

UNIVERSITY OF GLASGOW

Health and Safety & Wellbeing Committee

**Minute of Meeting held on Wednesday 15 September 2010 in
Melville Room**

Present:

Dr R Easton Lay Member of Court, Prof. A Elliott Convenor Radiation Safety Committee, Dr D Gilmore JULC Appointee, Ms M Goodfellow JULC Appointee, Mr J Gray Ex-Officio, Dr C Martin Management Appointee, Mr J McConnell Ex-Officio, Mr D McLean Ex-Officio, Mr I McNeil Management Appointee, Mr D Newall Convenor, Dr J O'Dowd JULC Appointee, Ms J Ommer Management Appointee, Mr P Phillips Management Appointee, Mr A Ross JULC Appointee, Ms A Stewart Ex-Officio, Mr F Sutherland SRC Appointee, Ms S Woolcott Ex-Officio.

In attendance:

Ms D Beales Clerk, Mrs C Barr, Prof R Galbraith

Apologies:

Mr I Black Ex-Officio, Mr D Somerville JULC Appointee.

HSEC/2010/1. Convenor's Business

The Convenor welcomed all new members to the Health, Safety & Wellbeing Committee.

HSEC/2010/2. [Minutes](#) of the meeting held on Tuesday 8 June 2010

The minute of the meeting of 8 June 2010 was approved.

HSEC/2010/3. Matters arising

HSEC/2010/3.1 Stress Management Focus Groups (Verbal report from SW))

Following an audit from the Health & Safety Executive in September 2009 there was a recommendation to implement focus groups in relation to areas of concern flagged up by the staff attitude survey. An external consultancy conducted focus groups over the summer and a draft report has been prepared. This report will be reviewed by DN and SW and a summary produced and circulated to members with the full report also made available.

Action DN/SW

HSEC/2010/3.2 Lone Working Procedure - for approval (Paper 1)

The Committee **approved** the draft Policy that had been circulated. The Committee **recommended** that the Policy be endorsed by Court and broadcasted by DN and SW. The Committee **agreed** that they would review the impact of the Policy in 12 months time.

Action DN/SW

HSEC/2010/3.3 Policy for Managing Stress & Mental Wellbeing in the Workplace - for approval (Paper 2)

The Committee **approved** the draft Policy that had been circulated with the understanding that Section 6.1.6 was amended to reflect that the external service provider was a confidential service. Any duplicate wording would also be removed from the Policy. The Committee **recommended** that the Policy be endorsed by Court and broadcasted by DN and SW. The Committee **agreed** that they would review the impact of the Policy in 12 months time.

Action DN/SW

HSEC/2010/3.4 Terms of Reference – for approval (Paper 3)

The Committee **discussed** the draft Policy and acknowledged that the Committee name would change from Health, Safety & Environment Committee to Health, Safety & Wellbeing Committee. The Committee agreed that the quorum would consist of a minimum of 8 members consisting of 3 management, 3 partnership and 1 SRC. The Committee **approved** the terms of reference and **recommended** that they be endorsed by Court with the following changes made:

- Section 2.6 - the wording “and reports” added to bullet points 1 and 3
- Section 3.2 - the wording “Director of SEPS” changed to “Head of Service (SEPS)”

Action SW

HSEC/2010/3.5 Workplace Transport Risk Assessment (Verbal report from SW)

SW met with Mr Sutton (Estates & Buildings Assistant Director, Project Services) and they reviewed the action plan, awarding each action a priority rating. Mr Sutton is now conducting a costing exercise on the actions and SW will report back on this at the next meeting.

