



Nuffield Department of Clinical Neurosciences Departmental Safety Advisory Committee Meeting to be held on Thursday 7th October, 2-3pm via Teams

1. DSAC members at the meeting:

Apologies received from: Flavie Torrecillos, Wendy Washbourn, Graham Ross

In attendance: Kevin Talbot, Scott Thomson, Judith Cossins, Leslie Jacobson, Andrew Sharott, Maen Bazo, Katie Warnaby, Hannah Brooks, Mike Sanders, Jon Campbell, Tracey Mustoe, James Brown, Tiphaine Bouriez-Jones

DSAC membership can be found on the intranet pages: <u>https://www.ndcn.ox.ac.uk/about/professional-services/health-and-safety/departmental-safety-advisory-</u> <u>committee</u>

No change to membership to report

Tracey Mustoe, University Biological Safety Officer, stood in for Graham Ross in this meeting.

> Review needed to the Statement of Safety Organisation to include NDCN space embedded in BSB.

2. Minutes of the last meeting – Kevin Talbot

> Approved

3. Actions from last DSAC meeting

	Topic:	Action required:	By:	Completed?
1	CO2 isolation valve	Communication with Bouygues to identify safe systems of work	Bouygues External contractor	Yes - See point 4.i for detail
2	OxSTaR Fire remedial	Signage Emergency light review	OUH estates team	Some signage remain to be updated as the building is managed by OUH estates team. See point 6 for further details.
3	LN2 solution	Identification of suitable solution to remedy to ventilation issue	Department	On going – to be discussed under point 11.

4. Incident and accident reports - Tiphaine Bouriez-Jones

i. Update on past incidents:

Previous CO2 release: Safety valve was replaced following the incident reported at the last DSAC, there has been no further issue with the safety release valve since. However, CO2 sensor was fitted in to detect any deviation from the expect CO2 concentration – this will generate an automatic call to the On Call phone and also the team are now able to read the concentration in the room remotely (hence no accessing a room that is potentially hazardous).

ii. Near miss_West Wing: a radioactivity delivery was again wrongly delivered directly to the West Wing reception – in discussion between NDCN SRPS and Safety Office URPO it was suggested that a safe can be installed in Reception level 6 and staff trained upon reception of such deliveries.

Since this incident, however, another 2 deliveries were successfully stored in the radioactive store at Receipt and Distribution.

- iii. Injury_West Wing: a student injured their hand through opening of a stiff door. Over the year Bouygues have been replacing door seals to fire door which has caused stiffness – doors that were stiff were reported to Bouygues for adjustment, a number of adjustments have been made over the months but some door remain stiff. Bouygues have called the contractors back on site to review all doors, there has been not reported issue since then.
- iv. Injury_Road accident whilst commuting: Though not an accident at work, a member of staff reported having a crash with a car on the JR site – First aid provided by an ambulance crew, the injured party is recovering well from bruises and contusions. The incident was reported to the police also for investigation. Suggestion to raise awareness of road safety by Bulletin/email as winter months approach and daylight shortens.
- v. Innjury_Wolfson building: a patient leaving the building fell, first aid was provided by CPSD clinical staff, the injured party suffered cuts and bruises and was referred for further medical assessment. A review of the area did not find any defect in the pavement, the area was dry, free from ice, leaves or any trip hazards. Surrounding area of the building is already part of a daily building check and any issue observed is always reported and remedied to.
- vi. Near miss_OxSTaR: a trench that has been dug directly across the OxSTaR front door for the ICU building work was left uncovered and two visitors had to jump over it to access the building. The project manager was notified immediately, lack of trained staff on the day led to this trench being left exposed as the agreement is to have any work in this area happening outside of working hours to avoid a loss of access and egress. Work stopped and the trench was covered up immediately.
- vii. Near miss_OxSTaR: movement of digger by front door that is not separated by a fence nor is the door monitored to prevent exit from occupants. Area made safe by talking with contractor on site. Issue raised with site manager and request that suitable supervision is put in place.

5. Biological Safety update – Tiphaine Bouriez-Jones

- > 2 New Animal CL1 GMO risk assessment in place, one in West Wing for Dawes group, one for work in the BSB for Jason Lerch group.
- > 1 new CL1 GMO RA for work in the West Wing for Dawes group.
- ▶ 1 amendment to CL2 GMO RA for work in the West Wing by Watkins (CVM)
- NDCN UV safety policy: the use of UV light in MSC is strongly discouraged and can only be allowed following Safety Office approval. In order to be effective UV light need to be changed very regularly (< 6months), though users may be under the impression the lights are effective they will not benefit from the effects whilst a thorough manual decontamination procedure using dedicated disinfectant is always affective.
- Note that all level 5 retrofitted UV lights that had been found to have defective interlocks had all be removed in the early days of the pandemic.

6. Fire Safety Update – Maen Bazo

- i. Fire alarm drills due this term in FMRIB and the Wolfson building, date to be finalised to minimise disruption to clinics and scanning.
- ii. Other buildings risk assessment will be reviewed over the coming months (West Wing, FMRIB)

7. Manual Handling update – Maen Bazo

- i. No update since last meeting the tug is continuing to be used on a weekly basis and no additional MHO assessment have been created since the last meeting.
- 8. Security Update Tiphaine Bouriez-Jones

- i. Evacuation drill to be conducted at the same time as the fire alarm
- ii. Invacuation/Lockdown to be reviewed directly after the upcoming fire drill also.
- iii. FMRIB and Wolfson Document have been finalised.

