UNIVERSITY OF CAMBRIDGE
Occupational Health and Safety Service

# minutes
# Sub-committee for Biological Safety

**21 October 2019, 14:00 hrs, Cairo Room, Greenwich House**

Present: Dr M Wills (Chairman), Dr A Gilliland (Secretary), Dr H Bertrand, Mr R Borthwick, Professor I Brierley, Dr M.G Majumdar, Dr G Christie, Mr T Fitzmaurice, Mrs C Gewert, Mr S Jameson, Dr G Martell, Dr K Tibbles and Dr L Tiley

In attendance: Mrs D Grover

*The Chairman welcomed Mrs Grover to the meeting as a new member of the Safety Office secretariat then did a 'tour de table' with each person introducing themselves.*

**1. Apologies for absence**

Mr A Ceccarelli, Professor P Cicuta, Mr M Elsdon, Mr T Jones, Dr T O'Connell, Professor S Ozanne, Ms L Smith, Ms S Swain and Dr M Vinnell.

**2. Minutes of the Sub-Committee meeting held on 1 April 2019**

Dr Tibbles asked that the wording in his report be revised ***(Paper BS/1819/18).*** Members approved this revision and the Minutes were then signed by the Chairman.

**3. Matters arising from the Minutes**

There were no matters arising.

**4. Remit and Membership of the Sub-Committee for Biological Safety**

The Committee welcomed Sam Jameson, Deputy Director for Operations and Facilities, University Biomedical Services and Mrittunjoy Guha Majumdar, Vice-President of Cambridge University Graduate Union to the meeting.

4.1 **Sub-Committee Remit *(Paper BS/1920/02)***

The Secretary introduced the remit for 2019-2020 ***(Paper BS/1920/02)*** and asked members if they were content. The remit was accepted by the Sub-Committee and will go forward to the CCFS.

4.2 **Sub-Committee Membership *(Paper BS/1920/03)***

The Secretary asked members to receive the document detailing the membership. The Secretary noted that a Union Safety Representative had been sought, but not yet been appointed to replace Ms Rosalind Williams Jones.

**5. Biological Compliance**

5.1 **SAPO**

The Secretary spoke to her report ***(Paper BS/1920/04)*** and highlighted that the SAPO-designated laboratory at CEB was inspected by the CTSA on three occasions in March, May and August 2019. Work started in this laboratory in September 2019 using the licenced animal pathogen *Bacillus anthracis* (Sterne strain) which has now also been classified as being on the Schedule 5 list by the CTSA.

5.2 **Human Tissue Act**

The Secretary spoke to her report ***(Paper BS/1920/05)*** and informed the Committee that the Stem Cell Institute, based in the Gleeson Building, had been removed from the University of Cambridge's HTA Research Licence as they were not currently storing any relevant tissues and they had relocated to the Addenbrooke's Biomedical Campus. If they wish to undertake any licensable activities in the future, they will join the Addenbrooke's Research Licence.

5.3 **Reports on Visits and Inspections (CTSA/HSE/Defra/APHA)**

The Secretary informed the members that there had been 11 pro-active visits so far this year, with five being since April 2019. Three of these visits were from the CTSA to CEB and two visits from APHA to the Department of Biochemistry and the Department of Plant Sciences.

The Chairman, on behalf of the Sub-Committee, expressed his gratitude to the Secretary for her work with external inspection agencies.

The members were made aware that the recent HSE guidance 'Management and operation of microbiological containment laboratories' has been updated in June 2019 to include work with parasites.

5.4 **Biological Safety Officers**

The Secretary reported that since the list of Biological Safety Officers ***(Paper BS/1920/06)*** was circulated to members, more appointment letters had now been received. The School Safety Officers and the Secretary will chase letters of appointment that remain outstanding in their particular sections.

5.5 **Leaflets/Policies and Codes of Practice**

It was noted that various leaflets have been updated by the secretariat and are published on the intranet.

5.6 **Biological Annual Safety Questionnaire**

The Secretary reported that there had been a 90% response rate from departments and only 2 responses remained outstanding.