Action SW

HSEC/2010/3.6 Enforcement Agency Radiation Audit Feedback (Verbal report from JG)

A Radiation Specialist from Health & Safety Executive (HSE) visited the Gilmorehill and Garscube Campuses to review the University’s compliance with the Ionising Radiations Regulations 1999. The inspector stressed that the visit was a routine one and not as a result of any complaints. The inspector was satisfied with the overall management of ionising radiations within the University and with the personnel involved. A final report will follow but a few recommendations were made and are detailed overleaf:

Day 1, Gilmorehill Campus

- The inspector recommended that the responsibility for maintenance of dosimetry reports should be devolved to College or School level rather than sitting with Radiation Protection Service (RPS). Once the new College/School administrative system has settled in RPS will meet with the personnel concerned to explain their duties under the regulations.

Action JG

- As dosimetry records are required to be kept for 50 years, RPS to act as archive service for old records and only the last year's record to be kept at local level.
- The inspector recommended that the two Am/Be neutron sources in Physics & Astronomy be disposed of as they were well past their shelf life. The school has experiments due to commence which will be completed by Christmas and it was agreed that this could go ahead.
- The inspector was generally impressed by the School of Chemistry but was concerned that some warning signs were placed ambiguously and should be re-sited. Emergency stop buttons were found to have inadequate signage.
- The inspector noted that there were no specific policies regarding out-of-hours working with isotopes within the GBRC Building. The inspector noted that they had adopted a policy of making entire laboratories Supervised Radiation Areas and would prefer if clearly defined areas were marked out instead.
- The inspector recommended that the area where radioactive waste is stored within the GBRC Building should be included in the contamination monitoring regime.
- The inspector noted that routine contamination monitoring within the Davidson Building had revealed several instances of contamination in a heavily used area. It was recommended the frequency of the monitoring be increased.

Day 2, Garscube Campus

- Professor Elliot informed the inspector that there were problems with the shielding of the LINAC that had been recently installed in the Small Animal Hospital (SAH). He detailed a contingency plan to overcome the areas where the shielding was deemed to be inadequate. The inspector accepted this plan on the basis that this was a temporary measure until additional shielding could be installed by the end of the year.
- The inspector noted that no records were kept of radiation training for classified nurses working with radioiodine. The inspector would like the department to compile training packs for each staff member. The inspector also recommended that T4 tests should be re-instated for these staff.
- The inspector was generally satisfied with the Cobalt 60 unit with a few minor signage issues. Additionally the inspector recommended a personnel monitor with a high level alarm be purchased. RPS has loaned the department one until a new one is purchased.
- The inspector was generally satisfied with the Weipers Equine Centre. One minor point raised was that contamination logs entries were recorded in $\mu\text{Sv/h}$ rather than counts per second.

The inspector made some general recommendations:

- Risk assessments for ionising radiations should be separate from COSHH assessments and reviewed on a regular basis.
- Each distinct area should have a training pack assigned to new radiation workers, which should be signed off by an appropriate trainer.
- For radiation areas designated by contamination control, spill kits should be made available.
- Laboratories should have contingency plans specific to them (currently there is a generic plan), which should be posted prominently in the relevant areas.
- The inspector was generally satisfied with the issuing of permits to work in designated areas that have been checked for contamination but advised that the permit be modified to include a dose estimate.

JG emphasised that this feedback was from his own notes and discussions during the inspection. HSE's formal report has not yet been received and there has been no indication of when it will be received.

HSEC/2010/4. Diving Code (Mr D McLean) (Paper 4)

Mr D McLean explained the background to the development of the code. Previous legislation was almost completely impractical for non-commercial divers leading to an end of the practice within the University. Amendments to the legislation in 1998 led to less onerous requirements and a small number of research groups approached SEPS for guidance on recommencing the activity. A small working group then developed the current draft Code of Practice. DM also highlighted the key features of the Code, drawing attention to designated roles, competencies, record keeping and first aid requirements. The Committee **discussed** the Code and **agreed** that the Diving Operation Record should be re-emphasised as mandatory for use by University employees. DM would liaise with those undergoing diving activities to establish if this would cause any difficulty in working with external contractors and would identify solutions if necessary. The Committee **agreed** that the Code of Practice could be distributed by SEPS without further approval but that the Policy Statement Section would be included in these minutes for the benefit of Court. The Committee **thanked** Mr D McLean for what has been a significant and essential piece of work.

