

Annual Report of the Health and Safety Executive Committee 2012

There is a requirement in the University Statutes and Ordinances that the Health and Safety Executive Committee submits an Annual Report to the Council and the General Board and that it meets at least once a term.

The Health and Safety Executive Committee is a joint committee of the Council and the General Board and the remit of the committee is to ensure the necessary management actions are taken to give effect to University health and safety policy, review the effectiveness of the University health and safety policy, receive annual reports on health and safety and receive regular summary reports from the Consultative Committee for Safety.

The current membership of the committee is as follows:

The Vice-Chancellor's deputy, Pro-Vice –Chancellor Professor Stephen John Young, *EM* (**Chair**); [**Council appointments on the recommendation of the General Board**] Professor Nigel Kenneth Harry Slater, *F*, Professor Geoffrey Allan Khan, *W*, Professor Alan Lindsay Greer, *SID*, Professor Tony Minson, the Chair of the Consultative Committee for Safety; co-opted members Mrs Anne Jarvis, *W and* Professor Peter Anthony McNaughton, *CHR*, the Registrar, the Academic Secretary, the Director of Health and Safety, the Director of Human Resources, and the Director of Estate Management attend; **Secretary**: Ms Mary Dezille, *LC*.

Introduction

This report covers the calendar year 2012. The Safety Office and Occupational Health Service approached completion of their merger to form the Occupational Health and Safety Service (OHSS) with arrangements finalised for the relocation of the Occupational Health section adjacent to the Safety Office at 16 Mill Lane. Functions of fire safety management remained embedded in the operations of Estate Management (EM) and OHSS. For clarity, this report contains three sections relating to the subject divisions of 'Health and Safety', 'Occupational Health' and 'Fire Safety'.

A Health and Safety

1. Operational Changes

Prior to the geographical co-location of the Safety Office and Occupational Health sections of OHSS, administrative changes were made to combine staff and operational budgets and integrate certain clerical support functions of the two offices in preparation for full integration in 2013, with the exception of clinical budgets relating to medical students. Staffing levels remained constant with some changes in roles and responsibilities in preparation for restructuring following two planned staff retirements in 2013. One new part time member of staff was appointed as an Assistant Biological/General Safety Officer to administer and oversee work regulated under the Specified Animal Pathogens Order (SAPO) subsequent to the Establishment Licence being transferred to the Director of Health and Safety.

2 Enforcement Agency Visits

There was a decrease in the number of HSE visits to the University (excluding Colleges) in 2012 compared to 2011, with the majority of the enforcement authority visits to site being by the Environment Agency and Counter Terrorism Security Advisers (CTSA) on routine proactive inspections to laboratories.

2.1 Health and Safety Executive (HSE) visits – There was one proactive visit by an HSE Inspector relating to laboratory work regulated by the Specified Animal Pathogens Order (SAPO), noting that the HSE now act as the inspectorate for the Department for the Environment, Food and Rural Affairs (DEFRA). No enforcement action was required.

2.2 Environment Agency (EA) visits – There were routine EA visits to 8 laboratories in relation to the Environmental Permitting Regulations and the use of radioactive materials for research.

2.3 Counter Terrorism Security Advisers (CTSA) visits – There were five visits to the University by the CTSA in 2012 to various departments in relation to routine review of research laboratories containing High Activity Sealed Sources (HASS).

3 Internal Auditing

3.1 Safety Management Auditing – The methodology and draft schedule for safety management audits undertaken by OHSS for University departments and institutions was confirmed by the Health and Safety Executive Committee (HSEC) with a start date in March 2013. The auditing schedule was determined on a risk basis, based upon factors including the nature of work undertaken in the department, previous audit findings and number/frequency of accidents and incidents. OHSS continued to undertake safety management audits for Colleges on a chargeable basis.

3.2 Subject Specific Auditing – The schedule of these continues as in previous years, and includes ionising and non-ionising radiation, radiation generating machines, biological safety management, chemical waste and storage, Local Exhaust Ventilation (LEV) and electrical safety.

4. Health and Safety Training

The OHSS delivered 301 training sessions/courses in 2012, including bespoke training sessions for 2,151 people in departments (which included 30 events run specifically for Estate Management and fire safety training now administered by OHSS) and 24 for colleges, with a total of 4,198 people being trained throughout the year.