5.7 **Containment Level 3**

Mrs Gewert spoke to her report ***(Paper BS/1920/08)*** and informed the Committee that the CL3 Working Group consists of representatives from each department that has CL3 lab facilities as well as the School Safety Officers from Clinical Medicine and Biological Sciences and the two Biological Safety Officers from the Safety Office.

The Chairman outlined that the CL3 Laboratory Policy ***(Paper BS/1920/09)***, once ratified by the Biological Safety Sub-Committee will be presented to the Consultative Committee for Safety (CCFS) for adoption as University Policy for CL3 laboratories. The policy will be updated to reflect comments from Occupational Health regarding the health assessment part of the policy and comments from Estate Management on design guidance of CL3 labs and waste water treatment.

Once all amendments have been made to the policy it will be sent to the CL3 Working Group, ultimately for sign off by the Consultative Committee for Safety.

The Chairman thanked Mrs Gewert for the work that she had produced on the CL3 documents.

Once the policy has been accepted, it will be regularly reviewed and the updated policy will be accessible on the Safety Office's intranet.

**Action: Dr Martell and Mr Borthwick to provide written comments.**
**Action: Mrs Gewert to amend the policy and circulate to the CL3 Working Group.**

## 6. Training

### 6.1 Biological Safety Officer's Training Event *(Tuesday 14 May 2019)*

The Secretary reported that all attendees said it met the event's outcomes, with 100% enjoying the course. Attendees found it useful and liked the format with a Q&A session at the end.

### 6.2 Biological Safety Officer's Training Event next year (Tuesday, 19 May 2020)

This will be held at the Sainsbury Laboratory and all BSOs will need to sign up for the course on the Safety Office's intranet. From the feedback that had been received this year, the Secretary suggested that there could be another talk from a BSO, perhaps from the Clinical School, as well as updates from enforcement agencies and a talk on animal allergy/anaphylactic shock.

Dr Tiley suggested another presentation could outline examples of hypothetical emergency responses and other case studies. This session could be interactive by using 'Turning Point'.

**Action: Safety Office to liaise with Dr Tiley to formulate the presentation on biological emergency responses for the BSO event 2020.**

### 6.3 Training Courses 2019-2020, biological and others *(Paper BS/1920/10)*

It had been decided at the last meeting that the list of biological and non-biological training courses should be circulated to the BSOs on a quarterly basis to keep them informed of the training available. All the courses are available on the Safety Office's website.

## 7. Accidents/Incidents

The Secretary reported on her findings from producing a summary of various injuries caused by handling sharps. There had been 42 cases from March-October 2019 and 35 over the same period in 2018, with 26% were due to needlestick injuries in both years. However, this year one of the needlestick injuries, working with mice, resulted in an anaphylactic shock. The Secretary sought advice from the HSE as to whether this incident was reportable under RIDDOR. Its response was that it was not, as mouse tissue/blood is not deemed a biological agent under COSHH. Also, anaphylaxis is an acute illness, not a specified occupational disease under the RIDDOR regulations.

## 8. Reports

### 8.1 Report from Sub-Committee for Chemical Safety

Dr Tiley was unable to report as the Sub-Committee for Chemical Safety was not due to meet until 22 October 2019.

8.2 **Report from Estate Management**

Mr Borthwick spoke to his report ***(Paper BS/1920/12)*** previously circulated to the Sub-Committee for Estate Safety. The report covers building risk assessments, logbooks and remedial works, specific points raised were:

Management

- As of September, 52% of buildings have been issued with the new style log book. This has been a challenge due to lack of resources. A new member of staff has commenced who will undertake this role with a view to issuing the remainder by the end of the calendar year.
- A further 20 (6%) log books have been issued which require date of issue to be clarified before being reported as issued.
- 44 people have attended the Departmental Responsible Training (TG1) and 61 people have attended the Legionella Awareness Training (TG2). However, there has been a delay in issuing the log books once training has been provided. External help has been engaged to produce the Written Schemes.
- Despite engaging with departments, there is a resistance to acceptance of departmental duties by some departments.
- Contracts are being written for the "Competent Support" and "Water Sampling" elements of the service. These had not been awarded under the recent "Water Framework" contract.

