

Inside this issue:

Safety Committee Changes	1
EC Regulation of Drug Precursors	1
Easing the Strain of Computing	2
Hepatitis B Audit	3
OH Clinical Services on Medical Campuses	3
OH Web Page Change	3
Hazardous Waste Disposal	4
From the Archives... (snippets from the past)	4
Oil Storage	5
Safety Dept Staff Update	5
Accidents	6
European Health Insurance Card	7
FAQ—Cryogenic Vials	7
Blackberry Thumb	7
Health & Safety Training	8

Safety Committee Changes

The structure of the senior College health and safety committees is due to change this autumn.

Two committees will come into being: the *Health and Safety Consultative Committee* and the *Health and Safety Management Committee*. The former will have a similar function to the old Health and Safety Council and will serve as the forum for consultation with the Trade Unions. The latter will absorb some of the functions of the old Governing Body Health and Safety Audit Committee.

Each committee will meet three times a year with the Consultative Commit-

tee meeting two weeks before the Management Committee. In addition, there will be an annual joint meeting to receive the departmental and divisional health and safety reports. This meeting will be held in September. Both committees will be chaired by Professor Steve Smith, Principal of the Faculty of Medicine.

The exact composition of each committee has yet to be determined but will include representatives from each Faculty as well as Human Resources and Estates. Details on composition and terms of reference will be published on Spectrum when this information becomes available.

EC Regulation of Drug Precursors

New regulations affecting Higher Education establishments are now in force concerning the control of drug precursors. The purpose of the regulations are to prevent the leakage of scheduled substances to illicit drug manufacture whilst minimising the impact upon licit activities such as research. Though the Home Office do not consider UK universities as high risk with regard to this matter, the UK was outvoted by EC member states and therefore there is now no exemption to these regulations. The regulation which is relevant to universities is *Regulation (EC-internal trade) No.273/2004* and the two key implications are:

- For Category 2 substances, a customer *Declaration of Specific Use* is required before a supplier can provide the substances to the university.
- For Category 1 substances, the university will be required to possess a license in addition to the above declaration.

Universities are also required to report annually on the use of these substances and to appoint a compliance

officer to ensure that the above measures are in place.

This is a regulatory burden that has come at very short notice for universities to implement. There is also much perceived ambiguity as to how the regulations, which were previously targeted at commercial companies, relate to universities and *Universities UK* has been in consultation with the Home Office with a view to resolving these difficulties. As far as Imperial is concerned, a license for Category 1 substances has been submitted and Ian Gillett (Safety Director) has been appointed, for the time being at least, as compliance officer. Though the deadline for license applications has now passed (18 August), the Home Office are in touch with suppliers and there should be no hindrance to ordering scheduled chemicals providing an application is being processed. Further information, including lists of Category 1 and 2 substances is currently available on the Home Office website:

<http://www.homeoffice.gov.uk/drugs/licensing/precursor/index.html>

Easing the Strain of Computing

Elisa Onuoha, Occupational Health Adviser

This article is the first in a series which introduces the types of equipment available from the OHS which can be used to minimise and eliminate the health problems associated with computer work.

The increased use of computer and pointing devices such as mice and tracker balls, especially if used inappropriately, may result in discomfort in the upper limbs. Insufficient rest breaks and use of excessive force can contribute to these symptoms. Repeated key strokes and long periods of clutching and dragging a mouse can also cause muscle tension and hand discomfort. Symptoms may vary from aches, pain, numbness or tingling. These may be felt while typing or using the mouse or at other times when no work is being done. Sometimes symptoms can be experienced during the night which might disturb sleep. If you have concerns, please contact a member of staff from the Occupational Health department.

If someone experiencing upper limb discomfort still needs to use a computer, there are various modifications that can help them. Voice and other alternative input systems can be used to allow individuals time to recover from their injuries.

Graphics tablets



The graphics tablet is a stylus and tablet device that works as a substitute for a standard computer mouse. It consists of the tablet which can perform most of the functions of an ordinary mouse: pointing, clicking, right clicking, double clicking, drag and drop etc. One of the functions that it cannot do is emulate a scroll wheel. The tablet will however allow for a more precise and natural movement of the mouse cursor. Most graphics tablets currently available on the market use a USB port to connect and are Apple Mac compatible.