5 Hazardous Wastes

OHSS continued to centrally manage and operate the hazardous chemical waste service via Enviroco (previously Veolia) as contractor and the 23 site registrations as required under the Hazardous Waste Regulations 2005 on behalf of the departments.

The principal method for disposal of radioactive waste remained the same in 2012 as in previous years, with scintillation waste collected and disposed of by a waste and incinerator contractor. 59 radioactive waste collections were made during the year including 12 to the Addenbrooke's Hospital central waste store and were processed and stored at the University radioactive waste storage facility. Subsequently 13 waste disposal trips of very low level radioactive waste were made to landfill.

6 Technical Services

The environmental health and safety monitoring programme continues to be central to the strategy for pro-active prevention and management of both acute and chronic health conditions and to support the statutory requirements relating to occupational health.

6.1 A total of 226 monitoring reports were produced for departments in 2012:

Mercury monitoring	191
Noise Survey	21
Hand and Arm Vibrations	12
Light, Air flow, Dust, Ammonia, Ozone and Other	2

6.2 Approximately 21,500 items of electrical equipment in non-scientific departments were tested by OHSS technicians in 2012.

6.3 In addition, 364 portable radiation monitors were tested and repaired where necessary.

7 Accidents and Incidents

There were a total of 31 reportable accidents and incidents under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) in 2012 involving 17 staff, 9 students and 5 visitors.

B Occupational Health

1 Introduction

During the reporting period, Occupational Health activity continued to develop in several main areas:

- An increase in the complexity of cases referred for an occupational health assessment.
- Revision of the Display Screen Equipment policy for all staff working with computers.
- Policy development for the interface between Occupational Health and the Clinical School including the Fitness for Medical Practice Committee (FMPC) and the Medical and Veterinary Students Progress Panel (MVSPP).
- Contribution to Human Resource working parties e.g., capability policy.
- A pilot of the new employee health assessment process prior to rolling out University wide.
- Taking the lead in strategy and policy development for the University Wellbeing initiative.
- Contribution to the planning and participation of 'People Matter' week.
- Commencement of a project with MISD for the development of e-OPAS - web based occupational health data base.
- Scoping the use of electronic document management systems through MISD for occupational health records storage and integration with e-OPAS.
- Commencing work towards accreditation through the Safe Effective Quality Occupational Health Service (SEQOHS) Accreditation Scheme, a voluntary accreditation system for occupational health services based on published standards, developed and run by the Royal College of Physicians, London.

2 Summary of OH activity compared to last reporting period.

Statistics relating to OH activity are given in Tables 1 to 7 of section 4. They show a decrease in the number of psychological ill health problems but a similar number of musculo-skeletal ill health problems seen by Occupational Health. In both areas individuals seen, where work is an aggravating or contributory factor, is comparable to the previous year. There was a 69% increase in referrals where managers were seeking advice about an individual's ability to work following sickness absence but a 36% decrease in performance related referrals (table 1). There has been a significant increase from 25 to 113 referrals reflecting the use of the assistive technology service within the University Computing Service, where the loan of alternative computer equipment is available for trial to staff experiencing upper limb problems (not represented in table 2).

There was a slight decrease in the number of initial laboratory animal allergy (LAA) assessments. The number of employees seen for enhanced surveillance remains the same as last year. Enhanced surveillance is commenced following an employee reporting symptoms that could be work related. Six individuals were referred for advice from a respiratory specialist and all recommended to increase control measures i.e., respiratory protection. One individual was reported to have a laboratory animal allergy but with increased control measures, able to continue their research (table 3).

The remainder of the statutory health surveillance figures reflect no significant change from the previous year (table 4). There has been a 63% increase in Research Passport clearance required for research staff whose work involves patient contact. The reason for this increase is the requirement for a three year renewal passport and it is now three years since the introduction of these passports (table 5).

There was an increase in training programmes delivered by Occupational Health for administrators and managers, as well as an increase in attendance at meetings.

The number of ergonomic workplace assessments remains balanced. These are carried out by an occupational health practitioner where indicated, following an initial consultation for musculo-skeletal or upper limb problems (table 6).

