risk assessment process.

[More information on Ethidium Bromide can be found on the UoE H&S website.](#)

For more information on hazardous substances, go to [Hazardous Substances | The University of Edinburgh](#)

7.6. Radiation

The use of unsealed radioactive sources in CMVM Central is permitted only in controlled areas, which are managed by the Radiation Protection Supervisor (RPS), under the guidance of the UoE Radiation Protection Unit (RPU) and the H&S team.

All staff, students and visitors, who intend to work with radiation in CMVM Central, **must** be competent. Competency can be demonstrated by completing the [UoE RPU competency assessment](#), of the RPU 'Basic Course in Radiation Protection in Research and Teaching'.

The competency assessments, for all the following modules **must** be completed, and passed, regardless of previous radiation experience prior to joining the UoE:

- Introduction.
- Regulation.
- Module A: Radioactive Tracers.

Once the assessment has been passed, radiation workers **must** contact the Health and Safety team who, with the RPS, will authorise work/access to the radiation-controlled area. Access to the controlled areas will be prohibited until competency has been verified.

Radiation workers **must** have a local induction with the RPS, which will detail local rules and working arrangements. Tasks specific training will also be required for new workers.

Risk assessments for the use and storage of radiation are required for all work, and the [School Radiation Protection Supervisor](#) will help identify what is required during the induction process.

For more information on Radiation Safety, go to [Radiation Protection Unit | The University of Edinburgh](#)

7.7. Lasers

Use of Laser Equipment at the University of Edinburgh is regulated according to The Control of Artificial Optical Radiation at Work Regulations 2010 and the University's code of practice on non-ionising radiation.

[Codes of Practice and Guidance | Radiation Protection Unit | Health and Safety Department](#)

Lasers are classified according to possible hazards they present. Class I lasers are considered the safest either because of very low output power or because they are totally enclosed. Class I lasers and lasers

in printers, CD drives and similar devices do not require special control measures, neither do Class 1 Laser Products that may incorporate higher power lasers that are totally enclosed within the equipment.

All other lasers of type Class 1M, 2M, 3A, 3B, 3R and 4 require control measures and these **must** be registered with the RPS, and have a corresponding laser risk assessment.

Open laser beams have the potential to cause serious eye damage. All users working with lasers **must** undertake online laser safety training, a local induction and supervised until competent. The School [Departmental Laser Supervisor](#) should be contacted for any Laser related queries.

7.8. Work with animals

All work with rodents **must** be covered by a suitable and sufficient risk assessment, which **must** detail the hazards, risks and control measures (including the risk of exposure to sensitising agents). All workers **must** be competent.

All individuals working with rodents **must** have a Control of Substances Hazardous to Health (COSHH) Health Passport record. The Health Passport System (CHPs) ensures all mandatory requirements for working with rodents are confirmed:

- Risk Assessment and Training.
- RPE face fitting (and maintenance information).
- Health Surveillance (Further information can be accessed [here](#))

[Details of training requirements and how to access training courses is available from UoE H&S](#)

Access and work with rodents will not be permitted until the mandatory requirements of CHPs are completed. All external visitors observing animal areas should complete the visitors' form.

Principal Investigators/Supervisors **must also** complete mandatory training, to ensure they are aware of the hazards posed by laboratory animal allergens and rodent work:

- Health and Safety Awareness for Principal Investigators and Supervisors.
- Laboratory Animal Allergens and Health Surveillance.
- Respiratory Protective Equipment.

[Further information for Principal Investigators is available from UoE H&S](#)

A generic risk assessment, details the hazards and risks of Laboratory Animal Allergens (LAA), from research with rodents in the Biological and Veterinary Services Facility (BVS). Contact the BVS H&S officer for further information.

A task specific risk assessment (detailing work, hazards and risks) is required for work with rodents, in addition. This will ensure the assessment is specific and considers the context of the animal work.

Work activities with live animals **must only** be conducted in designated animal handling locations:

Hugh Robson Building

1st floor - 102, 161-165

2nd floor – 204, 217, 222

3rd floor – 323, 323A, 324

4th floor – 424, 444-445B

5th and 6th floor BVS spaces

1 George Square

2nd floor – 2.12

3rd floor - 3.11

4th and 5th floor BVS spaces

Any individual working with live animals outside of local exhaust ventilation (Microbiological Safety Cabinets or Laminar Flow Cabinets) will require to wear RPE to protect against airborne laboratory animal allergens (dust, dander, fur). Any individual, who may be in the vicinity of the work, will also be at risk from airborne sensitisers and this **must** be considered in the risk assessment and RPE provided as required.