Rollermouse

The rollermouse is another alternative to a computer mouse. It is designed with an integral roller bar that controls the movement of the cursor. The device allows the keyboard to sit on a tray which houses the roller bar. It eliminates repetitive reaching for a mouse as the controls are centrally located beneath the space bar of a standard keyboard. The bar can be manipulated with either the thumb or the fingertips. It also allows the user to alternate between hands to roll the bar and operate the buttons.

This device can help prevent strain and tension to the upper extremity muscles including shoulders and elbows as it prevents the need for reaching. A traditional mouse can also be used in tandem to distribute the work to different muscle groups. For an online demonstration, see:

www.officeorganix.com/rollermousedemo.swf



These are just two pieces from a wide variety of ergonomic equipment that is available on loan for a 3 week period from the Occupational Health Service. Please contact Elisa on e.onuoha@imperial.ac.uk or ext 49398 if you would like further information on any of the products mentioned.

RSI Case Study

Claire O'Brien, Occupational Health Adviser

A 28 year old male research associate presented to OH with a 3 week history of shoulder and neck pain which appeared to be made worse by intensive computer work.

He was assessed by an OH Adviser. He could not recall any trauma or activity which brought on the pain but reported it had got worse over a week. He had noticed it was worse in the evening after work and never really subsided. He had been preparing a paper for publication and had been spending a lot of time typing both on his desktop at his desk and laptop at home at the kitchen table.

The first line in treating symptoms associated with overuse is to recommend rest. It may be appropriate for the individual to use either a topical gel or oral anti-inflammatory medication. In this instance he decided to take medication.

After observing him working on his computer, we adjusted the height of his monitor and recommended a mouse alternative would be the best option. He chose to borrow the Rollermouse as it reduced the need to reach forward; he could also set it up to use his left hand for clicking. We gave him guidance on taking frequent rest breaks from computer work. We also suggested he use a separate keyboard & mouse when using the laptop at home.

When reviewed 2 weeks later, his symptoms had settled. He was managing his time on the computer by using Work Rave, which programmes and prompts regular rest breaks. It is available free from <http://www.workrave.org/> and is MS windows and GNU/Linux compatible.

Hepatitis B Audit

Sheila Boyle, Occupational Health Manager

The College Occupational Health Service is currently undertaking a hepatitis B audit to ensure that all staff working with blood or human tissue have been offered the vaccination and that they are recalled for a 5 year booster. We have written to all DSO's asking for lists of staff at risk through research or clinical work. These lists will then be passed to the Trust OH to check their records and anyone due a 5 year booster will be informed.

For anyone who had a good antibody response (>100miu/ml) to their original vaccine, a 5 year booster is likely to give life long immunity although a further booster after a risky needlestick accident is still recommended.

Campus Occupational Health Clinical Services on Medical Campuses

Sheila Boyle, Occupational Health Manager

From 1st August the College Occupational Health Service will be responsible for all management referrals to assess fitness for work. Staff/students on the medical campuses are also invited to contact OH at South Kensington for work related health issues. Web link:

<https://www.imperial.ac.uk/occhealth/services/clinicalservices>

Web Page Change

Agnieszka Schikora, Administrative Assistant

The Occupational Health Service website has moved over to the College content management system, Oracle Portal CMS.

The new layout is slightly different from the previous one, with wider pages and side navigation. It complies with current accessibility legislation and is consistent with the design of other College sites.

Side navigation makes looking for particular information easier and

should encourage people to use the OH website to find the answers to their questions.

On the OH website you can find: contact details for all the campuses and departments, description of the clinical and non-clinical services provided by the OH Service, advice and guidance on many work related subjects, our procedures and details of the policies. There is also a section providing advice and infor-

mation to Medical Students.

All our forms are available in PDF for printing or as Word documents, which can be filled in on screen and sent to us electronically.

