

# HARPER ADAMS UNIVERSITY

## Health and Safety Committee

Minutes of the Meeting of the Health and Safety Committee held on 2 March 2017 at 0930 in the Boardroom

Present: Dr Catherine Baxter (Chair) Dr Victoria Talbot  
Dr Ianto Guy Mr Matthew Thorpe  
Dr Lynn McIntyre Dr Trisha Toop  
Professor Peter Mills Mr Sam Wane  
Mrs Emma Osborne Dr Moira Harris  
Mrs Beverley Partridge Mrs Ennis Vingoe  
Dr Paul Hand

Apologies: Ms Carrie de Silva Miss Louise Rogers  
Dr Ivan Grove Ms Grace Smith  
Mrs Lavinia Moroz-Hale Mr Clive Wells  
Mr David Nuttall Mrs Lisa Plant  
Mrs Michelle Pryce

### 16/11 Minutes

Approved: the minutes of the meeting held on 27 October 2016 were agreed as a correct record.

### 16/12 Matters Arising

Received: a report on matters arising since the last meeting of the Committee.

- Noted:
- i) that the University's insurers had suggested that that the University should produce an updated accident reporting document to enhance its current system. As a result an appropriate policy document was now in place and was available to view on the University portal;
  - ii) that Dr Vrieskoop, as Chairman of the Research Ethics Committee, had attended several academic departmental meetings with respect to better co-ordination of research ethics application and proposed HRP work. The meetings had been extremely worthwhile;
  - iii) that further ways of capturing images of student work in the microbiology laboratories without risk of contamination would be investigated. The Laboratories Manager would liaise with other colleagues and would also include the IT team in any discussions.

VT

### 16/13 Risk Management

Received: a report from the University Secretary on risk areas monitored by the Committee.

- Noted:
- i) that a small number of representatives from the Emergency Response team had assisted with recent power/water issues on the south side of the campus. The whole team had been briefed and had agreed to be on 'standby' in case they were needed. Thanks were expressed to all concerned;
  - ii) that discussions concerning the H5N8 communicable disease were continuing with Oaklands Eggs, and staff from the University's Poultry Unit, to ensure that strict biosecurity arrangements in place. Oaklands had delayed its bird re-stocking but would be re-stocked shortly.

## 16/14 Report by the Health and Safety Officer

Received: a report from the Health and Safety Officer, Mrs Emma Osborne, including accidents and near misses.

Noted: **Accidents and Incidents**

- i) that there had been several incidents and accidents since the last meeting in October. The Committee received graphs showing the numbers and types of accidents/incidents and also where they are occurring;
- ii) that there had been one RIDDOR reportable accident in February 2017. Minor injuries were sustained by a member of staff who had slipped over on some algae on a path on campus. However, a few days later, and following a visit to hospital with wrist pain, it was confirmed they had fractured their wrist. The path was immediately cleaned by the Estates Department following the first report of the incident;
- iii) that new accident reporting books were now available and would be distributed shortly in forthcoming training sessions;

**SHE Assure Software**

- iv) that a working sub-group from the Health and Safety Forum had been looking at alternative software providers to replace the SHE risk assessment system. At the present time the University is still using the SHE system to record risk assessments until an alternative equivalent health and safety management system can be sourced. The current contract with SHE was due to expire in June (with 3 months' notice required). Subsequently 13 alternative systems have been looked at with physical or webinar demonstrations taking place and a final decision is awaited. The Area Manager for SHE has been working with the University since December 2016 to try and rectify some issues with the SHE system, mainly the search function. These matters should finally be addressed within the next few weeks.

**Policies**

- v) that the Homeworking Policy had been amended to clarify that it referred to 'contractual homeworking' and this had now been uploaded to the Portal;
- vi) that a large number of policies had been reviewed with some requiring only minor amendment. However, the Personal Protective Equipment (PPE) policy had been replaced with a more comprehensive version. It was confirmed that all polices would now be uploaded onto the portal;
- vii) that the Governors' Health and Safety Policy would be reviewed and would be sent to the April 2017 Board meeting for approval by the Board of Governors; **EO**
- viii) that it had been further noted there was currently no policy on dust control. The HSE had been working with the Farm/Pig Unit to look at farming practices involving dust which may be a useful starting point for other areas. This would be followed up in due course by the Health and Safety Officer with relevant staff;

### **Vehicle Checks**

- ix) that monthly vehicle check sheets were continuing to be requested from departments which use company vehicles to reassure management that vehicle checks were being carried regularly undertaken.

