



DEANERY OF BIOMEDICAL SCIENCES



Minutes of the meeting of the School Safety Committee Thursday 2nd October 2024 at 10:00am

Present:	Mike Shipston (MS)	Chair / Dean of Biomedical Sciences
	Tara Spires-Jones (TS)	Director of CDBS
	Efe Scott-Emuakpor (ES)	School Health and Safety Manager
	Jim Cameron (JC)	BVS Health and Safety Manager
	James Griffiths (JG)	Facility & Support Manager
	Sutherland Maciver (SM)	Genetic Modification & Biological Safety Officer
	Rory Mitchell (RM)	Radiation Protection Supervisor
	Iain Porter (IP)	Departmental Laser Supervisor
	Mark Patrizio (MP)	Union Representative
Apologies:	Mike Kerr (MK)	Teaching Manager
	Laura Shiels (LS)	Anatomy Laboratory Manager

1. APOLOGIES FOR ABSENCE

The Chair welcomed the Committee, the new Director of CDBS (TS) to her first Committee meeting. Introductions were made. Apologies were noted for MK due to teaching, and LS due to work commitments.

2. APPROVAL OF PREVIOUS MINUTES FROM MEETING IN MARCH 2024

The minutes from the meeting held on 14th March 2024 was presented to the Committee and formally approved and ratified.

3. UPDATE ON ACTIONS FROM PREVIOUS MINUTES (MARCH 2024)

ES updated that most of the actions from the previous meeting had been completed. The outstanding actions were as follows:

- I. *Lack of passive ventilation of the storage room to the exterior (GSQ1 loading bay)* - ES updated that a quote of £4,163.79+VAT for installation has now been provided by Estates and approval required by MS. JG stated that this action was flagged as red from the DSEAR audit. TS approved the quote.

Action 1: JG – Provide cost code to Estates for installation of ventilation system.

- II. *PhD Representative* – ES updated that emails had been sent out to all PhD Student's, and so far, no responses. MS suggested that a more targeted email is sent to the PhD student committee to nominate representatives who can take it in turns to attend twice yearly meetings.

Action 2: JG / MS – JG to draft email to be sent from MS's email account to the PhD student committee, requesting volunteer representatives.

- III. *Starters and Leavers Report* – JG updated that he and ES have now been given access to the starters and leavers report. However, the report captures staff who have changed jobs within UoE as well. MS suggested that Lee Dolan filters the report before sharing it.

Action 3: ES / JG – Send request to Lee Dolan to filter Starters and Leavers report to reflect only newly employed staff into UoE, and staff leaving UoE.

- IV. *Single licence for 1GS and HRB's radiation work* – ES updated that Mark Green had emailed SEPA regarding a single licence for both HRB and 1GS, and awaiting update. MS asked if any radiation work was ongoing in 1GS. JG confirmed that radiation work was ongoing in 1GS by the BMTO and none in HRB. TS updated that one of the new Fellows, had asked about radiation in 1GS and she advised her to get in touch with JG. It was not urgent. RM commented that the attempt by Mark Green to unify the licences for both buildings has been ongoing for a long time. JG added that the unification of the licences was required as both buildings are currently being treated as 2 separate sites and should be one site.

Action 4: ES / JG – Follow up with Mark Green regarding a single licence for 1GS and HRB's radiation work.

- V. *Fire alarm issue: Audibility testing report* – ES updated that the audibility testing report had not been sent by Estates. JG informed the Committee that following the Audibility testing carried out by Estates at the end of October 2023, it was identified that the fire alarm was not sounding in the area around Lab 153. JG added that he had chased Estates for the report and had not yet received it.

Action 5: JG – Follow up with Estates to send audibility report and rectify the fire alarm issue.

4. HEALTH & SAFETY REPORT (PAPER A) - ES provided the following updates to the Committee:

I. Health Surveillance (HS) Collective Feedback (August 2024) – Paper D

HS collective feedback for August 2024 showed a high percentage of staff had positive fitness outcomes (65% Fit, 13% Fit Paper Screen Only). In the month of August there were 4 staff (13%) who left the UoE without notifying OHS, and therefore missed their health surveillance exit appointment. Although this number is small in terms of staff actually reviewed during the month (31 staff in total), it is important to monitor and ensure that this process is being completed, as per Occupational Health guidance. In the months of June and July 2024, there were no incidence of staff leaving the UoE without notifying OHS, and missing their health surveillance exit appointment. This standard should be maintained.

