



DEANERY OF BIOMEDICAL SCIENCES



Minutes of the meeting of the School Safety Committee Thursday 29th May 2025 at 1.45 pm

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

1. APOLOGIES FOR ABSENCE

The Chair welcomed the Committee. Apologies were noted for TS, SM and LS due to other work commitments.

2. APPROVAL OF PREVIOUS MINUTES FROM MEETING IN OCTOBER 2024

The minutes from the meeting held on 2nd October 2024 was presented to the Committee and formally approved and ratified.

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

ES provided an update confirming that all actions from the previous meeting had been completed. However, two actions were highlighted for further attention, as they require additional follow-up.

- I. *PhD Representative* – ES informed the Committee that an email had been sent from MS's account to the PhD student committee requesting volunteers, but no responses were received. MS recommended that a follow-up email be sent, extending the invitation to all Early Careers Researchers (ECRs) PhD students, postdoctoral researchers and research assistants.

Action 1: JG / MS – JG to draft an email on behalf of MS, to be sent to all ECRs, inviting volunteers to represent the group.

- II. *Starters and Leavers Report* – JG informed the Committee that he had discussed the current format of the report with Lee Dolan. The report currently includes individuals who have changed roles within UoE, in addition to new starters. To refine this information, each entry would need to be manually reviewed against employment contracts and employment status records. MS suggested that he would follow up with Lee Dolan / Morag Laidlaw to explore how best to address this issue, and ensure the report accurately reflects true starters and leavers.

Action 2: MS – Speak with Lee Dolan / Morag Laidlaw about refining the Starters and Leavers report to include only new staff joining UoE and those departing from UoE.

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

I. Health Surveillance (HS) Collective Feedback (January – March 2025)

The health surveillance collective feedback for Q1 (January–March 2025) indicated that 75% of staff assessed were deemed fit for work. During this period, nine staff members (8%) left the University without informing Occupational Health Services (OHS), and as a result, did not attend their health surveillance exit appointments. While this represents a small proportion of the 106 staff reviewed in the quarter, it remains essential to monitor and address such cases to ensure compliance with Occupational Health procedures.

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

Between October 2024 and the present, a total of 17 incidents were reported, including one near miss. The majority of incidents (53%) occurred in laboratories and primarily involved postgraduate (PG) students. The most common types of incidents were injuries involving glass or sharps, followed closely by needlestick injuries and chemical spillages or releases (see Paper D for further details).

ES highlighted a near miss involving an unsecured gas cylinder that had been removed from the laboratory as it was no longer in use. Additional incidents discussed included:

- A PG student who fainted in the Anatomy department; an individual risk assessment has been developed taking account of their underlying health condition and plans for future work.
- A PG student who had ethanol splashes to their eyes when the base of a bottle detached from the lid, which had not been properly secured. The student was assessed by an ophthalmologist and found to have no lasting injury.
- A PG student who suffered ice burns after transporting dry ice in a plastic bag that came into contact with his arm. In response, a revised Dry Ice Risk Assessment and Safe System of Work has been created and circulated to all Principal Investigators (PIs) and relevant staff.

MS inquired whether the increase in reported incidents was indicative of declining safety standards or a result of an improved reporting culture within the school. ES responded that the rise was attributable to a strengthened incident reporting culture, noting that the AINM poster featuring a QR code displayed throughout the school, has been effective in facilitating and encouraging more frequent reporting.

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.**
- 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. **Four-month drop-in sessions completed in January 2025. Follow-up documentation audit to be undertaken as part of the summer laboratory inspections.**
- 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. **Completed – 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 on 18th and 22nd July respectively.**

ES informed the Committee that the four-month series of risk assessment review drop-in sessions concluded in January 2025. A follow-up documentation audit is planned as part of the summer laboratory inspections.

ES also highlighted that mandatory training remains the only outstanding action from the Turner & Townsend audit. Access to the Starters and Leavers report was intended to assist in tracking new staff and ensuring they complete the required induction and training. However, as discussed under Agenda item 3, the report's current format limits its usefulness for this purpose.

ES also updated the Committee that she and JG have agreed on a standard timeframe of one month for the completion of mandatory training by starters within the School.

