

MINUTES for Termly NDCLS DSAC meetings

Date & Time	March 5, 2024 13:00hrs till 14:30hrs.	Term	Hilary25
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Attendance

Role (non-lab buildings)	Full Name and Initials
Head of DSAC (chair)	Professor Deborah Gill (DG)
Departmental Safety Officer (DSO)	Mr Ajay Pandey (AP)
Deputy DSO	Dr Shijie Cai (SC)
Fire Officer	Mr Ajay Pandey (AP)
Divisional Safety Officers (DivSO)	Dr Amanda Anderson (AA)
Staff Representative (* online)	Dr Hamid Dolatshad (HD) Dr Shijie Cai (SC) Dr Stephanie Jones (SJ) Dr David Maldonado-Perez (DMP)* Mrs Lee-Anne Stork (LAS) Dr Shannah Secret (SC)* Dr Daniel Royston (DR) Dr Kamran Miah (KM) Emily Castells (EC)* Dr Abigail Lamikanra (AL)*
Student Representative	Vacant – DG send email to students
Union (UCU, Unison, Unite) Representative	Professor Steve Hyde
University Safety Officer	Tracey Mustoe (TM)*
Other roles that may be required in lab buildings	
Biological Safety Officer (BSO)	Professor Steve Hyde
Deputy BSO	Dr Hamid Dolatshad
Laser Safety Supervisor	Dr Shijie Cai
Electrical Safety Officer	Dr Kamran Miah (KM)
Changes to the committee	
Recorded in the Statement of Health and Safety organization	Posted on website 7th February 2025

Agenda Items

1. Apologies

Role	Full Name
RDM-NDCLS Staff Representative	Mr. Stephen Minay
RDM-NDCLS Staff Representative	Dr Debbie Hay
Divisional Safety Officer	Brian Jenkins
RDM-NDCLS Staff Representative	Dr Brian Shine
Committee members are asked to note that they should declare any interest that could give rise to a conflict in relation to any item on the agenda at the beginning of the item in question. All interests so disclosed will be recorded in the minutes. If the Chair of the Committee deems it appropriate, the member shall absent himself or herself from all or part of the Committee's discussion of the relevant item.	

2. DSAC Membership Review

Potential individuals to assume the vacant positions/responsibilities.
Student representative - DG to send out email(s) to ask for a volunteer
Union Rep – SH agreed to fulfil this role as a member of UCU

3. Approval of Previous Termly DSAC Minutes

approved

4. Follow-Up Actions from Previous Termly DSAC Meeting

Action for SJ: email those who have not yet replied re Bio risk Management policy (CC Facilities Manager) asking for Yes/No response. All completed.

Action for SJ: to put updated Risk Assessment (RA) and SOP for use of LN2 repository on H&S webpage. Completed including new layout of information on NDCLS and H&S webpages.

Action for AP: to monitor/record reading of RA (for liquid N2) by all authorised users (physical signature sheet). AJ trialling DocuSign for another departmental RA requiring signatures, DSAC is in favour of this strategy.

Action: AP to find out cost of a licence for longer term use (MSD-IT are happy for us to use it for this purpose).

Action for SJ: send information on further actions needed this year re gas regulators etc to AP. Completed

Action for AP: try to source approved heaters from Estates. None were available at the time when AP asked; now probably not required till next winter.

Action: LAS to include some approved heaters in departmental budget for 2025-26.

Action for KM, HD, SI, AA, SC: send list of their sample boxes (not individual sample locations), to AP (to include samples in LN2 (start with LN2) -80, -20).

- **Action: SJ** to send reminder to SI about relocating her group's boxes.
- **Action: HD** to combine contents of Boulwood group boxes into a smaller number, for ongoing archiving. GMG box numbers and locations have been sent to AP.
- **Action: SC** to send own list to AP;
- **Action: AA** has some samples to be shipped to NDORMS when they have space available. Large number of samples can then be disposed of. One or two boxes of hybridomas will need to be retained long term.
- ORB planning to reduce their collection size by maybe 50%, at some point this year.
Action: DMP to keep NDCLS updated on this so we can plan accordingly.

Action for SC: to provide any information he holds about Francesco Pezzella's cell line sample locations). Francesco records: on paper cards now with AP.

Action for MA: to generate similar RA front page for recording annual reviews. SJ has sent a reminder and a draft front section. Committee agreed to set next review date for biological and GM RAs as November 2025, in time for Michaelmas term DSAC meeting.

Action for AP: identify other NDCLS-JR volunteers to receive Fire Scenario Training to ensure good cover. Complete. Report on Agenda.

Action for AP: email all NDCLS members re the importance of reporting near misses via IRIS. **Action: AP** will highlight in the next Safety newsletter.

Action for SJ: Email DR (cc AP & DG) to confirm the subject of open IRIS cases was raised at DSAC & we would like to close these incidents. Done; not yet all closed. **Action: DR** to close IRIS cases.