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

There was a total of 9 incidents, two of which were near misses between March 2024 to date. The highest number of incidents (89%) occurred in the Laboratories and involved mainly Postgraduate students. Needlestick injuries accounted for the highest number of accidents closely followed by falls and handling glass/sharps (see Paper E). A new AINM poster with the AIR QR code on it has been designed to be placed on noticeboards around the school, and will be included in the School October newsletter to encourage AINM reporting.

JP confirmed that the posters have all been printed and will be placed on noticeboards by the end of the week.

MS commented that 4 of the incidents were from Anatomy, and ES highlighted that these were all sharps / needlestick injuries and suggested that more targeted Sharps training was required prior to working in the Anatomy lab. ES further stated that Lindsay Murray offers a Sharps Training Course which would be beneficial to Anatomy staff and students. ES also highlighted that although the reported incidents involved mainly PG students in the reporting period, this could just be due to the fact that there were mainly PG students working in the lab over the summer holidays. MS agreed.

Action 6: ES / JG – Place newly designed AINM posters in October Newsletter and on noticeboards around the School.

III. Turner & Townsend H&S Management Audit Feedback

Progress on actions from Turner & Townsend management audit feedback/recommendations are as follows:

- Amendments and additions to the Policy to include a statement of intent from the Dean, organisational responsibilities and a Health & Safety arrangements section. **Completed – Policy ratified by H&S Committee in August 2024 (PAPER F).**
- Establishing clear H&S objectives along with an action plan to achieve them. **Completed.**
- Create School legal compliance register. **Completed.**
- PIs/Lab Managers/ Deanery staff to conduct hazard analysis of their work/projects, and formal risk assessment training provided to them to ensure competence. **Ongoing - Email sent by HoS to all PIs to review Risk / CoSHH Assessments. H&S has organised one drop-in session per month from October 2024 – January 2025.**
- Review CoSHH assessments to ensure that they are up to date (UoE corporate website provides good examples of templates that can be used), to maintain uniformity of standards across all laboratories. **Ongoing – As above.**
- Ensuring all mandatory training are completed within a set timeframe. **Ongoing.**
- Implement annual fire evacuation drill at the earliest opportunity as currently overdue. **Completed – HRB and 1GSq carried out 18th and 22nd July respectively.**

ES informed the Committee that although there are currently 4 risk assessment drop-in sessions arranged, more could be added if needed. MS suggested that reminder emails should be sent to PIs one week before the drop-in date.

ES updated that she had clarified from Phil Walsh (UoE Biological Safety Adviser) that reviewed BA and GM RAs will need to be written on the new UoE templates and passed through the GMBSC, only if there are significant changes made. If no significant changes, then they can be reviewed, signed (review date) and remain on the old template. The GMBSC will need to be sent the up-to-date reviewed version but it will not require GMBSC approval.

ES updated that she is planning on streamlining the process for approving GM/BA RAs to ensure version control, and working on creating GMBSC and PI feedback forms over the next few weeks/months. Update to be provided in the next meeting.

ES further updated the Committee that she and JG have discussed a set time frame for completing mandatory training within the School, and agreed that a reasonable timeframe is one month.

MS observed that whilst it may be possible to do all the internal mandatory training in the one-month timescale, it might not be possible for the external training courses like radiation etc., which occur at certain times.

JG responded that he didn't think this will be a problem, as majority of the mandatory training courses are run by Lindsay Murray and occur once a month, he felt that this was a reasonable time frame.

ES updated that a health and safety training checklist has been created for staff, so that PIs / Line managers can monitor training for their staff, as it difficult for health and safety to monitor

everyone's training especially the more specialist laboratory training. ES suggested that Training discussions could be incorporated into appraisals, where line managers check their staff training and highlight which ones need renewing / refreshing. The forms will be published in the next few weeks and highlighted in the BMS newsletter.

Action 7: ES – Email a reminder to PIs one week before the drop in session date.

Action 8: ES – Create GMBSC/PI feedback forms and update Committee at next meeting.

Action 9: ES – Publish new safety training checklist and highlight in newsletter.

