Imperial College London

Health and Safety Matters

OCCUPATIONAL HEALTH & SAFETY NEWSLETTER

Issue 4
March 2006

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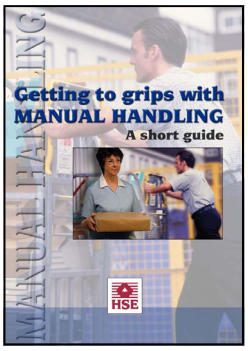
Manual Handling Audit

Elisa Onuoha, Occupational Health Adviser



The Occupational Health Department is currently undertaking an internal audit of the manual handling activities carried out within the College to establish how they are organised within departments. The information will be gathered by questionnaire.

The questionnaire is currently being piloted on 20 departments across campus. The results of this pilot will help define the questionnaire that will be used when circulated to all departments in March 2006.

The aim of the audit is to:

- Assess how departments control the health and safety risks of manual handling
- Assess how these controls match the requirement of the Manual Handling Regulations
- Assess the appropriateness of current College Manual Handling Policy

The questionnaire has been structured so that specific information on training, risk assessments, equipment information and provision will be assessed.

The information gathered will be used to improve practice and compliance and improve on current training.

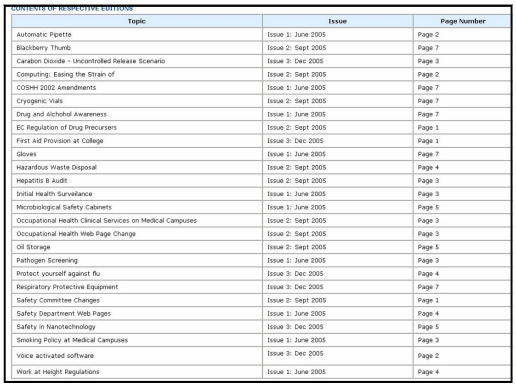
Newsletter Archive

This edition of the joint Newsletter marks the fourth in the series and completes the first year of publications. At the concept stage we were uncertain as to how many pages would provide the optimum read, but eventually settled upon eight. Whilst we will not commit indefinitely to eight-page publications, we have had no shortage of subject material to enable us to fill a publication this size to date.

All back issues of the Newsletter will remain available in electronic format on the Occupational Health website. This is supplemented by an alphabetical list of contents by topic indicating the issue and page number where the article can be found.

An electronic archive of the *Frequently Asked Questions* section will also be maintained on the Safety Department website as another point of reference.

If you have any further suggestions on how we can continue to improve the Newsletter, please contact the Editors.



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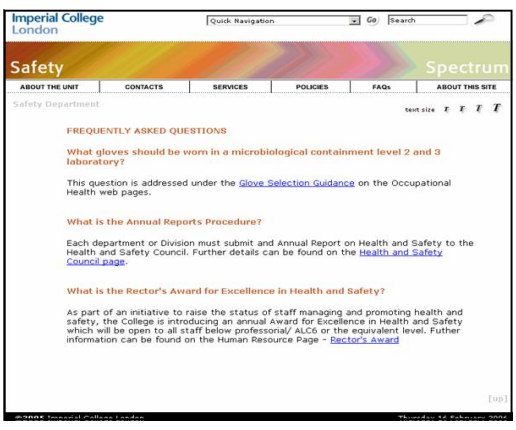


Skin Care at Work

Claire O'Brien, Occupational Health Adviser

At work we expose our skin to a range of hazards; dry air, repeated washing, chemicals & sun. Even when we try to protect our hands with gloves the skin can become tight and dry. There is a delicate balance to be maintained in cleansing and protecting the integrity of the skin while preventing damage such as dermatitis. Prolonged exposure to some substances, even hot water, can challenge the skins protective mechanism.

Work Place Hazards

There are two main classes of hazards when it comes to the skin:

1. Physical

Direct and indirect **heat** can alter the makeup of skin cells altering the amount/nature of natural fats on the surface. **Cold** can reduce the circulation to the periphery and can result in dry skin. **Sun** UVA & UVB rays can burn the skin, cause dryness and skin cancer. **Wind** can also exacerbate the effects of cold and UV light. **Sharp items** break the continuity of the barrier and allow microbes to access the body. **Excessive moisture** (including sweat) can both irritate it and increase its permeability. **Abrasive materials** can rub away the outer surface exposing the more delicate dermal layer as well as nerve endings and capillaries.