Clinical activities remain similar to the previous year (table 7).

3 Future developments / projects

- Joint work in the development of Occupational Health and Safety Service (OHSS) strategy.
- Develop the OHSS website
- Progress improved technology work to the benefit of service users i.e., web based electronically completed health questionnaires and an online referral system.
- Progress work for SEQOHS accreditation
- Progress policy work relating to Occupational Health and the Clinical School
- Transfer the occupational health provision for MRC employees to the University service
- Progress collaborative work with Human Resources to improve the management and associated cost of sickness absence

4 Summary of statistics

Table 1: Reason for referral to the OHS by category

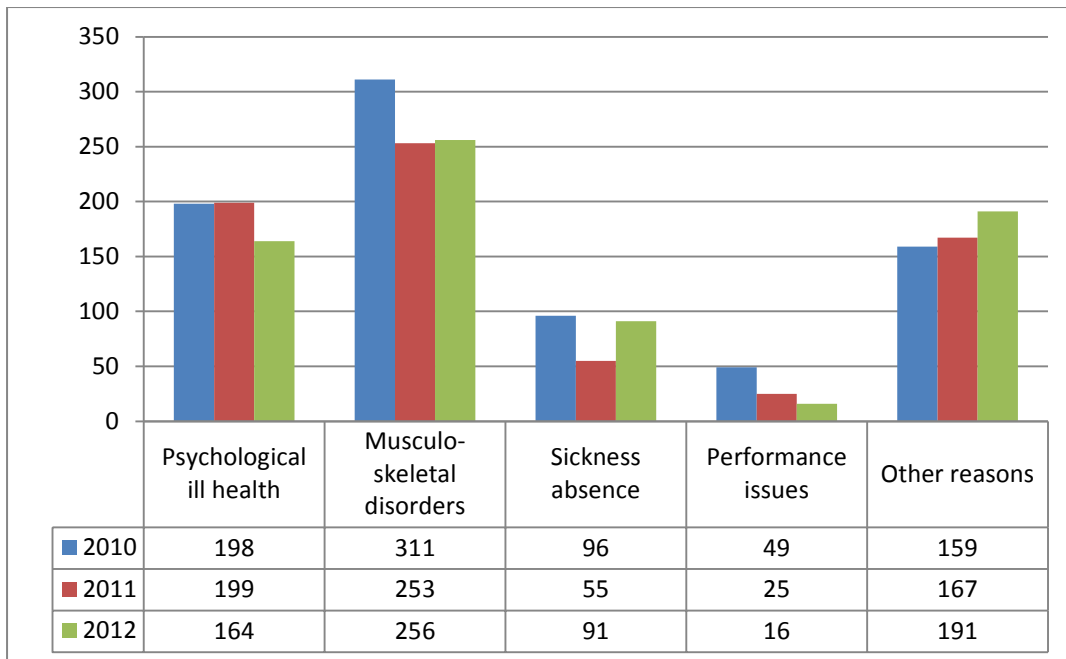


Table 2: Referral for a specialist assessment: Number of staff referred to a physiotherapist, clinical psychologist or University counsellor.