Visit: www.imperial.ac.uk/occhealth

Occupational Health

CONTACTS

FOR MEDICAL STUDENTS

FORMS AND CHECKLISTS

GUIDANCE AND ADVICE

POLICIES

SERVICES

SITE MAP

[Edit content](#)

WELCOME TO THE OCCUPATIONAL HEALTH SERVICE

Occ Health

Contacts

For Medical Students

Forms and Checklists

Guidance and Advice

Policies

Services

Site Map

The College Occupational Health Service provides services to protect health at work, assess and advise on fitness for work and to ensure that health issues are effectively managed.

Our mission is to promote and support a culture where the physical and psychological health of staff, students and others involved in the work of the College is respected, protected and enhanced in and through their work activities.

The service is based at the College's South Kensington Campus ([map](#)), and provides Clinic services for the South Kensington, Royal Brompton and Silwood Park campuses. Clinic services for all other medical campuses and Wye College are provided through agreement with the associated hospital's [Occupational Health Services](#)

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Hazardous Waste Disposal

John Luke, Safety Adviser

The Safety Department has received a number of enquiries from College departments as to whether the site that they occupy has been 'registered' to permit disposal of chemical waste. It is therefore worthwhile offering a short explanation concerning recent changes to the regulations governing disposal of hazardous waste and clarifying the concept of 'registration'.

The *Hazardous Waste Regulations 2005* (HWR) came into force on 16 July 2005 and replace the *Special Waste Regulations 1996*. The requirements of the regulations and how they impact upon the College can be described as follows:

- More wastes will be classified as hazardous under the new regulations, including: fluorescent light tubes, computer monitors and television sets. There is also a need to segregate hazardous from non-hazardous waste.
- There is now a requirement for all premises generating hazardous waste to be registered with the Environment Agency (EA). There are exemptions for certain premises (including universities) where the annual production of hazardous waste does not exceed 200Kg.
- The College's hazardous waste management contractors have notified the EA on behalf of the College and the following sites are now registered: Charing Cross, Chelsea & Westminster, Hammersmith, Northwick Park, Royal Brompton, St. Mary's, Silwood Park, South Kensington and Wye.
- Registrations are valid for 1 year and renewal will be arranged centrally via Estates in conjunction with the waste

management contractors.

- Each site has a unique registration code—these are held centrally by Estates. There should be no requirement for departments to know the code for their site since Estates act as the interface with the waste management contractors.
- There is no longer any need to pre-notify the EA for each individual waste consignment, though waste movement notes still accompany consignments and quarterly returns are now required by the EA. Again, this is Estates business and should not concern the departmental waste producers.
- Clinical waste. At the time of writing, no changes to clinical waste procedures are envisaged as far as departments are concerned. Should this situation change, notification will be given in due course.
- The site registration for disposal of hazardous waste should not be confused with the site authorisation for acquisition, storage and disposal of radioactive material—this is subject to the *Radioactive Substances Act 1993* and is a separate issue.

It is therefore evident that for chemical waste disposal there are no actual changes to procedure as far as the waste producing departments are concerned. Departments should continue to contact the Estates Helpdesk to arrange disposal.



From the Archives.....

John Luke, Safety Adviser

During the recent Safety Department relocation, some dusty old volumes of past safety committee minutes came to light. These included minutes of the Charing Cross Laboratory Block Safety Committee dating to October 1974 and those of St. Mary's Safety Committee (originally described as the 'Academic Board Sub-Committee on Safety Precautions') going back as far as September 1965.

On scanning the minutes, it's interesting to note that many of the items under discussion will be familiar to those of us who currently serve on safety committees, as the following excerpts from the Charing Cross Safety Committee demonstrate:

'Dr. _____ reminded members of the hazards arising from leaving bottles of volatile solvents on window ledges in hot weather.'

11 June 1975. Presumably they meant the inside ledges.

'Mr. _____ asked that Works Department staff and others should report their presence before entering laboratories which might be hazardous. He suggested a system of 'permits to work' and Mr _____ agreed to convey these views to the Works Department.'