### **Health and Safety Forum**

- x) that the group was now meeting every six weeks to discuss general campus and local issues relating to health and safety. There had been good attendance mainly from support departments;
- xi) that information on the Health and Safety forum would be circulated in the weekly newsletter;

### **Inspection Audits**

- xii) that the health and safety inspection audit schedule was on track and departments would be subjected to a more rigorous audit using the HASMAP structure. Actions had arisen such as updating risk assessments and general housekeeping needing to be improved. Any urgent remedial works are actioned immediately via reports to the Estates team;

### **Training**

- xiii) that training for staff since October had included the Evac chair, DSE and SHE software inductions. Fire Awareness sessions would be delivered in the next few months. Fire Warden training would be delivered in house as the Health and Safety Officer had now been suitably trained in this area;

### **IOSH Managing Safety – Institute of Safety and Health**

- xiv) that several dates for 2017 courses available. Well attended courses had been held during 2016 which had included some external delegates;

### **Shropshire Fire Service**

- xv) that regular meetings continue with the Shropshire Fire Service to establish plan/documentation in the event of an emergency at the University. Staff were working with the Fire Service to record our significant hazards on campus and to work towards populating the girder box by the Porters' Lodge. Risk profiling work had been conducted and thanks were expressed to the Estates team.

## **16/15 Report by the Radiological Safety Officer**

Received: a report from the Radiological Safety Officer, Dr Ivan Grove.

- Noted:
- i) that the neutron probe had now been disposed of. The surrender of the University's sealed source licence was completed and had been sent to the Environment Agency in October 2016 but a final decision on the paper work is still awaited and could take six months. The room where the neutron probe was kept has been checked by Radman associates for any residual radiation contamination and none had been found. The room was now being used for storage by CERC;
  - ii) that gas chromatographs were being used by several PhD students, monitored by laboratory technicians. RPO had performed spot

checks on seals. Radiation leak swabs for the GCs were analysed by Radman and radiation levels were found below detection so new safety certificates had been issued and passed to the laboratories to display by the machines. The GCs will be swabbed for leak tests by the RPO every twelve months and sent to Radman Associates for analysis on an 'as required' basis;

- iii) that the storage room which previously held the neutron probe was checked for contamination by RPA Radman Associates. No readings above the instrument background were recorded and the room therefore was considered free from radiological contamination;
- iv) that final dosimetry reports confirmed zero contamination of final badges. The service has now been discontinued as personal radiation monitoring is not required for the GCs;
- v) that there will be on-going monitoring of the nuclear sources within the GCs and Dr Grove will remain as the University's RPS until further notice. The RPS will continue to monitor the GCs, take leak test swabs as required and work with any staff for the procurement of equipment containing radioactive sources;
- vi) that thanks were expressed to Dr Grove for all his hard work involving the neutron probe over the last few years.

#### 16/16 Report by the Biological Safety Officer

Received: a report from the Biological Safety Officer, Dr Lynn McIntyre covering the period October 2016-February 2017

- Noted:
- i) that there were no genetically modified organism activities to report;
  - ii) that Containment Category 2 micro-organisms and laboratories work in Cat 2 laboratory activities (reported by Lynn McIntyre) included a BBSRC/Innovate UK e-nose project);
  - iii) that Cat 2 laboratory inductions (received from Tom Leigh) included:
    - Dolores Wu (Cat 1 HRP work supervised by Lynn McIntyre; RA in progress)
    - Gemma Bakewell (Cat 2 HRP work supervised by Jayne Powles and Tom Leigh)
    - Jade Woodland (no RA received to date)
    - Dr Tharangani Herath (no RA received to date);
  - iv) that D1 activities (reported by Trisha Toop) included:

11/04/16 – ongoing: Marie Kirby – Series of small scale biomethane potential experiment assessing pyrolysis water. Biological agents - unpasteurised sludge from the anaerobic digester of Shrewsbury sewage works used as inoculum on small quantities up to 50 ml.

03/05/16 – 12/12/2016: Matt Reilly – Small scale biomethane potential experiments assessing straw pre-treatments. Biological agents - unpasteurised sludge from the anaerobic digester of Shrewsbury sewage works used as inoculum on small quantities up to 50 ml.

01/09/2016 – ongoing: Matt Reilly – Running semi-continuous 20 L anaerobic digester rigs (x 4) on a predefined fresh food mix for the production of digestate to be used for electrocoagulation. Biological agents - unpasteurised sludge from the anaerobic digester of

Shrewsbury sewage works used as inoculum, 20 L in each vessel. Samples of digestate produced from the food waste digesters used for electrocoagulation;