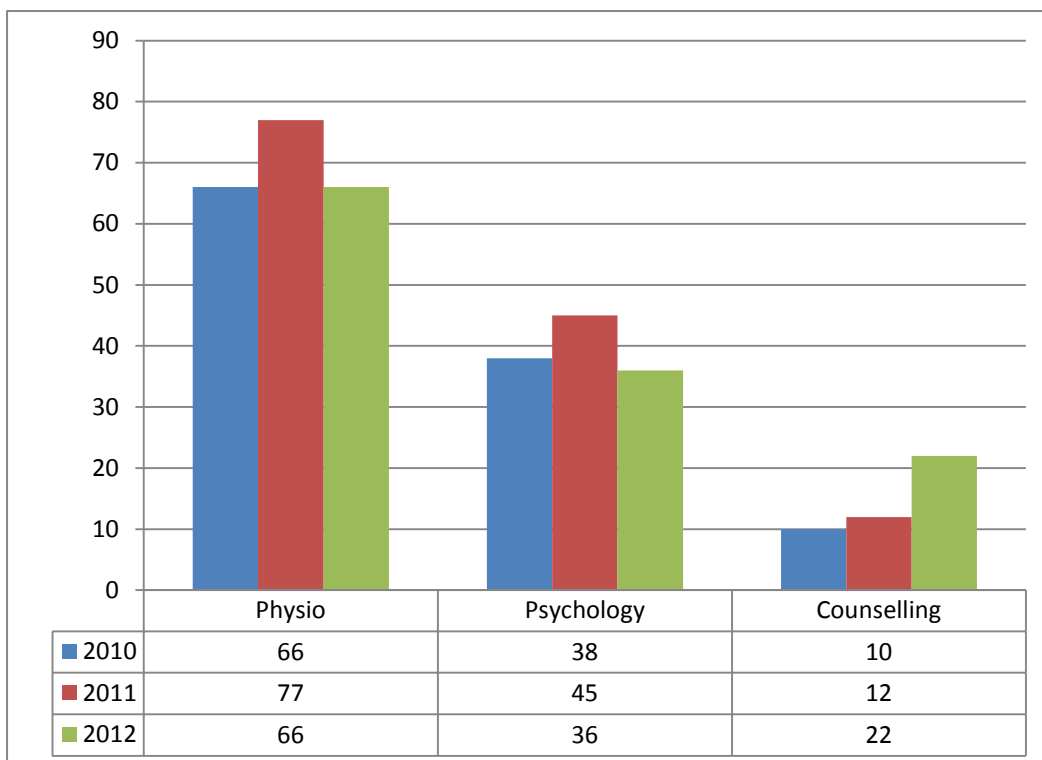


Table 3: Respiratory health surveillance: Number of participants in laboratory animal allergy programme and those identified with significant symptoms

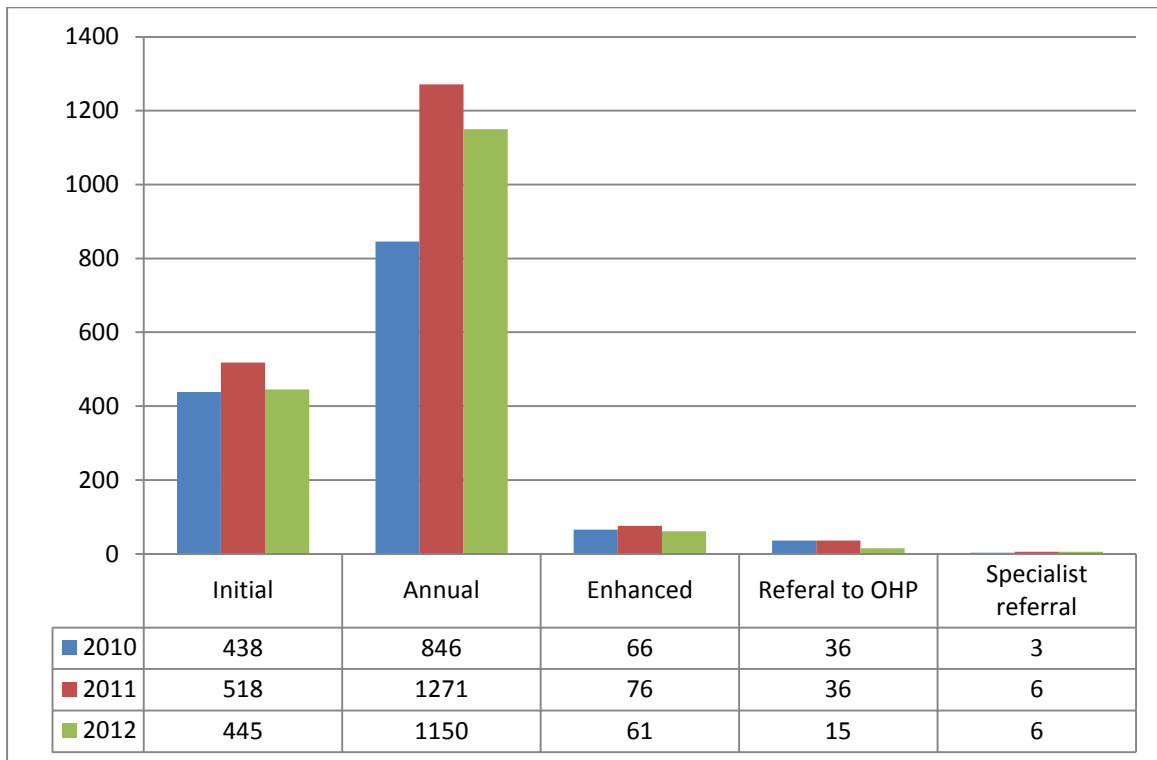


Table 4: Other health surveillance: Number of participants in programme.