4 February 1981.

....and also those from St. Mary's committee:

'It has been drawn to the Committee's notice that various

members of the technical staff have been eating on laboratory benches and often very close to infected or poisonous substances'.

'It was noted that some members of staff are wearing white coats in the School restaurant and shops in the immediate vicinity of the School.'

Both 24 January 1968.

There are also some somewhat alarming entries:

'The Chairman read a letter from Dr. _____, Radiological Protection Adviser, concerning the detection of ¹²⁵I in the thyroids of some staff members of the laboratories of the Department of _____. The Chairman had written to the District Engineers and Professor _____ stating that, in his opinion, the fume cupboard which is used for iodination is inadequate and must be upgraded as a matter of urgency.'

Charing Cross, 12 October 1977.

....and some decidedly un-PC ones:

'Attention was drawn to the problem of the safe disposal of used hypodermic syringe needles. It was pointed out that a third of the accidents involved cleaners, generally old-aged pensioners.....'

St. Mary's, 4 February 1975.

Other interesting snippets from the archives will continue to be published in future editions of Health and Safety Matters.

Oil Storage

Ian Gillett, Safety Director



Legislation comes into effect this month concerning requirements for the storage of oils (excluding mineral oils) within industrial, commercial and institutional sites. The legislation applies to oil stored above ground in containers exceeding 200 litres in volume.



The *Control of Pollution (Oil Storage) Regulations 2001* came into effect in March 2002 for all oil storage containers brought into use for the first time and for existing tanks in locations at significant risk, particularly those near to water-courses. All other existing installations are required to comply by 1 September 2005. The Regulations are enforced by the Environment Agency (EA).

...All other existing installations are required to comply by 1 September 2005...

The main requirements of the regulations are:

- Oil is stored in a container of sufficient strength and structural integrity to ensure that it is unlikely to burst or leak in ordinary use;
- The container must be situated within a secondary containment system which complies with certain requirements;
- Any valve, filter, sight gauge, vent, etc must be situated within the secondary containment system;
- Where a fill pipe is not within the secondary containment system a drip tray must be used;
- Where oil from the tank is delivered through a flexible pipe which is permanently attached to the container, the pipe must be fitted with a tap which closes automatically when not in use, the tap must not be capable of being fixed in the open position, and the pipe must be enclosed in a secure cabinet which is kept locked shut when not in use or the pipe must have a lockable valve where it leaves the container.

Implications for the College

There are a number of oil tanks located around the various College campuses that do not currently comply with the requirements of the regulations. Many of the College tanks are associated with Estates based activities but there are others associated with academic and non-academic departmental activities.

In order to ensure compliance, the following measures are proposed:

- Campus and Building Managers should complete a survey

of each oil storage tank within their area using a College checklist based upon the EA Pollution Prevention Guideline document: *PPG2 Above Ground Oil Storage Tanks*. The checklist is available from the Safety Department. Campus / Building Managers will need to liaise with departments to ensure complete coverage of the College's responsibilities.

- A list of priorities should be identified and an action plan prepared.
- The condition of each tank should be checked on an annual basis and should be included as an item on the Planned Preventative Maintenance Schedule.
- Guidance to be published on the Safety Department website.

A detailed survey of Wye Campus has already been carried out and remedial actions identified (three of the tanks are illustrated in the photographs on this page).

Further information may be found on the EA web pages: http://www.environment-agency.gov.uk/commondata/acrobat/ppg02feb04_126893.pdf



Safety Department Staff Update

Mark Ramsay. We reported in the June edition of Health and Safety Matters that Mark was due to leave his post as College Radiation Protection Manager. Mark has now left the College but is currently being employed on a consultancy basis as a Radiation Protection Adviser to the College.

Ariana Hemara-Wahanui joined the Safety Department as Genetic Modification Safety Officer in July. Ariana will be covering for Una Sahye who is currently on maternity leave. She has a background in molecular biology and was formerly employed by the Ministry of Agriculture and Forestry in New Zealand. Contact details:
Phone 020 7594 9426;
E-mail: a.hemara@imperial.ac.uk.



