



**DEPARTMENT OF PATHOLOGY  
UNIVERSITY OF CAMBRIDGE**

---

**SAFETY COMMITTEE**

Minutes of the meeting held on 11 November 2013

**Present:** Professor Geoffrey Smith (Chair)  
Dr Jim Ajioka  
Mr Mark Elsdon  
Professor Stacey Efstathiou  
Dr Jessica Fitzgibbon  
Dr Androulla Gilliland  
Ms Frances McLoughlin  
Mr Nigel Miller  
Mr Steve Mitchell  
Dr Carole Sargent  
Ms Sarah Shorne  
Ms Emma Wright (Minutes)

**Apologies:** Professor Tony Minson

**1. Minutes of the Meeting held on 20 May 2013**

The minutes of the meeting were agreed.

**2. Matters Arising**

**2.1 Updating of SOPs (item 2.2)**

The Safety Co-ordinator confirmed that all general risk assessments had now been updated, as had a large quantity of the Facilities related risk assessments. These had been reviewed by the Senior and Deputy Laboratory Managers at Tennis Court Road. It was agreed that these should be reviewed by a select number of groups from across the Department to include one from Molteno / Microbiology, one from the main building and one from Addenbrooke's.

*Actions:*

*(i) The Senior Laboratory Manager for Addenbrooke's to review relevant generic risk assessments.*

*(ii) Facilities and Safety office to select three groups to review the risk assessments.*

**2.2 X-ray room required improvements (item 2.8)**

Feedback had been received from the Home Office Inspector. The expensive temperature controlled system was not required as a cheaper alternative for temperature monitoring would be satisfactory. The Committee was advised that the X-ray machine had been calibrated. The majority of the cost was anticipated to be in

relation to redecoration of the room for which Estate Management (EM) would be expected to pay.

*Action: The Senior Laboratory Manager to arrange for works to be carried out.*

### 2.3 Disposal of pipette tips and biobins (item 2.9)

- (i) It had previously been noted that some biobins were found to be overflowing and groups had not been tying up their waste leaving wash-up staff to deal with the waste.
- (ii) The School Safety Officer offered guidance on the use of biobins to members of the Committee, confirming that pipette tips were able to go into the same biobins as full length pipettes if necessary. It was recommended that the taller biobins be used for pipettes and the smaller for pipette tips wherever possible.
- (iii) Tags for identifying where waste had originated had been successfully trialled by the Smith group. They were confirmed as affordable and user friendly. The Committee agreed that these should be used throughout the Department with immediate effect. It was further agreed that those generating the waste were responsible for its safe disposal and should ensure that bins were not overflowing and that bags were tied and tagged accordingly. If this was not done then waste would not be collected.
- (iv) The Committee confirmed that waste generated by the BSU would only need to be tagged if it was leaving the Facility as the majority of waste was autoclaved within the Facility.

*Action: Safety Co-ordinator and Senior Laboratory Managers to issue tags and advise groups of their responsibilities in respect of tying and tagging their waste.*

### 2.4 Use of formalin during Virology practical (item 2.12)

- (i) The Senior Laboratory Manager (TCR) confirmed that a suitable fume hood had been allocated for the purposes of preparing the virus-infected tissue culture plates with formalin for the practical class.
- (ii) One of the Teaching Laboratory technicians would now be responsible for both pipetting the formalin onto the plates and also for removing it to minimise the potential contact for the students. It was necessary that appropriate risk assessments were in place for this process.

*Action: The Safety Co-ordinator and Senior Laboratory Manager (TCR)*

### 2.5 Lift barrier system (item 2.14)

The Committee had agreed to the purchase of a Tensator barrier which was to be installed in the lift and in use as soon as possible.

*Action: Senior Laboratory Manager (TCR).*

### 2.6 Cryogenic room improvements (item 5.2(iii))

- (i) A list of improvements had been received from the School Safety Officer and were being implemented as follows: Quantum Cryopanel low oxygen alarm system would be installed to show the current O<sub>2</sub> levels from outside the room using lights and an alarm; an emergency stop button located in close proximity to the Cryopanel; and the existing

large liquid nitrogen vessel inside the cryogenic room would be removed and replaced with a decanting system operated using a dead man's foot switch.

- (ii) It was agreed that a risk assessment for use of liquid nitrogen in the cryogenic room would be sent to the School Safety Officer.

*Action: Safety Co-ordinator*

#### 2.7 Workplace inspection (item 5.2(iv))

Improvements were ongoing in the Workshop following the workplace inspection although it was noted that there were a large number of improvements required and this would need monitoring. It was agreed that a follow-up inspection should be arranged.

*Action: The Departmental Secretary*

#### 2.8 Removal of asbestos (item 6)

Estates Management had arranged for an external company to interview individuals who had potentially been affected by the asbestos found in the dry riser cupboards. To date no report had been received in the Department despite the interviews taking place in June. The Departmental Secretary had chased the report through Estate Management without success and had now written to the Director of Health and Safety who was following this up as a priority.

### **3. Departmental Safety Reports**

#### 3.1 Report from the Departmental Safety Officer

- (i) The Safety Co-ordinator, in the absence of a Facilities Manager, advised that training records sent by the Safety Office to departments had previously been sent to the Facilities and Safety Office; however under a data protection clause they would only be sent to the Departmental Administrator. This caused confusion as the Safety Office had been suggesting that the Departmental Administrator could then disseminate the information. The Committee discussed this with the School and University Committee Representatives who were also unable to clarify the situation. It was agreed to follow this up with the Safety Office.
- (ii) The waste disposal poster had now been updated and was ready to be distributed to the Laboratory Managers.
- (iii) Following an initial review of the Lone Working Policy by the Safety Co-ordinator, it had been noted that the current policy was for out-of-hours workers to check in with security every 30 minutes but this was regarded as impractical. The School Safety Officer advised that the University had recently reviewed this policy and the Department might wish to consult the most up-to-date version.
- (iv) A discrepancy had been found between the Facilities and Safety Office accident list and that supplied by the University Safety Office; however the Safety Co-ordinator and the University Safety Office representative had been able to identify the missing report. It was agreed going forward to use the same format in the listing of accident reports.
- (v) Departmental security was discussed. It had been noted that students who had access restricted to core hours were regularly seen waiting outside the Department after 5pm and would enter as other users were leaving the building. The Safety Co-ordinator

confirmed that the message about not allowing access or tailgating formed part of the induction talks. The School Safety Officer advised that he had been clearly challenged when attempting to access the building previously.