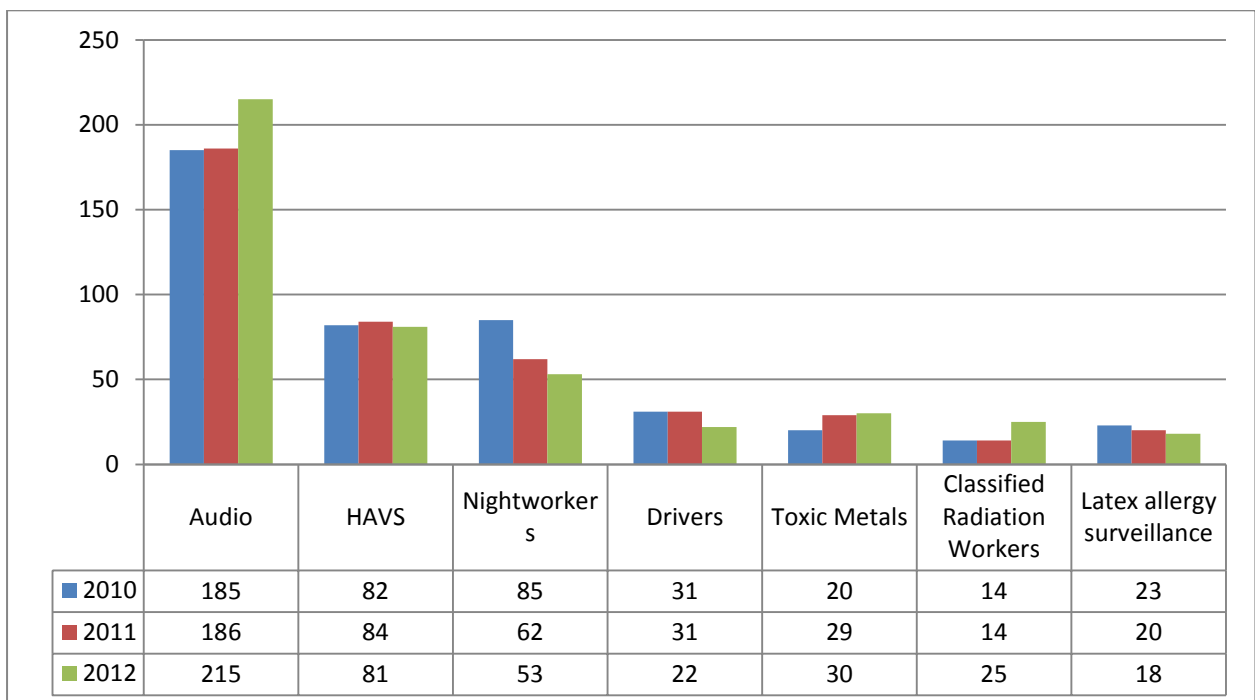


Table 5: Health screening: Number of participants per each programme

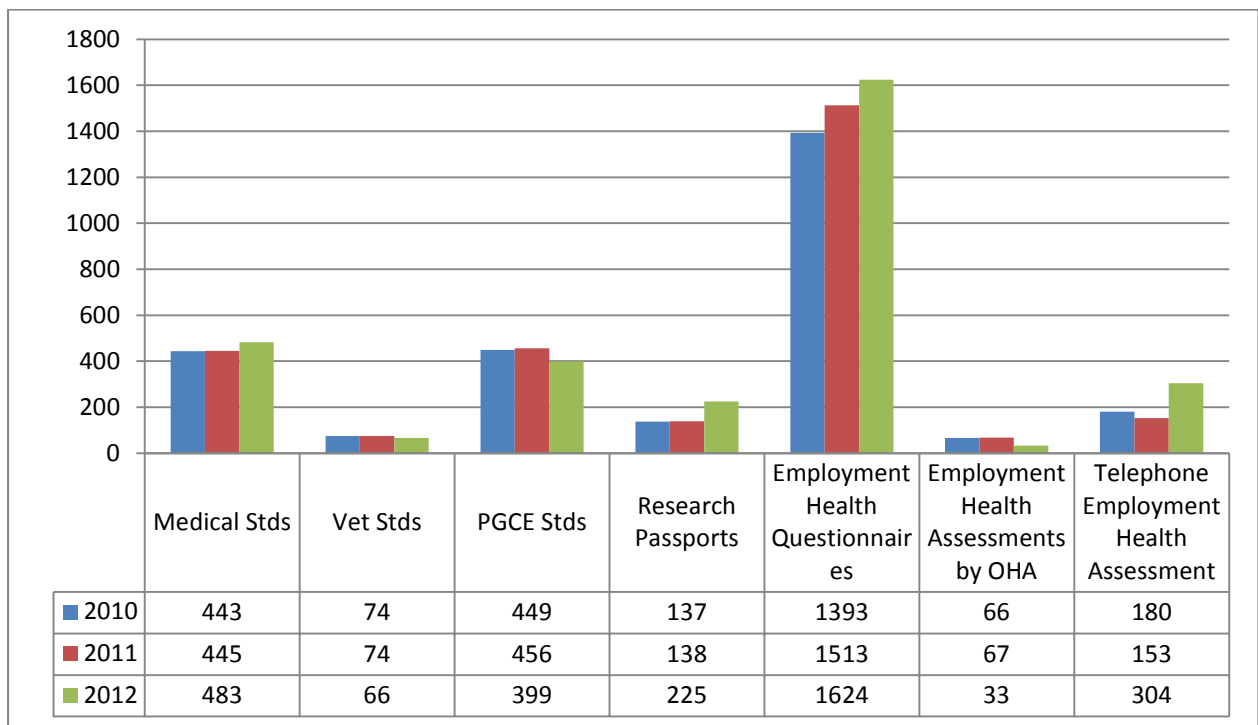


Table 6: Other occupational health activities

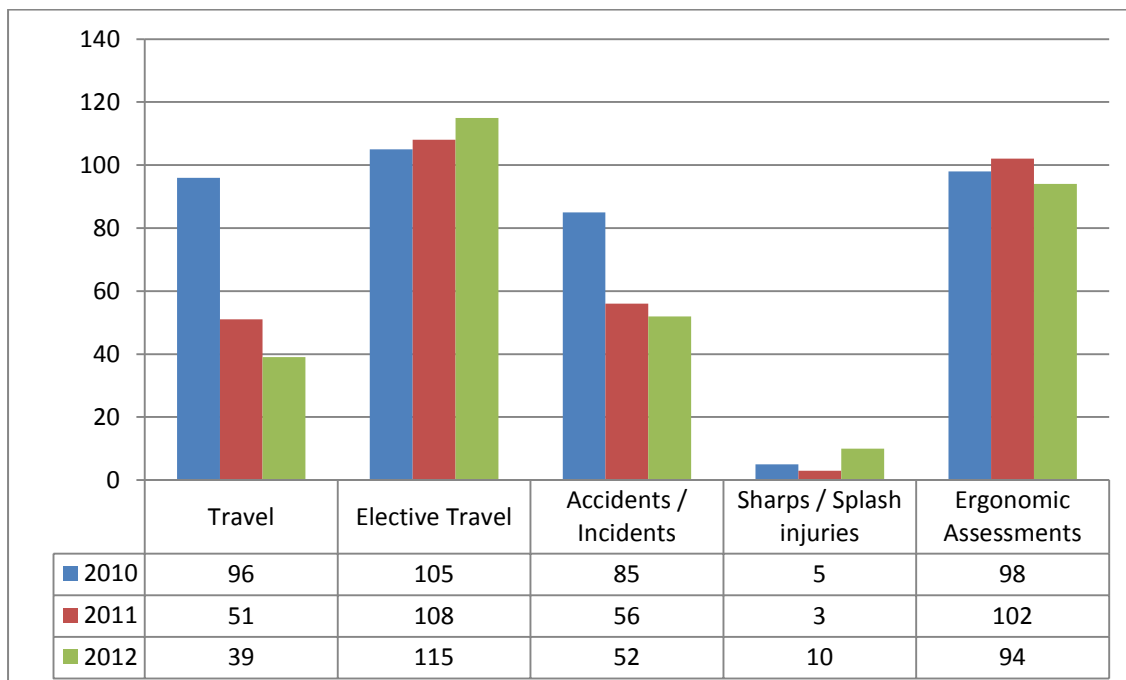
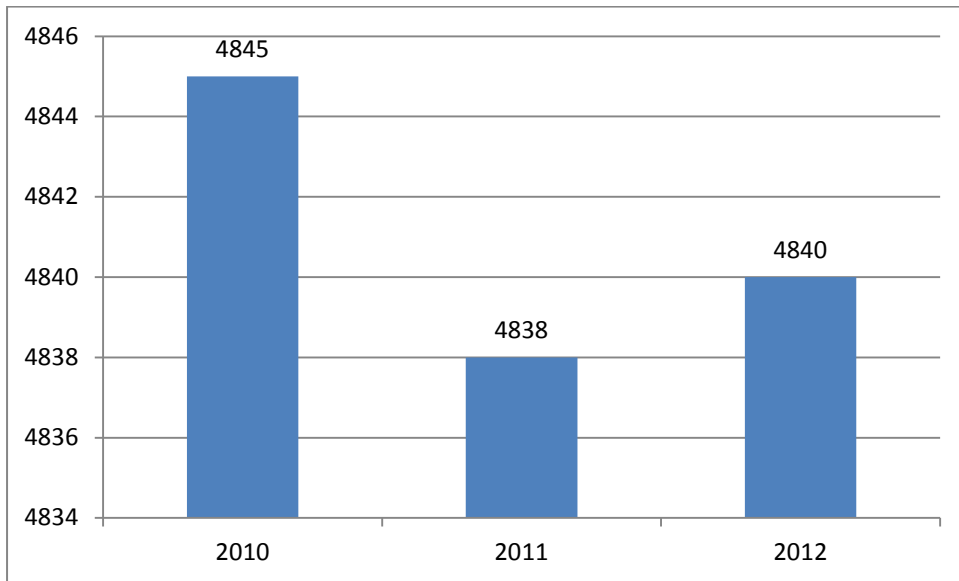


Table 7: Immunisation and blood tests administered



C Fire Safety

1 Operational Emergencies

During the period of this report there have been 5 incidents noted in the internal University report and distinct from those made under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) none of which resulted in serious injury or significant disruption to business continuity.

Building Fires (non RIDDOR)	
Total number of major fires*:	0
Total number of minor fires*:	0
Total number of near miss fire incidents*:	5
Total number of cooking fires:	0
Total number of external fires:	0
Number of internal that do not result in fire alarm activations:	0
Summarise briefly the nature of the fire(s)/ incidents below:	
<ul style="list-style-type: none"> • External cigarette waste bin • Electrical server equipment • Overheating lab equipment • Chemical reaction within lab • Defective light fitting 	