2. Chemical

Chemicals can enter the body through the skin by permeation (movement through the skin without causing visible damage) or through damaged skin (i.e. cuts, abrasions, etc). An individual's reaction to chemicals varies especially if they have skin allergies. Broken skin conditions such as eczema and dermatitis may increase chemical absorption. Chemical groups to be aware of are;

- Acids and Alkalis can damage the skin by burning it. Some toxic chemicals can be absorbed through the skin (e.g. phenol).
- Solvents and mineral oils break down the lipid structure increasing the permeability of the skin as can detergents (e.g. dish & hand washing liquids).

Protecting your Skin

The easiest way to prevent damage is to cover skin with a layer of protection; we recommend an appropriate gloving material:

http://www3.imperial.ac.uk/pls/portallive/docs/1/52650.PDF.

The choice will depend on the hazard, length of exposure and the amount of dexterity required when undertaking a task.

Pre work barrier creams which are marketed as protection against various substances are ineffective. They are not considered a reliable form of personal protective equipment as it is difficult to assess compliance and they may be rubbed off during work tasks. Applying pre work creams will however make it easier to remove dirt when cleansing, reducing the necessity for abrasive scrubs and powerful detergents.

Cleansing

When the task is completed the hands should be cleansed with a suitable cleanser. Water is insufficient and may spread contaminants rather than remove them. When washing hands, it is important to wet your hands thoroughly and to rub the appropriate cleanser around the thumb, between the fingers and particularly around the finger nails. The skin must be well rinsed and gently but thoroughly dried. Damp hands transmit 500 times more bacteria than dry hands. Research has demonstrated that drying hands on high quality paper towels is the best solution.

In the clinical setting, alcohol gels are used to remove microbiological contaminants. They reduce the risk of frequent but ineffective hand washing. The gel must be allowed to dry completely before replacing gloves or resuming patient contact in a hospital setting.

Restoring Moisture

Emollients (moisturisers) reduce water loss from the outer layer of the skin by covering it with a protective film. This helps to retain the skins moisture. Emollients are very safe, they are not active drugs and do not get absorbed through the skin into the body. There are many types and brands of emollients ranging from runny lotions to thick ointments.

How to select an appropriate emollient?

Emollients vary from being very greasy (ointment) to less greasy (cream). The difference between lotions, creams and ointments is the proportion of lipid (oil) to water. The lipid content is lowest in lotions, intermediate in creams, and highest in ointments. As a general rule, the higher the lipid content (the more greasy and thick the emollient), the better and longer it works.

If mild skin dryness is experienced, then a lotion or cream may be the most suitable option. A thicker cream or an ointment is usually best with moderate to severe dryness. Creams are usually less messy but need to be put on more regularly than ointments. A lotion is often best for hairy hands.

When should emollients be applied?

Emollients must be applied as often as needed to keep the skin supple and moist. This varies between individuals, depending on how bad the skin dryness has become . A good starting point is to apply 2-3 times a day, but some people may need to increase this to up to every hour if the skin is very dry. A common mistake is to stop using emollients when the skin appears to be in good condition.

What to do if you experience any difficulties with your skin?

If sensitivity to an emollient is suspected, try switching to an ointment as ointments usually do not contain preservatives.

Contact the College Occupational Health Service on 020 7594 9401 or occhealth@imperial.ac.uk for advice.

Care First

Sheila Boyle, Occupational Health Manager

Care First is an independent company which provides free confidential counselling, help and information services 24 hours a day to Imperial College and MRC/CSC staff.

When you telephone Care First Counselling your call will be answered by a fully qualified counsellor. All counsellors have experience in dealing with workplace and domestic issues. Telephone based support is also available to immediate family members.

You can discuss your concerns over the phone, or you can arrange to see someone face to face away from your home or work, usually within 48 hours of requesting it.

Some of the typical issues presented are difficult situations at work, personal relationship problems, money/debt concerns, housing or caring for children, teenagers or elderly relatives. Legal matters can also be clarified by Care First Information.

All sorts of concerns can affect your health and wellbeing. Pressure at work, family rows, a sick relative, bereavement, money matters, for example. If not managed effectively, these can lead to anxiety, depression or difficulty with coping effectively. Many of us struggle without realising it, or knowing what to do.