Recognisable animal tissues/carcasses **must** be disposed of in a clinical waste bag, labelled with the Group Name and date, and deposited in the freezer in the dedicated waste facility (key available from Stores to access).

7.9. Use of sharps

In order to minimise the likelihood of accidents arising as a result of poor working practices, **ALL** individuals using sharps **must** receive appropriate instruction and training on how to work safely when handling sharps and, in particular, how to avoid needle stick injury.

Guidance on preventing sharps injuries is available on the Health and Safety Department website (link below) and includes model written instructions.

[University H&S Department - Guidance on Preventing Sharps Injuries](#)

Workers in the school should refer to and follow the guidance relevant to their work and this should be supplemented with on-the-job training provided by supervisors – a Safety Induction checklist is available from the link below:

[Safety Induction Checklist – Lab workers](#)

7.10. Choice of disinfectant

Equipment and waste that cannot be autoclaved should be disinfected. Virkon is the disinfectant of choice for CMVM Central as it is broad spectrum and has cleaning properties. Where Virkon is not suitable, (in some cases been associated with skin irritation) an alternative safe disinfectant must be identified in consultation with the School Biological Safety Officer and specified in the lab rules. Cidex or other Glutaraldehyde based disinfectants **must not** be used. Any laboratories with stocks of Cidex should arrange disposal via Building Manager.

Disinfectants of choice for CMVM Central, and details of contact times and working dilutions may be found below:

Virkon

1% solution for:

- Plasticware (pipettes, pastettes) with surface contamination – soak for a minimum of 2 hours fully immersed;
- Treatment of minor contamination (minimum 10 min contact time) and surface disinfection (benches and floors);

2% final concentration (overnight contact) for disinfection of liquid cultures and supernatants.

Powder or granules will be used to both absorb the liquid and disinfect a spillage or use with liquid waste. For spillages, allow aerosols to settle and then working from the outside of the spill, apply powdered Virkon to the liquid (minimum contact time 10 minutes) before mopping up with paper towels, wiping the area with 1% Virkon and disposing of all solid waste via the clinical (orange bag) waste stream.

Presept

1,000 ppm free chlorine solution for general cleaning of equipment and benches

2,500 ppm free chlorine, final concentration (overnight contact) free chlorine solution for discard containers / liquid cultures.

Granules will be used to both absorb the liquid and disinfect a spillage or use with liquid waste. For spillages, allow aerosols to settle and then working from the outside of the spill, apply the Presept granules to the liquid (minimum contact time 10 minutes) before mopping up with paper towels, wiping the area with 1,000 ppm free chlorine solution and disposing of all solid waste via the clinical (orange bag) waste stream. If no granules are available then 10,000 ppm free chlorine, final concentration should be used.

Alcohols

Microbial agents such as fungal spores, Gram +/- bacteria, enveloped viruses and mycoplasma are susceptible to ethanol, usually 70% v/v.

8. Personal Protective Equipment (PPE)

The requirement for all types of Personal Protective Equipment (PPE) will be identified during the risk assessment process and will be task (and hazard) specific.

PPE is the least effective control measure, relying heavily on human behaviour, and should only be used when hazards cannot be controlled by other means.

Where PPE is identified as required, via risk assessment, it **must** be:

- appropriate for the task (including hazards and risks).
- compatible with other items of PPE being used.
- fit the wearer.
- comply with relevant British and/or EU standards.
- provided free of charge by the line manager/employer.
- appropriately stored to prevent cross contamination or damage.
- visually inspected before use (for damage, faults etc.).

- used in accordance with manufacturer's instructions.

Guidance on selection, maintenance and storage of PPE is available [here](#)

Any work with animals inside the BVS facility will require complete clothes change into facility scrubs/boiler suit, **mob cap and facility footwear** prior to entry into the facility.

8.1. Laboratory coats

All staff, students and visitors **must** wear a fully fastened 'Howie-style' laboratory coat at all times while performing any type of work with biologicals, chemicals or laboratory equipment.

Howie-style laboratory coats can be worn when moving between labs, but **must** be removed and stored on designated laboratory coat hooks when not in use. Laboratory coats **must not** be stored on the back of laboratory chairs, laboratory floors, benches etc.

Laboratory coats **must not** be worn (or stored) in offices, public areas such as the reception.