Action for AA: to email AP with the FRA (Fire Risk Assessment) status survey to complete on behalf of NDCLS: Done, AP has completed FRA.

Action for AP: to contact ND to find the safety inspection reports for lab 5501 and Academic block level 4. **Action: AP** to circulate reports from repeated inspections.

Action for HD: talk to Clinical Biochemistry Lab Manager to establish who will be using the GMG centrifuge and when, to ensure they only use the one in the ultracentrifuge room and to decide how to record their competency. Clinical Biochemistry have purchased new centrifuge; Closed.

Action for HD: to keep record of who has access to GMG labs (from hospital security) and the training/competency of visiting researchers using GMG lab (relating to people using the lab 5501 in particular).

Action: AP to pull list of all those who have access to Gene Med lab, TC lab and Museum;
Action: AP to share any names in ORB category with DMP.

Action: AP to check SOP in draft for Leavers process for access to Level 5 labs, with NDCLS HR (Suprina Thebe).

Action for SH: ask HH where her RAs are for their samples. See BSO report.

5. Statement of Health and Safety Organisation (SHSO) Review

Posted on website 7th February 2025

Now everyone can access this with a link to Safety on the NDCLS front page.

Action: AP to email copy of SHSO to Divisional safety team and central safety office.

Action: AP to generate Laminated posters with the list of officers for display in department.

6. Fabric of the Building

- Fire Safety Update
 - 23 staff members attended; people appreciated practical training. Some feedback about confusion during evacuation.
- Findings:
 - magnetic blocks did not deactivate so need some work to be done. OUH suggested keeping the door from Clin Biochem to GMG lab unlocked: NDCLS DSAC said this is not possible due to the containment level of the GMG lab.
 - Sounders of alarms: have been adjusted, although AP can't view the evidence.
 - Fire alarm system in Academic block was not working. DG escalated lack of assurance from OUH to RDM head of department. Situation now resolved.
- Areas of improvement:
 - Could have visual alarm beacon system for those with hearing impairment – something that will need to be planned.
 - Further clarity needed on who is Team 1, Team 2, Team 3 for each area? Who are the backups? **Action: AP** to develop & communicate this.
 - Regular testing and assurance from OUH is needed; AP suggests one annual fire drill in each zone – to test evacuation process.
 - **Action: AP** to ensure items are removed from high shelves that can impede fire alarm systems (smoke detection).
- Electrical Safety Update
 - PAT testing went well.
 - KM inspections are being done regularly; latest addition: Robin, responsible for MIU area, to begin 6-monthly checks from now.
 - **Action: AP** to send email for all to identify circuits / that we might ask the hospital to transfer to Standby system?

7. Other Building Specific Safety Updates

- Biological safety update – SH
 - Heli Harvala Risk Assessment has been reviewed by SH; the actual sample is the biggest hazard. SS added that although a similar RA had been approved at NDM, this was not specifically for Syphilis, and it was in the Peter Medawar building where work was carried out in a Category 3 lab. The RA will include all the names of the users (SS and all the students). No other biological RAs are required for this research group as NHSBT-screened blood samples (not expected to be Syphilis-

positive) are also covered by the one Risk assessment currently under review with SH and TM.

- **Action: SH** to talk to TM and SS together about this RA.
- No new drafts of any other RA.
- Laser safety update – SC
 - New policy on lasers; SC summarised the key points. The policy applies mostly to anything above class 3 RM and Confocal microscopes are now required to have a separate registration form.
 - **Action: AP and SC** to work together on how to demonstrate NDCLS compliance, as a pilot for other types of policies that will need to be cascaded.
 - **Action: AP** to ensure all NDCLS members are aware there is a new laser policy even if they don't currently have or use equipment to which this is applicable.
 - Existing Laser equipment: FACS machine in SC lab.
 - **Action: KM** to put Helen (level 5?) in touch with SC to provide a template for FACS machine Risk assessment.
 - **Action: SC** to write local RA for use of NDCLS FACS machine to include special considerations during servicing visit.
 - **Action: AA** to ask who might already have an RA on laser pointers and temperature guns.
 - **Action: SH & KM** to adapt template provided by AA rather than 're-inventing the wheel' for NDCLS use.
- Training update - AP
 - Cyber attack and Safe zone mass alert in development were discussed as part of business continuity network.
 - New safety courses this term, e.g. work shop on RA, manual handling.
 - **Action: AP** to send general email, then add to newsletter and get PIs to push this forward within their groups.
 - **Action: All interested:** consider attending the new RA training course with workshop element on specific activities/items.