ES further updated that that she had developed a health and safety training checklist for staff, enabling PIs / Line managers to more effectively monitor their team's training. This approach addresses the challenge of centrally tracking all training, particularly specialised laboratory training. ES confirmed that the checklist has been published and can be found [here](#).

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 25th March 2025. Actions from the last inspection had been completed, including installation of a new lockable freezer secured to the floor in Room 161. During the inspection, the inspectors noted some movement in the bolts securing the freezer, and recommended the construction of a cage to enhance its strength and security. A cage was sourced from School of Biological Sciences and subsequently installed. A follow up visit from the CTSA inspector took place on 28th April 2025. The inspector confirmed the cage was satisfactory. The next CTSA inspection would be March 2026 (date to be confirmed).

V. **General Laboratory Documentation, BA and GM Risk Assessment Review**

A school-wide review of general laboratory documentation, including Biological Agents (BA) and Genetically Modified (GM) risk assessments, has been ongoing since October 2024 in response to recommendations from the Turner & Townsend audit. As part of this process, new GMBSC and PI feedback forms have been developed to streamline the approval process for BA/GM risk assessments and to strengthen version control. The central database has been updated accordingly, with inactive projects now clearly marked (see Paper E). A follow-up audit of laboratory documentation is planned as part of the summer 2025 laboratory inspections.

Action 3: ES – Conduct a follow-up laboratory documentation audit as part of the summer 2025 laboratory inspections.

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

The School's Genetic Modification and Biological Safety Committee (GMBSC) currently comprises 10 members responsible for reviewing and approving BA and GM risk assessments. The Committee has been particularly active in recent months, reviewing a significant number of submissions - 31 GM and 1 BA risk assessments. Although no GMBSC meetings were held in 2024, plans are in place to establish an annual meeting schedule, with meetings to be held between the two School Health and Safety Committee meetings each year, in alignment with University Health and Safety Policy. The next GMBSC meeting is scheduled for Summer 2025 (date to be

confirmed). A summary of all BA and GM risk assessments approved over the past year is provided in Paper E.

Action 4: ES – Organise GMBSC meeting for summer 2025.

VII. **School Updates - Local Policies/Guidance / Forms / Checklists**

Over the past year, the following local health and safety documents were reviewed/developed. These were disseminated via CDBS mailing list and the BMS newsletter, and have also been uploaded to the Health & Safety section of the school website for wider accessibility.

- School Health & Safety Policy - new*
- BMS Legal compliance register - new*
- Health & safety Training Matrix - updated
- Induction Checklist – new*
- Training Record Checklist – PI - new*
- Training Record Checklist – Laboratory worker - new*
- Training Record Checklist – Office worker - new*
- Training Record Checklist – Line Manager - new*
- HRB Site Security Plan - updated
- Business travel form for low-risk UK travel - new*
- Low-risk international travel plan and risk assessment form - new*
- Higher-risk travel plan and risk assessment form - new*
- GM Risk Assessment Feedback Form – PI - new*
- GM Risk Assessment Feedback Form – GMBSC Member - new*
- Accident investigation report template - new*
- Witness statement template - new*
- Dry Ice Risk Assessment - updated
- Dry Ice SSoW – updated

VIII. **Important CMVM Updates**

- *Chemical Inventory System* - CMVM have been exploring the potential implementation of LABCUP as a college-wide chemical inventory system. The aim is to enhance chemical management, improve traceability, and support sustainability efforts across schools. A final decision on its adoption is expected to be confirmed in due course.
- *Document Management System* - CMVM is planning a college-wide implementation of Q-Pulse as the central document management system in the coming months. This system will support improved document control, version control, version management, and accessibility across Schools.

IX. **Important UoE Updates**

- *Health & Safety Policy* - The launch of the new UoE Health, Safety & Wellbeing Policy is imminent. As a first step, the Health & Safety department's Homepage has been reconfigured to a more topic-based structure. No content has been removed or added at this stage. Updates to the website content will follow once the new policy is officially launched. Following this, all local web pages would need to be updated accordingly.

Action 5: ES – Update local web pages to reflect changes to the Health, Safety & Wellbeing Policy.