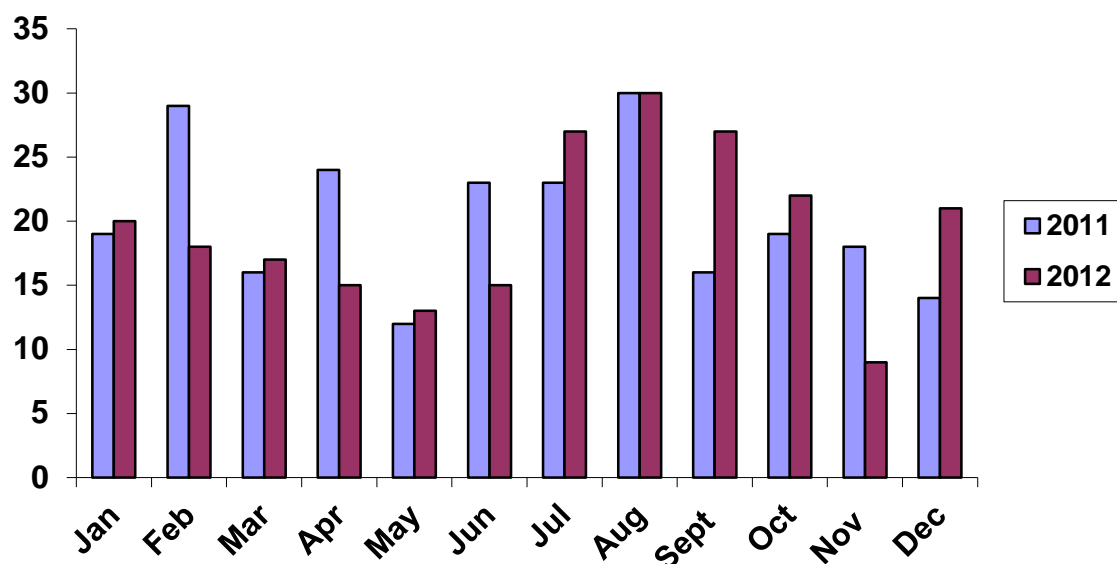
2 Enforcement Action

During the period covered by this report there has been no enforcement action by the Cambridgeshire & Peterborough Fire & Rescue Authority (CPFRA).

3 Unwanted Fire Alarm Signals

The reporting and recording processes are maintained by University Security Office's helpdesk and the Fire Safety Team monitor, review, and take appropriate action if required.

There has been a small reduction in the number of fire alarm activations compared to last year.



2011 - 243

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
19	29	16	24	12	23	23	30	16	19	18	14

2012 - 234

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
20	18	17	15	13	15	27	30	27	22	9	21

4 Training

Fire Safety Training continues to be successfully administered by the Occupational Health and Safety Service (OHSS). Uptake on training courses continues at a satisfactory level. Further promotion of the need for refresher training is required amongst Departmental Fire Safety Managers.

Courses in 2012	Attended
Fire Safety Managers	45
Fire Wardens	333
Fire Awareness	669
Fire Extinguisher	610
Evacuation Devices (Evac-Chair / Stairclimber / Stairmate)	67
E-Learning	492
Liquid Fire	148
Fire Safety Induction (Graduate Safety Course)	870
Total	3234

5 Fire Risk Assessments & Audits

As a result of regular meetings with CPFRA it has been agreed that the University Fire Safety Team will be proceeding with a two-stage fire risk assessment programme to include a data collection section on behalf of the Fire Service.

This will minimise disruption to Departments and the need for CCFRS to visit University buildings.

The programme of audits between October and December 2012 covered the New Museum and Sidgwick Sites. The findings highlight the key areas for:

- Raising awareness of the duties of “Responsible Persons” (Heads of Departments) and Fire Safety Managers.
- Promoting fire safety training to all staff and those with designated duties.
- Keeping fire risk assessment action plans up to date.
- Keeping policies, procedures and emergency plans up to date.

6 Provisions for the Disabled

Fire Safety personnel continue to work closely with Departments and the Disability Resource Centre (DRC) to ensure the University meets its obligation under the Equalities Act 2010 and Regulatory Reform (Fire Safety) Order 2005.

This includes:

- Meeting with DRC personnel to prepare for the needs of new students.
- Assisting Departments to ensure appropriate procedures are in place and the Personal Emergency Evacuation Plans (PEEPs) are prepared.
- Provide training on the correct use of Evacuation Aids.
- Raising awareness of the need to ensure the safe evacuation of all users of buildings in Fire Warden and Fire Safety Manager training courses.

7 General

In October 2012 Addenbrooke’s NHS Trust initiated a Fire Safety Strategy Group chaired by their Director of Estates and Facilities. It has representation from key stakeholders including the MRC, University Fire Safety Office, CPFRA and GSK. The purpose is to disseminate information relating to the Trust’s new initiative to review their current fire safety arrangements that has been introduced as a result of a report generated by the Trust’s commissioned consultants of the current fire safety provision. The relevance of this relates to the University’s embedded accommodation within the main hospital and ancillary accommodation on the site.