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

A CTSA inspection of CDBS Schedule 5 holdings in Hugh Robson Building was carried out on 19th March 2024. The inspectors re-visited on 8th April 2024. Their recommendations were as follows:

- Replace current freezer in Room 161, Hugh Robson Building, with a purpose-built lockable freezer, bolted to the floor. **Completed.**
- All the Schedule 5 materials to be stored in the new lockable freezer in Room 161, Hugh Robson building, with keys retained within the current key safe. **Completed.**

MS asked if there was any TTX stored in 1GS and JG confirmed that there wasn't any TTX being used in 1GS at the moment.

TS highlighted that there were more electrophysiologists now, more than was the case previously, and so might be worth updating them on new storage arrangements. JG agreed and added that what needs to be avoided is people just ordering their own TTX, as there are building limits in place as per licence requirements. Each lab has to have a nominated person to place their orders or come to him as he does not mind placing the orders for them.

JG added that having all TTX stocks in one place made sense as it needs to be logged on RETAIN and kept track of each time an aliquot is taken out of the stock. MS agreed.

V. **Annual H&S Inspection Report – PAPER G**

A Health & Safety Inspection of the BMS Central Area was conducted between June and August 2024. The areas covered included, Hugh Robson building, 1 George Square, BMT0 and the Anatomy areas. Inspections were completed by ES and supported by JC and JG. Key areas of concern highlighted for improvement are summarised as follows:

- Overloaded extension leads with unsafe cable trails.
- Cluttered labs, excessive storage of consumables/cardboard boxes resulting in limited bench and floor space, unsafe storage on shelves.
- Mixed / overfilled sharps bins.
- Unsheathed needles on bench tops.
- Poor scalpel storage / disposal.
- Unlabelled chemicals on bench tops.
- Unidentified chemical spills (liquids and powdery residue) on bench tops not cleaned.
- Corroded, unlocked chemical cabinets.
- Presence of food in labs.
- Used gloves left on bench tops (evidence of re-using gloves).

ES highlighted that there was food in some labs e.g., fly lab where a box of Bran flakes was seen on the shelf and raised the question whether it was being used as fly food, since it was mentioned in the safety inspection report from last year. MS stated that even if the Bran flakes was being used as fly food, this should be decanted into a labelled storage box in the fly lab, not left on the shelf in its original packaging.

ES stated further that some food and a kettle were seen in the BMTO office/lab space in the basement of 1GS. This was especially concerning as there were radiation stickers on the fridge. MS asked if MK's team uses the space, and JG thought that this was the case. MS suggested that ES seeks clarification from MK regarding the issue.

ES further highlighted that there seemed to be a recurring theme in many labs with used gloves lying on bench tops, which is an indication of people re-using their gloves. ES added that whilst this practice is done usually from a sustainability perspective, there needs to be a balance between sustainability and safety. Re-using gloves introduces risks of chemical transfer to skin.

MS requested that the inspection report is sent to all PIs with a more targeted follow up of the actions to check that the issues are fixed within a set time frame. Also, as some lab spaces are multi-PI run labs, each group will need to determine whose area within a lab has been flagged up.

RM added that the images from the report tell a story, and where there is so much clutter, groups should be working towards decluttering ahead of the move to QMRI, trying to cut down on equipment and stored consumables.

JG commented that there wasn't many faulty equipment in labs, and that the issue was more with consumables. TS suggested building organised shelving in the basement of 1GS for extra storage if required as the space is currently underused, and could be used for storing things like plastics and other consumables etc.

JC commented that there was a lot of empty spaces in the west side of QMRI and suggested that perhaps some of the equipment/consumables could be stored there prior to the move. MS responded that if people could store equipment for two years and not miss them, then they most likely do not need the equipment. MS went on further to suggest a "consumables amnesty", similar to one that was offered a few years ago where lab groups brought all unwanted consumables and equipment for free disposal by the School to reduce clutter.

Action 10: ES – Seek clarification from MK on the food issue in the BMTO/office/lab space in 1GS basement.

Action 11: ES – Send H&S inspection report to all PIs.

Action 12: JG – Organise a "consumables amnesty" for the school.