Laboratory coats **must** be laundered at frequent intervals or following any risk of contamination (e.g. a spill). All equipment and materials **must** be removed from the pockets before laundry to ensure coats are safe to launder. Laundry drop off points are available in each building (HRB and 1GS) and Laboratory Managers can provide information on how to launder laboratory coats.

Tissue culture facilities have colour-coded laboratory coats. When colour coded laboratory coats are in use they **must** remain in their designated facility, as indicated by local codes of practice.

8.2. Gloves

The use of gloves in CMVM Central is task specific. The requirement for gloves (including type) will be identified via the risk assessment process.

The use of latex gloves is prohibited in CMVM Central unless fully justified via the risk assessment process, which **must** first be approved by the H&S Manager.

The standard disposable laboratory gloves supplied in CMVM Central are powder free, latex free, nitrile gloves.

The use of non-disposable gloves **must** meet all the specifications and requirements of PPE, as detailed in Section 8.

Laboratory gloves **must not** come into contact with any common contact points outside of the laboratory (e.g. Door handles, hand rails, light switches etc.), to reduce the risk of cross contamination.

If laboratory samples require to be transported to different buildings, or different floors of the same building, collective protective measures should be adopted:

- samples should be placed in clean secondary containment.
- gloves should be removed.
- hands should be washed.

Where it is not reasonably practicable to remove both laboratory gloves (e.g. due to short travel distances between neighbouring rooms) then it is permissible to remove a single glove. The clean,

ungloved hand can be used to touch contact points. The gloved hand **must** not come into contact with any common contact points.

Both laboratory gloves **must** be removed and disposed of when individuals are exiting containment level 2 laboratories.

Disposable laboratory gloves **must** not be reused, they degrade quickly and easily when reused and will therefore not offer suitable protection from biological and chemical hazards.

8.3. Respiratory Protective Equipment (RPE)

The need for RPE, and the type of RPE required, will be specified in tasks specific risk assessment for the work. Where possible, engineering controls should be utilised to control release of respiratory hazards at source instead of reliance on RPE.

If the use of RPE is unavoidable, any RPE selected for use **must** be of the type recommended by the [UoE H&S department](#). CMVM Central requires that all RPE is reusable, disposable masks should be avoided.

When selecting RPE, it **must** meet the general requirements of PPE (Section 8).

All RPE, with the exception of powered respirators, **must** be face fitted to the user. Respiratory Face-fit testing can be organised via the [Occupational Hygiene Unit](#).

Training in the use and selection of RPE is mandatory for all staff, students and using RPE, but is also mandatory for the PI/Supervisor of those using RPE.

8.4. Eye and face protection

PPE that protects the eyes are mandatory for all procedures where significant impact or absorption risks exist (e.g. a splash in the eye from biologicals or chemicals). Safety Goggles, or face shields, are recommended over safety glasses as they fully enclose the eye.

Face shields may be worn to protect the face against impact and/or splashes but can also be used to protect against Ultraviolet (UV) radiation (where it cannot be eliminated via shielding or containment). If face shields are being used to protect against UV radiation, then they **must** have visible (EU or CE) markings to indicate they are designed to protect against UV radiation.

If individuals wear prescription glasses, and the risk assessment identifies that safety glasses or goggles are required, then the University Optometrist can organise for prescription safety glasses or goggles to be made for the individual, which will be paid for by the School Health and Safety Department.

[Further information on prescription safety glasses is available from the H&S department.](#)

9. Waste Disposal

It is University policy to reduce the amount of waste generated and maximise the recycling of waste. Various categories of waste are generated including non-hazardous general waste and hazardous waste from laboratories. All waste **must** be suitably decontaminated and contained prior to disposal so that it can be handled safely. Hazardous materials that require inactivation, decontamination, or containment include biological, chemicals, toxins, radioisotopes, glass and sharps. Various combinations of the different types are possible, e.g. toxic and radioactive. The University Codes of Practice dealing with the different categories of waste should be read by all lab managers to ensure that they are aware of the Health, Safety and Environmental issues of Waste Disposal. All members

must cooperate in planning purchases to reduce potential waste and consider how to reduce potentially hazardous waste. The waste bags and containers are colour coded to aid the segregation of the various waste streams. There are waste streams for general waste, recyclable glass and for laboratory waste.

Further information and more detailed guidance can be found in the [UoE Waste office website](#).