- *UoE Emergency Procedures* – The University emergency procedures was recently reviewed in line with the new Health, Safety & Wellbeing policy and the webpage updated. See link below:

<https://health-safety.ed.ac.uk/about/contacts/emergency-procedures>

The new policy statement and frameworks, due to be published imminently, will no longer contain the emergency procedures and the updated web page will now serve as the definitive source of emergency procedures (i.e., the “golden copy”). A key procedural change is that staff should call the required emergency service first, then notify University Security. Additional guidance on contacting Police Scotland has also been added. All local webpages or SharePoint pages will need to be updated.

Action 6: ES – Update all local web pages/SharePoint sites referencing emergency procedures to reflect this change.

- *Changes to first aid provision* -There is now a requirement to take a risk-based, building approach to the appointment of first aiders and emergency first aiders. This is to ensure that coverage is proportionate to risk levels in each building, taking account of hybrid working, sickness, and holiday periods. It is anticipated that some low-risk areas may currently have an over-provision of FAW-trained staff (who receive stipends). Changes following completion of the First Aid needs Assessment (FANA) may result in a reduction of FAW roles, with the option for staff to retrain as Emergency First Aid at Work first aiders (EFAWs), who do not receive a stipend. Following completion of a FANA, requests for training or re-training should be sent by the HSA/HSC with the supporting documentation to firstaid.training@ed.ac.uk

JG expressed concern regarding the new requirement introduced by Central Health & Safety to complete a FANA each time a new FAW appointee is added. He highlighted that this could potentially discourage individuals from volunteering as first aiders.

JC noted that he had attended the FANA Q&A session held the previous day, led by Fiona Calvin, and understood that only one FANA per building was required, rather than one per first aider.

ES and JG advised the Committee that they were scheduled to attend the next Q&A session on Thursday 5th June, and hoped to receive further clarification on the matter.

Action 7: ES / JG – Attend FANA Q&A session for clarification on FANA requirement.

Action 8: ES / JG – Complete FANA for HRB and 1 GS buildings.

5. REPORTS FROM BUILDING MANAGERS AND TECHNICAL SERVICES

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

- In SM's absence, ES informed the Committee that updates on GM/BA risk assessments had already been covered in her report.

II. Report from Iain Porter - Lasers

IP updated the Committee as follows:

- There were two new laser-based systems in HRB that he was aware of. One was a Nikon confocal microscope located in the IMPACT facility, and the other was a light sheet microscope in the Light-Sheet Microscopy and 3D Analysis Facility in SIDB.

III. Report from Rory Mitchell – Radiation updates

RM updated the Committee as follows:

- Current radiation activity within the School is minimal. The only known sources held are small amounts of 3H glutamate (Mandy Jackson) and 14C autoradiography standards (Paula Brunton) in HRB, plus 3H flunitrazepam (BMTO Teaching) in 1 George Square. The 3H flunitrazepam is the largest stock held.
- Following recent re-negotiations with SEPA, there is now a central licence covering both HRB and 1 George Square and this had cost implications.
- JG confirmed the cost of the license renewal and combining HRB and 1 George Square with BMTO in preparation for the move was ~£4,000 (split 50/50 with the BMTO).

A discussion commenced where RM and JG proposed that in view of truly minimal Radiation usage at HRB overall, the remaining holders of the small stocks, that were apparently not in active use, could be asked to contribute to the cost of the SEPA site licence. JG strongly supported this suggestion, noting it would serve as a “polite nudge” for stockholders to reconsider the need for retaining their materials.

MS agreed with this suggestion and advised that he would write to the current stock holders to request details of their immediate and future plans for their radioactive stocks, and to encourage disposal where the material is no longer required, or contribution to the licence cost.

JG further noted that, in accordance with regulatory expectations, radiation stocks should be subject to monthly contamination swabbing—a practice that is currently not being carried out.

Action 9: MS – Email Radiation users in HRB to ascertain their plans for use/disposal of their radiation stocks

IV. Report from James Griffiths – Building/Technical updates

JG informed the Committee that he had no further building/technical updates that had not already been discussed.