5. REPORTS FROM BUILDING MANAGERS AND TECHNICAL SERVICES

I. Report from James Griffiths/Sutherland Maciver – GM/BA Risk Assessments

JG/SM updated the Committee as follows:

- RA forms coming in are mainly changes to pre-existing applications.
- One new application this year so far.
- Received the current list of new staff in the building and most of them are covered by pre-existing RAs.

II. Report from Iain Porter - Lasers

IP updated the Committee as follows:

- Aurora consultants and Mark Green visited CDBS facility to assess laser safety as part of a wider assessment across UoE campuses. Their main concerns were:
 - i. The TIRF system needed an enclosure chamber to prevent laser light leakage.
 - ii. We should measure the power output of the lasers at the microscope objectives on all our laser-based microscopes, so should purchase a power meter.
 - iii. Keys of unused systems should be removed and stored safely.
- Laser register has been updated. Mark Green would like that consolidated and stored centrally. Mark Green has got a new format and want groups to review SOPS etc. All groups with lasers are encouraged to register with IP.
- TS asked if IP gets an alert if someone ordered a photon for instance, to which IP responded that he did not. TS suggested that if IP had access to Worktribe (software platform used by UoE finance to manage grants' pre and post funding decisions), this could be used as a way of keeping track of anyone that has requested any equipment containing lasers in the School.
- MS suggested that IP speaks with Morag to gain access to the software.

Action 13: IP – Speak to Morag to organise access to Worktribe.

III. Report from Rory Mitchell – Radiation updates

RM updated the Committee as follows:

- Nothing much to report as very little activity using radiation - mainly in 1 GS for teaching.

IV. Report from James Griffiths – Building/Technical updates

JG updated the Committee as follows:

- Following a Xylene spill in Little France, the lab manager made a request to purchase a powered respirator for use whenever there is a spill in the building. JG noted that these carry their own set of guidelines concerning maintenance etc. and, in any case, a large spill requiring the use of a respirator would be the point at which the lab would be closed off and external help sought.
- Discussed with ES regarding writing a spill response action plan/guidance for BMS.

Action 14: ES – Create a spill response action plan/guidance for BMS.

V. Report from Jim Cameron – BVS updates

JC updated the Committee as follows:

- Highlighted a recent issue flagged up by the BVS Facility Manager, where a LOOH working researcher's partner was concerned when they had not checked in at an agreed time and contacted Security. The Security staff then contacted the BVS Facility Manager, who managed to track down the researcher. JC asked what the LOOH arrangement was for Researchers. MS responded that the arrangement is the sign in books at reception in both HRB and 1GS. The log book should show who is in and where in the building in case of any emergencies. The question is how well this is being filled in.

VI. Report from Mike Kerr – BMTO updates

MK updated the Committee as follows:

- Appointed a Modern Apprentice (Emma Dickson) on a 2-year contract. Hoping to get her experience in other parts of the school once the current teaching block is completed.
- BMTO now has a full set of First aiders with at least 2 in the building at any one time.

- Fire stewards need to be reorganised again due to departures and Student Support moving to the HRB Annexe. This will be carried out before the end of term and new stewards identified in areas where there is a lack of cover at present.
- No major incidents in classes although an increasing number of adjustments needing to be made to facilitate student access and involvement in the practicals. This is not an issue but has the potential to be if more needs are defined in the future.
- One old autoclave replaced over the summer, hoping to replace the second one as soon as possible if funds available.

ES informed the Committee that in the BMTO there was a recent request made for a support dog to accompany a tutor for a lab practical class. This was declined as support dogs are generally not allowed into laboratories, workshops or other areas of high risk. Staff/student allergies would also need to be considered in these scenarios. MS agreed, and pointed out that it's all about reasonable adjustments and although support dogs can be allowed in some instances (following risk assessment) in teaching spaces, they cannot be allowed into labs.

VII. Report from Laura Sheils – Anatomy updates

LS updated the committee as follows:

- Issue with broken AC units (causing freezers to malfunction). Estates coming this morning at 10:30 to investigate.

VIII. Report from Mark Patrizio – Union updates

- Nothing to update

6. AOCB

The Chair asked if there was any other Committee business. There was no further business. The Chair thanked the Committee for their contributions.

****NEXT MEETING DATE**

The next meeting date will be March/April 2025. Date to be confirmed.

Action 15: ES – Arrange meeting date for the next H&S Committee meeting.