9.1. Laboratory waste

All users producing laboratory waste **must** first contact the [Waste and Furniture Management](#) to register as a clinical and biological waste producer. On completion of registration, you will be sent procedures for disposal of laboratory waste for regular as well as ad-hoc uplifts. All waste **must** be placed in registered holding locations for uplift via the authorised contractor (unless otherwise specified). More information on different types of laboratory waste can be accessed via this link:

[Laboratory waste | The University of Edinburgh
CDBS Waste Policy](#)

10. Use of Equipment

10.1. Centrifuges

All new centrifuge users **must** be trained in the proper operation and care of the equipment and centrifuges **must** be maintained and serviced regularly to ensure safe operation. The following procedures are to be avoided at all cost. **DO NOT:**

- Drop a rotor or a bucket onto the floor. Please notify your group leader if a rotor or a bucket has fallen to the floor.
- Spin tubes that are not balanced. This may destroy rotor, samples, drive and rotor chamber.
- Spin tubes which are not sealed in an angle or vertical rotor. This will destroy samples, may destroy the rotor and the rotor chamber.
- Forget to put adaptors over tubes (angle or vertical). This will result in destruction of your samples.
- Spin a Sorvall rotor without attaching rotor to spindle. This will destroy the rotor and the centrifuge chamber.
- Start an ultracentrifuge with no rotor in the chamber. This will destroy the drive.
- Spin saturated CsCl at 4°C. This destroys the rotor, drive and rotor chamber.
- Clean a rotor or buckets with abrasive. In due course the rotor will be unusable. Use water and mild detergent.

10.2. Electrical equipment

Use of Electrical equipment is covered by the University Safety Policy Framework: Arrangements Section 27.

[University H&S Policy Framework: Arrangements, Specific Arrangements, Section 27.](#)

In order to comply with this and the Electricity at Work Regulations (1989), a testing and maintenance programme co-ordinated by the Building Manager has been implemented.

All electrical equipment brought into the School should be reported to the Building Manager so that a CMVM Central identification number and a Portable Appliance Tested (PAT) Label can be prepared. Personal electrical items used in the school **must** also be included in this system.

Users should perform visual checks before using equipment. Any damaged/faulty equipment **must** be reported to the Building Manager. For further information on what to look for can be found in Section 27 of the University Safety Policy Framework Arrangements (see above link).

Warning labels will be applied to equipment which fails its PAT or is found to be faulty, and it **must** be removed or taken out of service until it can be repaired and re-tested.

Users **must** not attempt to connect failed equipment to the mains supply until it has been repaired and tested safe.

10.3. [Pressure vessels, gas cylinders and regulators](#)

Pressure vessels is covered by Section 15 of the University Health and Safety Policy, Framework Arrangements document.

All autoclaves, pressure cookers and nitrogen pressure vessels are inspected by the University's Engineering Insurance Engineer at the statutorily required interval. Building Managers **must** be notified before purchase so that installation and maintenance can be arranged and a risk assessment for the suitability of the intended location/facilities can be undertaken. See additional UoE policies on autoclaves and liquid nitrogen (see links below).

[Pressure vessels | The University of Edinburgh](#)

The use of laboratory gas cylinders is regulated by the Pressurised Equipment (Safety) Regulations 2016 and The Pressure Systems Safety Regulations (PSSR) 2000. Misuse of laboratory gases can result in explosions, fire, asphyxiation, and manual handling injuries.

All users of laboratory gases **must** undergo Gas Safety training followed by a local induction, and then supervised by a competent worker until they are deemed competent to work unsupervised.

Manual handling, manipulation of regulations or modification of compressed gas cylinders and/or accessories **must** only be conducted by the Workshop team or competent gas engineers.

In exceptional circumstances, staff may be permitted to change regulators and handle cylinders where competency can be demonstrated via approved training providers. Authorisation **must** explicitly come from the Building Manager / Health and Safety Team and regular refresher training is mandatory.

Gas cylinders **must** not be moved or connected on a lone working basis. Only in exceptional circumstances (with all relevant training and risk assessments in place), should they be moved or connected outside core hours.

All individuals using LN₂ **must**:

- Pass the UoE training course '[Safe working with liquid nitrogen](#)'
- Receive LN₂ in a purpose-built vessel (e.g. LN₂ Dewar) which has been visually checked for faults **before every use**.
- Wear a fully fastened Howie Style laboratory coat.
- Only transport LN₂ in closed vessels.

LN₂ **must** never be transported in:

- Lifts (regardless of location) with occupants.
- Vehicles (Taxi's, personal cars or Institute cars).

If LN₂, which has been decanted into a purpose-built vessel, is surplus to requirements it should be left to safely evaporate in the fume hood, with a note displayed on the side of the fume hood to inform laboratory staff.