Accidents

Rohini Gowtham, Accident Investigation Officer

Accident Categories

We received some feedback following the June edition of the Newsletter enquiring about the accident statistics and categories, particularly asking for us to expand upon how 'major' accidents are categorised and to confirm what kind of distribution would be expected with regard to the graphs. We will attempt to answer these questions below:

Distribution

Not surprisingly, we would expect a minor > moderate > major distribution. This is consistent with various accident prediction models such as *Heinrich*, whereby a pyramidal shape is predicted with the 'minors' at the base and the 'majors' at the apex. Heinrich's figures (right) are not definitive and include 'non-injury' accidents (what we define as dangerous occurrences) but the graphs illustrated opposite largely conform to this pattern with the 'minors' heavily outweighing the 'majors' in the majority of cases.



Accident Ratings

It is important to recognise that the accident ratings summarised in the box at the foot of the page is an internal College rating system designed to broadly group accidents according to severity. It is worth noting / reiterating the following points:

- All HSE reportable injuries are classified as 'major' but not all 'major' accidents are HSE reportable.
- All lost-time accidents are classified as 'major' since they have an economic impact upon College activities irrespective of the nature of the injury / harm that has caused the person to be absent.
- Additional weighting has been given to accidents involving members of the public to reflect the greater duty of care we have towards visitors. Therefore, any accident involving a member of the public on College premises is classified as 'major' irrespective of whether it is HSE reportable (reportables would be accidents resulting from issues with the premises e.g. poor maintenance or in association with College activities).
- An accident involving four individuals having a single cause would generate four separate accident reports. This is because their injuries may differ, their personal information needs recording separately etc. Accidents are therefore a 'head-count' of persons injured or suffering harm. Fortunately, multi-casualty accidents are rare in the College.

More detailed accident summaries are distributed to key College staff on a monthly basis. These summaries break down the accident types into RIDDOR categories as used by the HSE.

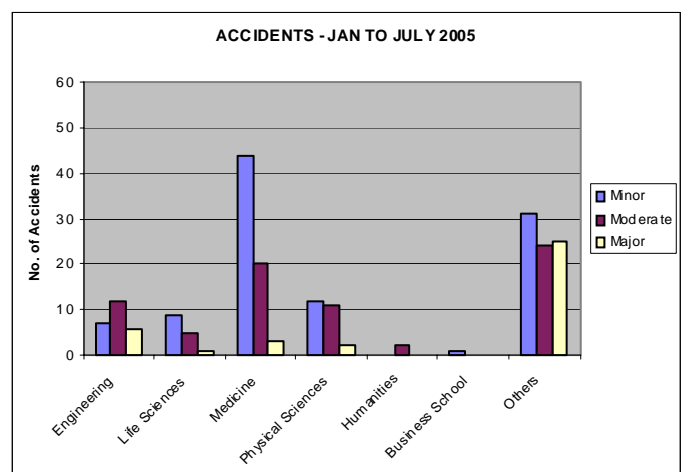
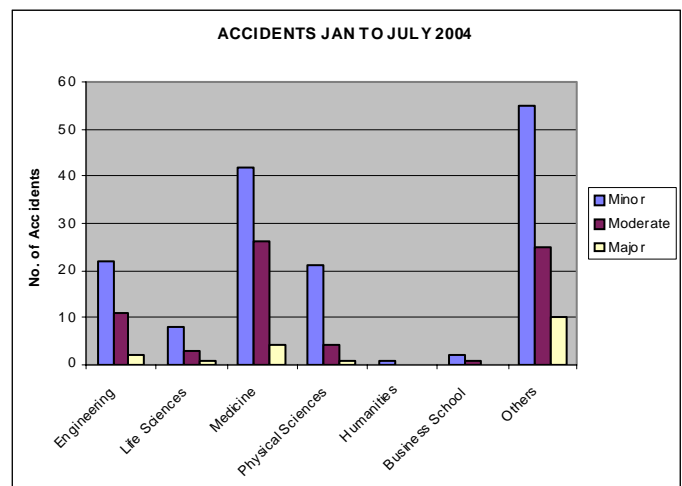
Guidance on completing accident and dangerous occurrence reports can be found on the Safety Department web pages:

https://www.imperial.ac.uk/spectrum/safety/internal/services/guidance/accidents_guidance_note_mar05.htm

Accident Statistics

	Jan-July 2004	Jan-July 2005
Total incidents reported to the Safety Department	239	215
Total incidents reported to the Health and Safety Executive in accordance with RIDDOR 1995	12	12

Comparison Graphs January to July 2004 vs. 2005



*Please Note: some minor errors were evident in the graphs shown in the June Newsletter—these have now been corrected for the updated graphs in this edition.