9. Radiation Safety Update – Leslie Jacobson

i. Review if a safe is required at reception – if so, reception staff will require training, SRPS/URPO to advise. A delivery is expected next month and will allow to evidence whether this is necessary or not.

10. Laser safety update – Katie Warnaby

i. Review of SCNi microscopes to ensure adequate documentation is in place. Note that Connor Scott has left the department and a new point of contact is required for neuropathology equipment.

11. Risk register - Tiphaine Bouriez-Jones

i. Liquid nitrogen situation:

- Airflow assessment by Thames Cryogenic confirmed that there is not sufficient ventilation where the LN2 tanks are currently located.
- An increase of local ventilation is not adequate as all LN2 dewars cannot fit in the dedicated area and sufficient air level cannot be provided by the existing Air Handling Units.
- Relocation is hence required advice to use an outer wall room in example the adjacent room which can be modified to have an external extract linked to local O2 sensors located in each corners of the room – these system could be independent from existing AHU system therefore increasing feasibility.
- Ventilation level advice: 10L/s needed as steady state with no one present, ramping up to 20L/s if movement detect a person in the facility, in case of an alarm ventilation should achieve 40L/s
- Discussion took place with Eveline James, Brid Cronin, Scott Thomson and Tiphaine Bouriez-Jones took place in August so that Division is aware of the necessity of the work.
- We need to consider short term and long term issues, off site is already being used by groups this is a complex project as we are in PFI managed THC owned space renting from the Trust but we do have an unsafe situation which must be resolved.
 - Action: identification of potential rooms and implication of area identified so that the project can be moved forward.
- ii. **Risk assessments**: recent review of some risk assessments raised concerned whether suitable risk assessments are in place for hazardous experimental activities and/or hazardous substances particularly over suitability of waste routes.

Note that there is a good engagement from staff and students to ensure suitable risk assessments are in place who readily share documents – when available – with DSO.

- Suggestion: local inspection would specifically look into this to assess compliance and standards of RA in place.
- > In areas embedded in other department, this will be in conjunction with local DSO and existing inspection to prevent duplication of efforts.

12. Review of Departmental policies/ Risk assessments:

List of all current risk assessment can be found on the SharePoint site: <u>https://sharepoint.nexus.ox.ac.uk/sites/NDCN/staff-intranet/coronavirus/SitePages/Home.aspx</u>

- i. **FMRIB/Wolfson building**: areas for clinics or research participant to continue with existing Covid measures whilst other part of the buildings can be eased as per University guidance.
- ii. OUH space:

- a. <u>Laboratory space</u>: no change to measures however suggestion to change the labcoat storage so that they can be located on coat hooks in close proximity as many labcoats are now stored on the back of chairs.
- b. <u>Office space</u>: continuing to support remote working but also supporting people coming back to work on site under New Ways or Working arrangements at 2m social distancing and whilst wearing face masks.

13. New University Health and Safety policies and memos - Tiphaine Bouriez-Jones - Graham Ross

i. <u>Action-Orientated Safety</u>

- Following the University H&S review using the HSE's ASCENT (Achieving Safety Culture Excellence Now and Tomorrow) assessment a report with recommendations was written and is with Council for their consideration.
- Change will focus on improving leadership, engagement, competency, networking, reporting and systems. The University will provide the necessary people, training and IT resources to enable improvements as quickly as possible.
- Importantly, staff will be directly involved in creating the changes needed to improve our safety culture.
- It is expected that from early 2022 onwards a timetabled plan, followed by a plan and timetable for the implementation programme some change can happen relatively quickly, but the breadth and depth of lasting change is likely to require a minimum 3-year programme.

ii. Memo M5/21 The Control of Vibration at Work Regulations 2005; Hand-Arm Vibration

- Requirement to identify and manage risk from hand-arm vibration
 - Review processes in place to identify who may be at risk
 - > It is not anticipated that NDCN not CVM in the West Wing have anyone exposed to vibration at work.

iii. Memo M6-21 Safety Training Programme for Michaelmas Term 2021

• This has been communicated locally by DSO to end users.

iv. M7/21 Overseas travel - travel risk assessment for overseas academic activity

- The template risk assessment has been adopted locally
- Communication dissemination required to ensure that all supervisors, staff and students who may be working abroad are aware of the requirement for risk assessment using this template.

14. Any other business

- Review of existing NDCN committees' structure to create more engagement. Wish to move away from a meeting where member receive information to a committee where members discuss safety matters.
- Suggestion that submission of an advance detail agenda where only relevant item to discussed are highlighted verbally.
- Consider spreading roles out
- Engage wider group of representatives (i.e. student rep), and ensure that they take comments from staff and student to the committee.
- DSAC should drive changes to reflect on the culture of the Department, bringing awareness by engaging people.

KT/ST/TBJ to discuss how to best take this forward

15. Date and venue of future meeting

Thursday 17th of February 2.15-3.15pm