- (vi) Following a needle stick accident involving an engineer carrying out work in the BSU, the incident would be discussed at the BSU Management Committee meeting as this raised ongoing issues in relation to housekeeping. There was a suggestion that if it did not noticeably improve then perhaps using a signing in and out system may be beneficial so that individuals could be held accountable if further safety issues arose.

*Actions:*

- (i) The Departmental Administrator to request clarification on training information.*
- (ii) The Safety Co-ordinator to access the University's Lone Working Policy.*

### 3.2 Report on Radiation Safety

- (i) The Lead RPS confirmed that contingency planning sessions had been undertaken and well attended. The new users were now also viewing the Sheffield University training film, Contamination Control – Working with unsealed sources of radioactive material, as an additional learning aid prior to completion of the training.
- (ii) The radiation room on level 3 room 332 in the main building had previously been flagged as unsuitable as it did not have a hand sink within the facility. A sink had now been installed.
- (iii) There had been a walk around at the start of term to check the work spaces which were substantially tidier than they had been; however the Lead RPS advised that there was still a large amount of old equipment which could be removed. It was agreed that the Laboratory Managers should be involved in this process.
- (iv) There had been two months where we had received a 'late return' on our dosimetry badges. The School Safety Officer advised that the cost of the dosimetry badges was £5.00 each per month.

*Actions:*

- (i) The Lead RPS to confirm the date that the badges need to be returned to Addenbrooke's to avoid late returns and advise the Senior Laboratory Managers and Safety Co-ordinator.*
- (ii) The Laboratory Managers to advise all users of the date by which they need to have badges returned to the Safety Co-ordinator.*
- (iii) Laboratory Managers to organise the tidying of labs.*

### 3.3 Report on Fire Safety

- (i) The Safety Co-ordinator confirmed that she had completed the Fire Managers training.
- (ii) An alarm had been activated by a toaster in the Cooke lab that had caused a full evacuation. Some staff evacuated on the intermittent alarm; however the majority of people understood the difference and evacuated as appropriate.
- (iii) Following the recent servicing of the fire panels in all three buildings on the Tennis Court Road site it had been noted that the panels were being deactivated for the duration of the service without the Department's knowledge, leaving it with no operating fire alarms on the days of the service. As such there had been no contingency plans in place when

the fire panels were not responsive. The Departmental Secretary had asked the engineer to leave the site and return on a day when alternative fire safety arrangements had been put in place. It was also noted that the engineer had not been signing in upon arrival.

- (iv) The Committee was advised that the engineer's access had been revoked and advance written notice was requested prior to the next service so that fire wardens and staff could be advised of the alternative plans for the duration of the service. The engineer had also been advised of the Departmental protocols of signing in upon arrival. It was commented that currently there was no requirement in place for departmental fire wardens to liaise with their deputies about absences from work (wherever possible) and staggering lunch breaks to ensure adequate cover at all times. The Committee agreed this should be explored.

*Action: Safety Co-ordinator*

#### 3.4 Report on Laser Safety

The Laser Safety Officer confirmed that there had been no accidents since the previous meeting.

### 4. **Biological Safety Committee**

The Committee received an update from the last Biological Safety Committee as follows:

- (i) The Committee were advised that the LCMV work risk assessments had been approved.
- (ii) Dr Brown and Dr Stevenson's GM projects were in the process of being transferred to Professor Goodfellow and Professor Efstathiou respectively; however this needed to be approved formally by the HSE.
- (iii) Professor Field had resigned from his position but remained in the Department until Easter as an Academic Visitor. Professor Dunne had agreed to supervise the remaining staff until the end of March 2014 when they would all have left.
- (iv) The SAPO licence was currently only used by Professor Field. The future use of the licence and the use of the room would now need reviewing.

### 5. **University Safety Office**

#### 5.1 Report from the University Safety Office representative

The Safety Office representative advised that the list of accidents being submitted by the Department to the Safety Office differed slightly and this was causing difficulty to cross reference. It was agreed that the Department would update its record of accidents to incorporate the same reference numbers as used by the Safety Office.

*Action: Safety Co-ordinator*

#### 5.2 Report from the School of Biological Sciences Officer

The School Safety Officer advised that there had recently been an analysis of eye injuries / accidents in the last year. The Health and Safety Executive advised that any person working with a chemical that was classified as hazardous to health under

COSHH and if there was a risk of splashing to the eye then the person must use eye protection. Following this information, the School Safety Officer needed to ensure that all members of the Department were being advised of the need to use appropriate eye protection. He also recommended that the Department be proactive in promoting the use of eye protection.

*Action: Safety Co-ordinator to include in the departmental induction.*

**6. Any other business**

The Departmental Safety Manual was due for annual agreement by the Committee. It had been circulated prior to the meeting for members to review. The Committee felt that some parts needed updating eg. lone working, and other sections could be reduced or removed. Members were asked to submit their updates to the Safety Co-ordinator by Monday 18 November 2013.

*Action: All*

**7. Date of next meeting**

Monday 24 February 2014