Policy:

The University of Glasgow recognises that sub-aqua diving is a hazardous activity and takes seriously the risks associated with it. Our aim is to comply with all legal requirements associated with this activity and, where reasonably practicable, to go beyond the minimum legal standard and adopt best practice to safeguard the health and safety of all who take part in work related diving operations associated with the University. The University expects all staff involved in such work to adopt the highest standards of care in the planning and conduct of all work involving diving whether they organise such work directly or participate in diving projects that are managed by others.

Anyone who takes part in diving activities whilst at work in Great Britain is legally required to comply with the Diving at Work Regulations 1997. As a general principle, the University requires all staff members involved in activities within the scope of these regulations to ensure that their work complies with this legislation as an absolute minimum.

All work or course-related diving work, whether carried out by staff or students, must be notified to Safety and Environmental Services and the insurance section of the Finance Office in advance.

Where diving work is conducted overseas whether as a University of Glasgow led undertaking or in conjunction with another organisation an equivalent standard of safety must be achieved particularly with regard to standards of qualification, equipment working practice and emergency arrangements.

This policy applies to any scientific or archaeological diving carried out by staff or students which involves a work-related element but does NOT apply to diving that is wholly recreational.

HSEC/2010/5. Recent Accident Statistics & Critical Learning Points - statistics & verbal report (Ms S Woolcott) (Paper 5)

Ms S Woolcott discussed the accident statistics relating to the periods Jan to March 2010 and April to June 2010. She highlighted the reduction in total reported accidents in the most recent quarter over the same quarter the previous year (down from 85 to 71). Accidents reportable to the HSE reduced from 9 to 6 in the last year and in comparison to the previous quarter have reduced from 7 to 6. The Committee **discussed** the report and asked if it would be possible, in future, to attempt to show trends within Colleges/Services within the statistics and to set targets. SW cautioned members in setting targets in the absence of clearly identifiable trends and advised that generalised drives to reduce accidents could discourage reporting. The Committee was keen to encourage reporting of accidents and felt that, for that reason, would not wish to establish general targets.

HSEC/2010/6. Occupational Health Activity Report - statistics & verbal report (Ms A Stewart) (Paper 6)

Ms A Stewart discussed the statistics for occupational health activities including management referrals and review appointments. Health surveillance had been started for Estates and Buildings staff, is now almost complete and is moving out to other areas where it is required. The Committee **welcomed** the report and looked forward to future reports. The Committee **discussed** what actions were required after health surveillance and wondered if this could be included in future reports. It was established that feedback would be provided after year 2 as year 1 would be used to establish a baseline. Mrs Barr discussed the possibility of a trend analysis for return to work and agreed to meet with AS to discuss this further. The Committee **thanked** Ms A Stewart for the report

Action AS/CB

HSEC/2010/7. Any Other Business

HSEC/2010/7.1 Personal Safety Concerns

The SRC representative highlighted the process for identifying a “safe” walking route had stalled and was keen to proceed with this. The Convenor agreed to discuss this with the SRC representative with a view to pushing this forward.

Action DN/SRC

HSEC/2010/7.2 Executive Group

The Convenor highlighted the need for a partnership member for the executive group as mentioned in the Terms of Reference. The Committee **agreed** that the 4 partnership members that regularly attend the Committee would meet and decide who this member should be.

Action MG/DG/JO/AR

HSEC/2010/8. Date of Next Meeting

The next meeting of the Health, Safety & Wellbeing Committee will be held on Wednesday 8 December 2010 at 2pm in the Melville Room.

Prepared by: Ms Debbie Beales Clerk to Committee Debbie.Beales@glasgow.ac.uk

Last modified on: Monday 20 September 2010

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