10.4. Microwave ovens

Accidents can occur in laboratories by overheated liquids / agar in enclosed containers, which can result in explosion causing injury and damage. Users **must** wear appropriate protective clothing (e.g., eye/face protection, water resistant thermal gloves, laboratory coat etc.) as identified by risk assessment.

11. Visitors and events

Visitors are welcome in CMVM Central but will be unfamiliar with the hazards and risks of our workplace. Mandatory arrangements are in place to protect visitors. The organiser of the visit is responsible for implementing CMVM Central control measures, as detailed in section 11.2 - 11.4.

Guidance and risk assessment templates are available via [this link](#)

11.1. Definition of a visitor

A visitor is defined in this policy as 'anyone who does not work in CMVM Central:

- Members of the public.
- UoE employees from other Institutes, Buildings or Campuses.
- Contractors (except the UoE Estates team).

11.2. Visitor arrangements

Visitors **must** be supervised at all times, **unless**:

- The visit is during, and concluded during, normal hours of building occupancy (see section 2.7) **AND** the visitor remains in the reception. The visitor **must** 'sign in' at reception and be met by their supervisor.

Or

- The visitor completes the H&S induction **AND** the visitor is provided information, instruction and training. Supervision will still be needed for work activities until competency is established.

Visitors are not permitted access to any secure areas (denoted by swipe card access restrictions) unsupervised unless they have completed the H&S induction.

Secure areas are defined in this policy as:

- Offices.
- Laboratories.
- Animal facilities.

Supervised tours/visits, which **do not** involve work activities, are acceptable without a risk assessment.

11.3. Children and young people

Children and young people are a special sub category of visitors (members of the public), and may be at increased risk due to their maturity, knowledge and/or experience levels.

Children are defined in law as anyone who has not reached the legal school leaving age (16). Young people are defined in law as individuals at age 16, but under the age of 18.

Children are permitted access to public areas only (e.g. Reception) unless as part of an organised event with a risk assessment approved by the H&S Team and the Public Engagement Team.

Children **must** be accompanied by a responsible adult at all times. Children are not permitted to perform any laboratory work.

Young people are permitted to gain work experience in CMVM Central, but all visits **must** be risk assessed and approved by the H&S Team and Building Management team. Young people are not permitted to work in CL2 labs, observation only is permitted.

11.4. Events

The feasibility of an event **must** first be checked with H&S Team to ensure the CMVM Central can accommodate your request.

All events will require an event risk assessment unless A, B and C **ALL** apply:

- A. The event occurs during 'core' working hours (9AM-6PM, Mon-Fri).
- B. The event involves only CMVM Central Staff and Students (no members of public or visitors).
- C. The event does not introduce additional workplace hazards (e.g. Cooking).

Events which will occur out with core hours, will always require a risk assessment.

Office and laboratory workers are not permitted to return to work after consuming Alcohol at an event, as it may reduce their response time and situational awareness, increasing the risk of a workplace accident. This risk should be included in risk assessments for events.

All risk assessments should be submitted to the H&S Team at least one month prior to the event.

12. Travel and Fieldwork

Staff and Students who are travelling on CMVM Central and/or UoE business are required to complete a travel risk assessment. CMVM Central has travel risk assessment templates for low-risk and high-risk travel as follows:

1. Business travel plan for low-risk UK travel – This form should be used for approval of all low-risk UK travel for attendance of conferences, meetings and lectures etc (no laboratory work or other high-risk activities).
2. Low-risk international travel plan and risk assessment – This form should be used for approval of all low-risk international business travel to countries where:
 - there is no FCDO advice against travel to the country.
 - only low -risk activities intended, such as travelling for conferences, meetings, lectures etc. (no laboratory work or other high-risk activities).
3. Higher-risk travel plan and risk assessment – This form should be used for:

- travel within the UK or other low risk countries if high risk activities such as laboratory work or lone working will be undertaken etc.
 - travel to countries where there is FCDO advice against all but essential travel or other issues such as air pollution or high crime rates or diseases etc.
4. Fieldwork travel plan and risk assessment – This form should be used for any travel, UK or International which involves fieldwork.

Travel risk assessment templates and flowchart indicating the correct form to be can be found via this link:

[Travel Booking within BMS - School of Biomedical Sciences - Wiki Service](#)

All completed travel risk assessments should be signed by the PI / Line Manager and sent to BMStravel@ed.ac.uk for approval by the School H&S Manager.