Legionella Risk Assessments

- 92 buildings do not have a current RA. Of these: 56 buildings have RAs in progress, 6 buildings have overdue RAs and Estate Management are pursing the Contractors or procuring as appropriate. 30 buildings are currently unaccounted for and work is being undertaken with the Estate Management Property Team to clarify responsibility for a number of properties.
- A new contract is in place which aims to streamline the process of the RA and creating updated Log Books.

Water Systems

- Estate Management are currently recruiting for a designated person to undertake remedial works emanating from RA for a period of 18 months.
- Estate Management are supporting departments who have ice machines. The ice machines are a departmental responsibility, the pipework up to the ice machine is an Estate Management/landlord responsibility.
- Where Estate Management are testing the water systems, they look at the Legionella counts and the control temperatures. If there are three consecutive negative readings and control temperatures are within parameter, then sampling frequency is reduced to a point where it ceases. Should a positive be found or control temperatures fail, sampling frequency is increased.
- Adiabatic cooler audits have been completed. A number of actions are recommended which will be progressed upon receipt of final report.

8.3 **Report from the Safety Officer, School of the Biological Sciences**

There was nothing to report as Mr Elsdon was not present at the meeting.

8.4 **Report from the Safety Officer, School of Clinical Medicine**

Dr Tibbles reported that since the HSE inspection the lighting in one of the CL3 laboratories in the Department of Medicine had been fixed and the laboratory was now back in use.

8.5 **Report from Occupational Health**

- BCG - Dr Martell reported to members of the Committee that the BCG vaccine is available again and following training for OH staff they will be commencing mantoux screening tests/BCG clinics for medical students in November 2019. The Veterinary School have reviewed the risk assessments for staff who work directly with TB susceptible animals and the BCG vaccine will be offered to those who request it. The Veterinary School have requested that the BCG vaccine is also offered to veterinary students due to the Green Book guidance, however, OH is awaiting confirmation from the Veterinary School as to how this will be funded. Historically veterinary students have not been vaccinated with BCG.

- Measles – due to the increase in measles circulating in the community OH have implemented measles screening for staff/students working with non-human primates due to the risk of transmission to the colony and the consequences this would have.

- As previously discussed, OH provided support to the case of occupational anaphylaxis.

- OH have also provided advice following a review of control measures for staff working with poultry/chicken sheds.

- OH sought advice from HSL regarding biological monitoring for staff working with sheep who had been dipped and were advised that no biological monitoring was indicated for University staff.

- Hepatitis B vaccine – Dr Martell confirmed there is good supply of vaccine – OH are just waiting for the update to the Green Book on the guidance on 5 year boosters, as guidance has been issued that it is only required for those who are immunosuppressed. The screening/immunisation policy will be updated when OH have received the updated guidance.

8.6 **Stevenage Bioscience Catalyst (SBC)**

The Secretary reported that if the University of Hertfordshire did not extend the SBC lease the University of Cambridge project will return to Cambridge next year. In the meantime, the lab work continues (protein expression in E coli and a transient transfection assay in HEK293 cells). New GM risk assessments may be submitted next year if the project can continue.

8.7 **Report from Consultative Committee for Safety (CCFS)**

The Secretary drew members' attention to this report ***(Paper BS/19/20/13)***, for noting only.

**9. Dates of next meetings**

The next meeting will take place on Monday, 20 January 2020 in the Cairo Room at Greenwich House starting at 14:00 hrs, followed by the meeting of the CL3 Working Group

Tuesday, 21 April 2020 in the Cairo Room at Greenwich House starting at 14:00 hrs, followed by the meeting of the CL3 Working Group.

The meeting closed at 15:15 hrs.

**ACTION TABLE**

| ACTION NUMBER | ACTION | BY WHOM | DATE COMPLETED |
|---|---|---|---|
| 5.7 | **Dr Martell to provide written comments on the draft CL3 Laboratory Policy.** | GM | |
| 5.7 | **Mr Borthwick to provide written comments on the draft CL3 Laboratory Policy.** | RB | |
| 5.7 | **Secretariat to amend the draft CL3 Laboratory Policy and circulate to the CL3 Working Group.** | CG | |
| 6.2 | **Safety Office to liaise with Dr Tiley to formulate the presentation on biological emergency responses for the BSO event 2020.** | LT/SO | |