8. Safety Update

- Updates from the Safety Executive Group (SEG) (SH)
 - Last meeting 20th Jan 2025: presentation from estates (Trevor Payne) on concept of golden thread - a (digital) record that describes what makes a thing / unit function safely - something that we will be required to provide in due course. More than 10,000 university overseas trips annually, many involving of incidents, so university insurance is unhappy about the scale of this. Fewer than 5% of supervisors have done the overseas risk assessment training course, variation between requirements of different departments.
 - **Action: SJ** to send an example of an overseas travel RA to the department.
- Updates from Safety Office (AA)
 - Storage of EPPV is still prohibited as well as charging in embedded spaces; in University buildings, this requires specific risk assessment;

- **Action: LAS** to suggest that WIMM apply for funding for safe charging at WIMM that could be used by JR-NDCLS people.
- Occupational Health registration is now online, for staff, DPhil and MPhil and any visitors 18+ (<https://forms.office.com/pages/responsepage.aspx?id=G96VzPWXk0-0uv5ouFLPkUFIGvGdyLRFu0jyxZYAPQBUREYxNE04MERCVDRLMjg5SEtWUVhMU1pNSy4u&route=shorturl>); anyone else will use HS1 form (<https://occupationalhealth.admin.ox.ac.uk/forms>).
- **Action: AA** to provide links for safety notices

9. First Aid

- Accidents/Incident Reports AP
 - incidents requiring first aid – no new reports
 - near misses – section of metal roofing that was loose on building; Fire alarm system not functioning in the Academic block.
 - other incidents - no new reports.
- Accident Trends AP – no trends.
- HD raised a new issue: Fume hood on Level 5 is not working, but hadn't reported this yet;
 - **Action: AP** to install stickers on pieces of equipment with a QR code for quick and easy reporting to him. In the meantime, a RA is needed to cover how people transport items between level 4 and level 5.
 - **Action: SS and Arlene Glasgow** (users of both Level 4 & 5 labs) to write a joint/individual RA on transportation of items between labs to include wearing/not wearing gloves, use of boxes to carry items, etc.

10. Ergonomic

- DSE Update - new policy (AA) - this was not discussed.
- Manual handling update – no new issues.
- No other ergonomic issues to be reported.

11. Inspection Reports

- HD and AP update on actions raised in Gene Medicine Lab Inspection:
 - Only 4 outstanding actions, all others done (90% done).
 - New ladder ordered, AA flagged that this will need to be checked regularly.
 - **Action: HD** to add to his monthly checklist.
 - Storage of gas cylinders not individually chained to the wall:
 - **Action: All** those involved in handling gas cylinders to complete the Gas Cylinder Safety Training.
- Other two inspection reports are with AA.
- **Action: AA** to send Inspection reports to AP for discussion with group heads.

12. University Policy / Memos

Policy Release: three policies were released in Nov 2024:

- *Health and Safety Management Responsibility (S1/24)*, this is to strengthen assurance actions; AA said that the DivDSO will require a safety management committee at Departmental (RDM) level; DG suggested such a meeting could be added to end of RDM SLT meeting, when key individuals were already present.
- *Laser Safety (S2/24)* (see section 7),
- *Safe Storage and Charging of Electric Powered Personal Vehicles (S3/24)* (see section 8).

13. Any Other Business

- Availability of standardised RA templates (AA): these are still being developed by the University.
- SS had a query about disposal route for a component of DNA/RNA extraction kits: guanidinium thiocyanate; SS keeps that particular portion of the waste separately to be disposed of separately rather than down the sink. The committee concluded there was probably no limit to the total volume that could be stored awaiting disposal as long as it was in an appropriate container, however waste must be disposed of within 12 months.

Action: AP to find out how to arrange regular collection of hazardous waste and circulate to NDCLS members.

Action: AP will have the slides from the DSO Forum (Waste Management WM3), explaining thresholds for disposing of potentially hazardous waste depending on concentration and volume (other than clinical waste and radioactive waste which have their own specific routes).

AA advised that SC as the newly appointed DSO should carry out induction training to support him in his new role.

Action: SC to complete DSO induction training.

14. Date of Next Meeting

TBA

Appendix 1- Actions

Actions from this termly DSAC meeting

Ref	Action	Owner	Date	RAG rating	Comments

Actions from previous DSAC meeting

Ref	Action	Owner	Date	RAG rating	Comments

Appendix 2: Termly Accident statistics

Accident type	Accident/incident number per term			
	Michaelmas 2024	Hilary 2025	Trinity 2025	Total
Allergies				
Chemical Spills / Gas release				
Burns and Scolds				
Eye Splash				
Needle Stick / Sharps Injuries/Bite				
Cuts Inc. Scalpel Injuries				
Slips / Trips / Falls				
Struck by / Against				
Near Miss	Incident Reference Number 5814 - Fallen section of the building's metal structure obstructing the fire exit- Resolved (AP)	Number 6048 - Fire alarm system not functioning for the Academic block- Resolved (AP)		
Fire				
Electrical				
Allergies				