- v) that work on plant pathogens held on licence included:
  - a) COSHH assessment report for routine maintenance and handling of *Fusarium* spp. (received from Simon Edwards 30/01/17): HSE has elevated *Fusarium* spp. to hazard group (HG) 2. Simon has searched the literature and there are several *Fusarium* spp. that cause skin/eye/mucosal membrane infections. However, all evidence to date shows that these infections are caused by species not found in the UK and none of the species listed in the COSHH (based on phylogenetic analysis by world experts). Simon has requested to continue to work with the species listed in the COSHH report as HG 1 organisms. This has been approved subject to a yearly review of literature to update the COSHH assessment;
  - b) COSHH assessment report for routine maintenance and handling of *Burkholderia gladioli* pv *agaricicola* (received from Simon Edwards 13/02/17): Simon's lab has acquired a UK bacterial plant pathogen that has been sub-cultured in the Cat 2. It is a hazard group 1 microbe but the toxin it produces is highly toxic (fatal if swallowed) and closely related bacteria are known to cause infection in Cystic Fibrosis sufferers. Simon wishes to work with the supernatant so has proposed to grow broth cultures in the Cat 2, spin down and filter sterilise the supernatant then transfer this to Cat 1 lab after a decontamination procedure (to be defined). BSO has asked for additional information to be provided regarding the experimental use of the supernatant, and control measures for the hazard posed.
- vi) that the Biological Safety Officer and Laboratories Manager had attended the Institute of Safety in Teaching and Research (ISTR) Autumn Symposium in November 2016. The first day was particularly relevant to BSO activities, covering 'Emerging and re-emerging threats - diseases, disinfectants and the disaffected' which addressed various topical challenges to ensure a (bio)safe working environment - from new diseases emerging or re-emerging to new techniques and technologies being used in biosciences and the management of potential threats from those who work in our laboratories;
- vii) that the Biological Safety Officer remained concerned that, despite efforts to promote good practice regarding risk assessments in the laboratory, she was still aware that risk assessments were not being sent to her. It was agreed that the message needed to be readdressed by PRM; **PRM**
- viii) that handwashing supplies in the laboratories needed to be regularly checked and replenished as necessary. CEB would discuss this with the Domestic Services Manager. **CEB**

#### 16/17 Report by the Soil Importation Licence Manager

Received: a report from the Soil Importation Licence Manager, Dr Victoria Talbot.

Noted: i) that there had been no further importations or destruction of soil since the last report;

- ii) that, of the 4.6 kg soil originally imported from Zambia for Joseph Martlew's project, 2.6 kg of soil remained stored in the designated fridge. It is likely that this will need to be retained until after his *viva voce* or publication of his results;
- iii) that the University was notified earlier in 2016 that an MPhil student would be coming to HAU once a year bringing more soils with him. His supervisor had confirmed that he was unlikely to be bringing any soils back from Zambia;
- iv) that there would be merit in obtaining more soil samples in order to retain the University's current licence.

**16/18 Report by the Laser Safety Officer**

Received: a report from the Laser Safety, Mr Sam Wane

- Noted:
- i) that the 1980nm laser was used sporadically and would be incorporated off-site for use in a field trial in March 2017 under a Syngenta risk assessment;
  - ii) that there had been no burns, laser radiation, fumigation or combustion reported.

**16/19 Report by the UAV/Drone Safety Officer**

Received: a report from the UAV/Drone Safety Officer, Dr Ianto Guy

- Noted:
- i) that the report included a copy of the Drone Code on using drones responsibly to ensure safety and also raise awareness of drones and legal responsibilities of flying drones;
  - ii) that there were ongoing discussions about how the University was complying with the code. Restrictions were in place to ensure flights were conducted away from all congested areas, public roads, vehicles and other structures. The Air Navigation Order defined a congested area as being 'any area of a city, town or settlement which was substantially used for residential, industry, commercial or recreational purposes'. It was agreed that there needed to be a clear understanding of how these definitions impacted on the University campus. Professional advice had been sought on this matter. **IG**

**16/20 Report by UCU Health and Safety Representative**

Received: a report from the UCU H&S Representative, Dr Victoria Talbot.

- Noted:
- i) that Dr Victoria Talbot had recently taken over from David White as the UCU Health and Safety representative. She was currently undertaken the TUC Health and Safety Representatives Stage 1 training to cover the role;
  - ii) that thanks were expressed to David White for all his work with the Health and Safety Committee over the past few years;
  - iii) that a number of UCU members at the University had raised concerns over stress and workload issues;
  - iv) that the Chairman assured the Committee that mental health and wellbeing was taken very seriously by the University and help and support was available. It was suggested it would be helpful if UCU Committee members could remind any member raising concerns that confidential advice could be sought from HR if the staff member

concerned felt unable to resolve the matter in discussion with his/her line manager;

- v) that KPMG had not yet made its benchmarking report on academic staff workloads available. It was confirmed that the draft report had been commented upon and had been returned to KPMG for comment a couple of months ago. JCNC members would be kept informed;
- vi) that an issue had been raised concerning smog and affecting those staff visiting and working in Beijing. The risk assessment had, accordingly, been reviewed by VT, EO and SJT with recommendations implemented. The updated information had subsequently been circulated it to relevant staff.

16/21 **Date of Next Meeting**

Noted: that the next meeting would take place on Thursday, 1 June 2017 at 0930.