Accident rating:

Minor: No treatment required / First Aid.

Moderate: Visit to Occupational Health / GP / Health Centre or A&E.

Major: HSE reportable / Lost time (up to 3 days) / member of public taken to hospital for treatment.

European Health Insurance Card

Claire O'Brien, Occupational Health Advisor

If you are a UK resident you are entitled to any medical treatment which becomes necessary, free or at a reduced cost, when temporarily visiting a European Union (EU) country, Iceland, Liechtenstein, Norway or Switzerland. Only treatment provided under the state scheme is covered. However to obtain treatment you will need to take a completed Form E111 with you, which you can get, free of charge, from your nearest post office. Please note: Not all UK residents are covered in Denmark, Iceland, Liechtenstein, Norway or Switzerland. Please ensure you have a revised E111, issued after 19 August 2004, for each member of your family. A revised

E111 can be identified by it having an expiry date of 31 December 2005. After 31 December 2005, a European Health Insurance Card (EHIC) will be required.

More information can be found at:

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/TreatmentAbroadHealthCareWithinTheEEA/fs/en>



Frequently Asked Question:

What precautions should be taken when removing sample vials from liquid nitrogen?

The danger of exploding cryovials caused by conversion of liquid nitrogen into the gaseous form upon warming is well recognised, though only one formal report has been received by the Safety Department within the last year.

A number of precautions may be taken to minimise the risk of explosion or to limit the consequences should such an event occur:

1. Pre-cool the vial containing the sample before immersing into liquid nitrogen e.g. hold at -80°C for 2-3 hours.
2. Store the vials in the vapour phase rather than immersing. However, this is sometimes unpopular with users since:
 - It tends to make the 'topping up' protocol more complicated.
 - There is less confidence that the relatively higher temperature will preserve long term viability to the same degree. Temperatures in the vapour phase are likely to fluctuate, perhaps between -120 to -195°C (liquid phase is -196°C).
3. Polypropylene tubes come in different types—internally threaded, externally threaded and some have butyl rubber 'o' rings. It is difficult to gather data on what types are better for immersion—consult the manufacturers for further information.
4. Consider placing the vials inside *cryoflex* tubing before immersing (see *Nunc* website below). This does however, involve heat sealing the tubing and also using a scalpel to remove it after thawing, so arguably results in a more complicated process and introduces an additional hazard (sharps injuries account for more accidents in the College than exploding vials!).
5. Always wear appropriate PPE when removing vials from liquid nitrogen e.g. cryogloves, full face visor and lab coat.
6. Place the vial inside some form of secondary containment (e.g. sandwich box + lid) immediately after removing from liquid nitrogen to allow it to thaw. If the vial is going to explode, it is likely to do so very soon after removal. This is probably the simplest precaution that can be taken to contain any potential release.

See the *Nunc* website for cryovials and other products: <http://www.nuncbrand.com/page/en/10683.aspx>.

Blackberry Thumb

Brondwyn Dee, Occupational Health Audit Officer

Do your thumbs hurt?

If you're using a hand held device such as a mobile phone or blackberry to send text messages, you may be at risk of developing "Blackberry thumb." Anything that causes repeat motion can predispose someone to injuries of various sorts, whether it is tendonitis or aggravating underlying arthritis.

The most obvious problem is tendon injuries. If thumbs are repeatedly bending then the tendons begin to rub as they are stretched over the knuckle joint. Eventually this leads to swelling and pain.