V. Report from Jim Cameron – BVS updates

JC updated the Committee as follows:

- *Use of RPE*: It was reported that some researchers working in the BVS Facility are not wearing Respiratory Protective Equipment (RPE) while handling rodents or cages. Researchers should be reminded that RPE is a key control measure recommended by the University to minimise exposure to Laboratory Animal Allergens. Researchers experiencing issues with RPE should contact their local Health & Safety Manager.
- *Storage of Animal Facility Clothing*: It was also noted that worn scrubs are being stored in lockers on the ‘dirty’ side of the BVS changing rooms instead of being placed in the designated laundry lockers. Researchers should be reminded to place used scrubs directly into laundry lockers after use. Any concerns regarding the availability of clean scrubs should be raised with the Facility Manager (Neil Odey).

Action 10: ES – Issue a reminder to all researchers accessing the BVS Facilities to comply with BVS rules and PPE requirement.

VI. Report from Mike Kerr – BMTO updates

MK updated the Committee as follows:

- A Modern Apprentice (Emma Dickson) has been appointed on contract until September 2026. The intention is to broaden her experience across other areas of the School once the current teaching block concludes.
- The installation of fire doors in BMTO is still ongoing, in line with recommendations from the recent fire risk assessment.

VII. Report from Laura Sheils – Anatomy updates

- Nothing to update

VIII. Report from Mark Patrizio – Union updates

- Nothing to update

6. AOCB

The Chair (MS) asked if there was any other Committee business to which ES responded that she would like to discuss the INCR Health & Safety web pages and documentation.

- *INCR Health & Safety Documentation* - ES highlighted the need to establish dedicated INCR Health & Safety web pages following the formal establishment of the INCR in August. The aim is to ensure all relevant safety information and documentation is housed in a single, accessible location for both staff and students. However, as part of BMS (CDBS) becomes INCR from August but will not relocate to QMRI until the following year, induction and training information will need to remain separate to the rest of INCR (CVS etc.) already based at the BioQuarter. JG noted that BMS Health & Safety training information are currently on the “CMVM Central” web page, which will still exist following the formation of INCR. He suggested that building-specific materials could be moved to a future INCR website once established. In the interim (between the formal establishment of INCR and CDBS relocation to the BioQuarter), any new Health & Safety materials for the central area should be managed under an “INCR Central” designation within the CMVM Central web page. The Committee supported this approach. ES informed the Committee that herself and JG will also undertake a review of the induction process and Health & Safety documentation for new starts.
- *Document Referencing*: ES raised the question of how to reference new documents following the transition to INCR, as current reference codes begin with BMS, CDBS, or CIP. JG recommended using “INCR Central – [Number]” for new documentation during the interim period to avoid duplication with CVS, which will likely have its own “INCR” reference series. MS advised that existing BA and GM risk assessments should retain their original references, with only newly approved documents from August 2025 onward adopting the updated format. The Committee agreed.

MS informed the Committee that this would be his final Health & Safety Committee meeting as Chair, given that BMS will cease to exist before the next scheduled meeting and INCR would have been formally established. Therefore, a new chair for the Committee would be required. He suggested that this is discussed with the Acting INCR Directors (David Wyllie & David Newby) to determine the best way forward. MS went on to say that following on from the previous conversation on the New INCR and interim plans for the Health & Safety web pages, the Committee should remain in its current formation/membership structure. MS highlighted that although Anatomy and BMTO will fall under the new medical school “School 6” separate to INCR, the remit of the committee should remain, and name changed to encompass the new medical school. JG suggested that the Committee name be changed from Central & Biomedical Sciences H&S Committee to “CMVM Central Committee”.

MS informed the Committee that this would be MP's last meeting as well, due to retirement. MP highlighted that a replacement Trade Union representative would be required on the Committee. MP suggested Beth Henderson as a suitable replacement as she was already a member of the BioQuarter Health & Safety Committee. The Committee thanked MP for his significant contributions over the years and extended best wishes for the future.

Action 11: ES / JG – Review the induction process and Health & Safety documentation for new starts.

Action 12: ES / JG – Arrange a meeting with INCR Directors to discuss the Committee's future structure and membership.

Action 13: ES – Contact Beth Henderson to request her nomination as the new TU representative for the Committee.

Following this discussion, there was no further business. The Chair thanked members for their ongoing contributions, and the Committee expressed their appreciation to MS for his leadership and commitment over the years.

****NEXT MEETING DATE**

The next meeting date will be November 2025. Date to be confirmed.

Action 14: ES – Arrange meeting date for the next H&S Committee meeting.