12.1. Fieldwork

All fieldwork **must** comply with the University Policy and School Guidance. The Heads of School is responsible for all fieldwork activities organised by CMVM Central members, and organisers **must** ensure that the risk assessment for the work is completed before the trip, and then reviewed again once on site as conditions may have changed. For international travel and for all fieldwork (both UK and international), these **must** be approved by the School Health and Safety Manager before booking. See link to UoE policy and guidance on fieldwork:

[University H&S Policy Framework: Arrangements - Section 29](#)

First aid training is available from the Training and Audit Unit, and specialist outdoor first aid training can be organised in addition, please contact the School H&S Manager for details. Further guidance can be found on the University H&S Department website.

[University H&S Department - Transport, Travel & Fieldwork](#)

12.2. Travel Insurance

It is recommended that anyone travelling on behalf of the University (to conferences, meetings, field trips, placements- etc) arranges travel insurance. The completed, authorised version of your travel risk assessment **must** be uploaded when applying for travel insurance.

UoE Travel Insurance details can be found here: <https://www.ed.ac.uk/staff/business-travel/travel-insurance>

Complete the [Online Application Form](#) to apply quickly and easily.

Note: The travelling employee/student should take a copy of this risk assessment with them on their trip.

12.3. Driving and safe use of vehicles

All CMVM Central staff who drive vehicles for work should comply with the University policy Section 33. This includes holding the appropriate license for the vehicles used and observing the local rules for use of the vehicle in order to protect the Health and Safety of themselves, their passengers, and other road users. An induction should be carried out for all new authorised drivers to describe the procedures for completing vehicle safety checklists and reporting incidents.

Those drivers who intend to drive Minibuses **must** be assessed by a Minibus assessor as competent to drive such vehicles. Minibus drivers **must** have an eye test every 2 years and obtain a certificate from an optician confirming that their eyesight is adequate for the purposes of driving. See the University Policy Section 33.1, for details.

In summary:

- Drivers **must** not use hand-held mobile phones to make or receive calls whilst driving vehicles on University business, except in the case of an emergency where it is unsafe or impracticable to stop. Failure to comply with this requirement may result in disciplinary action and revoking of University Authorised Driver status.
- Drivers using their own vehicles on University business **must** not use hand-held phones when driving, as the University requires you to comply with all relevant laws.
- All vehicle drivers **must** ensure that loads are securely stowed and that the carrying capacity of the vehicle is not exceeded.
- Conveyance of hazardous substances by road is subject to specific Regulations, details of which can be obtained from Health and Safety Department, Charles Stewart House, 9-16 Chambers Street.
- Valuable and/or dangerous loads may also require special insurance and the Insurance Section of the Finance Department **must** be consulted before the journey commences.
- Drivers or passengers in vehicles that have been constructed or adapted to carry goods **must** wear seat belts when making deliveries or collections if they travel a distance over 50m (source: The Motor Vehicles (Wearing of Seat Belts) (Amendment) Regulations 2005).

13. Contractors

The University operates a permit to work system that **must** be applied on all occasions where University maintenance workers or outside contractors are required to enter University Laboratories. For information go to:

[University H&S Department - Guidance for Contractors and Maintenance Staff.](#)

Permits **must** be issued by someone who has knowledge of the work being undertaken in that area, so a responsible person **must** be nominated for each laboratory, and their contact details clearly displayed at the entrance to the laboratory. Building managers should keep a list of the responsible persons so that they can manage the system locally. Building managers, if not completing the permits, should ensure that they are notified whenever a permit is issued. The permit should be completed with the contractor present, as detailed in the guidance notes accompanying the permits, which are available from the health and safety website. Permits to work may be downloaded from the link below.

[University Estates - Permit to Work Form](#)

The permit **must** be given a start and end time and **must** be displayed in the area where the works are taking place. When the works are complete, the permit **must** be signed off by the authorised laboratory contact and the contractor, and the permit **must** be sent to the building manager for filing. Permits **must** be kept on file for at least 12 months.

APPENDIX A: INFORMATION FOR CLEANERS

Guidance on cleaning of laboratories is available from the Health and Safety department website.

[University H&S Department - Guidance for Cleaning Staff](#)

It covers chemical, biological and radiation labs and provides guidance on arrangements Schools should put in place to ensure the safety of cleaners whilst they are working in labs. Part I is aimed at those who have a managerial or supervisory role in cleaning arrangements or are involved in the arrangements for the health and safety of cleaning staff, whereas Part II provides detail of the matters that should be included in the instruction given to those staff who clean laboratories. Please note Part I includes a section detailing the responsibilities of lab staff.