Tendon injuries can be difficult to get rid of and once you have had one then you are often susceptible to it happening again. The main conditions are:

- Trigger thumb (tendonitis from excessive bending of the thumb on little devices & the computer mouse).
- DeQuervain's tenosynovitis (from pressing keys and the space bar with your bent thumb).
- Carpal Tunnel Syndrome (from repetitive and forceful grasping with the hands and repetitive bending of the wrist).

What's the treatment?

1. Stop thumb typing. The condition eases once thumb typing stops. The recommendation is generally to rest the thumbs and to use a normal keyboard for typing longer messages.
2. Take lots of breaks and stretch the fingers regularly.
3. Find a phone that feels comfortable and listen to your body. If you start to get aches and pains then do something about it early on.
4. Contact the Occupational Health Service for advice if the pain does not seem to be easing.



Contact Details

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If you have any comments or suggestions for inclusion in future Newsletters please contact the editors:

Brondwyn Dee
 Occupational Health
b.dee@imperial.ac.uk

or

John Luke
 Safety Department
j.luke@imperial.ac.uk

Training

Christine Wright, Assistant Safety Director

The 2005/6 Health and Safety Education and Training Programme, which now includes online booking facilities, has been available since 1st August 2005 on the following web page:

<https://www.imperial.ac.uk/spectrum/safety/services/training/courses/index.htm>

Although a wide range of sessions is provided, many with external certification, please contact c.m.wright@imperial.ac.uk if the topic you require is not there. Also, if you miss an event, it is always worth enquiring if there is demand for a repeat session, for example, by the time you read this, you may have just missed the annual legislative update for NE-BOSH certificate holders, on 21st September 2005. During the European Week for Safety and Health at Work 2005 from 24th October, there will be an event in connection with Noise in the Workplace.

Departmental and Divisional Safety Officers may also wish to note that the next meeting of the Safety, Health and Radiation Users' Group (SHRUG) will be held on Wednesday, 7th December. This is an opportunity for keeping abreast of developments and includes networking and light refreshments.

Visitors, (i.e. non-members), are welcome to attend the Institution of Occupational Safety and Health London Metropolitan Branch meetings held at King's College London, Waterloo Campus, on the second Tuesday evening of the month and there's an excellent free buffet at the December meeting. Finally, NE-BOSH Certificate holders will soon be eligible for the new IOSH designation of TechIOSH. Further information on both matters may be obtained from Christine Wright.



Biosafety Training with the HSE

Biosafety training workshop for Divisional Safety Officers

28 September 2005

The Safety Department and the Health and Safety Executive are running a workshop-based training session focusing on three of the key roles for DSOs; the review and approval of risk assessments, monitoring of work within Divisions and formal inspection and audit. The session will focus on biological safety.

Training Schedule & Events — October / November

Below is a selection of forthcoming courses. The complete list for this term is too comprehensive to include here—please consult the training programme link (above) for the entire range.

October		November (continued)	
Radiation Protection (SK)	5th	Computer H&S for Users & Assessors (Occ. Health) (SK)	15th
Woodworking Machine Safety (SK)	5th	Manual Handling (Occ. Health) (SK)	22nd
Field Trip Safety (SK)	6th	Cryogenics (SK) / Regulators (H)	23rd
Food Hygiene (Occ. Health) (SK)	6th	First Aid Co-ordinators (SK)	29th
Laser Safety (SK)	12th	H&S for Academic Supervisors (SK)	30th
Computer H&S for Users (Occ. Health) (SK)	18th	Extracts from delegates' appraisal comments from some of last year's training courses: <i>'the teaching sessions have been lively and informative'</i> ~~~~~ <i>'good use of time'</i> ~~~~~ <i>'very interesting and enjoyable course'</i> ~~~~~ <i>'relevant to my work'</i> ~~~~~ <i>'the discussion groups get you thinking'</i>	
Biosafety Modules (SK)	19/26th		
Gas Safety 'Tasters' (SK)	20th		
November			
Food Hygiene (Occ. Health) (Student Union)	2nd		
COSHH (SK)	3rd		
Infectious Substances Transport (SK)	15/16th		