The counsellor will help you to clarify your situation and the impact this is having on your work or personal life. After exploring what you want to achieve, the counsellor helps you to weigh up all the possible options and potential risks before you make any decisions. The approach in dealing with problems is non- judgmental.

Care First can also provide information leaflets on dealing with Debt, Bereavement, Childcare, Drinking, Elderly Relatives and Family Breakdown.

Care First Lunch Time seminars:

15 March 12.00-13.00 and 13.00 -14.00
Pippard Lecture Theatre, Sherfield Building. South Kensington Campus

To use the service : **Care First on freephone 0800 174319 (24 hours/day).**

Clinical Research Office

The Safety Department would like to take the opportunity to promote the activities of the Clinical Research Office. Whilst the Safety Department is concerned with the various approvals and procedures associated with the work itself and the subsequent protection of the employee, the CRO is concerned with patient related matters. The application of recognised regulations and guidelines is similar and staff from both departments met recently to discuss common issues.


Imperial College London

Clinical Research Office Newsletter

November 2005

Welcome to the First Newsletter

The Clinical Research Office

CRO Update

The CRO was set up to help the College and our associated researchers meet the requirements of research governance - the broad range of regulations, standards and guidelines that exist to achieve and continuously improve research quality. By healthcare research, this mean ANY health-related project involving humans, their tissue and/or data.

Examples of such research include:

- Analysis of data from patient's notes
- Conducting surveys and observational studies
- Using non-invasive imaging or blood/tissue samples
- Inclusion in trials of medical devices/investigational medicinal products

NEW Support and Advice Services in Research Governance

The Clinical Research Office now has two Research Facilitators in post, Paula Nicholson and Patricia Henley, to advise on the set-up, authorisation and coordination of healthcare research projects.

Working closely with Research Services, the Facilitators are able to provide College researchers, Trust staff with an Honorary College contract and support staff, with expert advice and support on research governance including, for example:

- Internal College authorisations required before starting a healthcare study or trial
- Regulatory registrations
- Sponsorship for research projects
- Indemnity and insurance
- Ethical review
- Protocol design and review
- Scientific peer review

For more information, see the Clinical Research Office website: www.imperial.ac.uk/clinicalresearchoffice

Step out to work out

Dougie Mason, Audit and Information Officer

After consuming lots of food, drink and family size tins of chocolates over the festive period, there is no doubt that one of the top New Years resolutions was to get those trainers on and get more exercise. However, many of us fail to motivate ourselves. Well, Imperial is here to help you with its free pedometer giveaway.

As part of a Sport Imperial initiative, the Occupational Health Service is promoting the use of pedometers to help increase the number of steps you take in a day.

It is recommended that we engage in 30 minutes of moderate intensity physical exercise, at least five days per week. Walking is a sustainable form of physical exercise which can help meet these recommendations. It is flexible, enjoyable, inexpensive, carries a low risk of injury, burns calories and helps to tone muscles: a great way to get fit and stay healthy.

Not only are there great health benefits to be had from regular exercise, like reducing the risk of heart disease, obesity and depression but you will look and feel better too.

How many steps a day?

In order to promote good health and wellbeing, current guidelines recommend 10,000 steps per day as an appropriate exercise target. However, research suggests that a majority of people only walk between 2,000 and 6,000 steps a day.

No matter what fitness level you are starting from, you can gain health dividends simply by increasing your daily steps.

How can I measure the number of steps?

Measuring only leisure-time activity may underestimate your daily exercise levels. A better approximation of total physical activity is achieved when including work-based exertion. This can easily be measured using belt-worn pedometers which are available to staff, free of charge, from the Occupational Health Service and the Sports Centre.

What is a pedometer?

A pedometer is a simple way to measure the distance you walk everyday. It operates on a battery and measures each step by the vertical movement at the hip. Pedometers can provide immediate feedback for goal setting, self-monitoring, and motivation to help you become more physically active. Using a pedometer to measure the number of steps you take in a day is a good way to start a physical activity program and a good way to track your progress.

To work properly, the pedometer must be in an upright, vertical position: it will not provide an accurate measure if it is kept in your pocket.

How to get started

Start by wearing your pedometer everyday and record your daily steps. At the end of the week, calculate your daily average. If it is lower than 10,000 steps, try increasing it by 5 to 10 percent every week until you reach the target.

To get your free pedometer, contact Nick Gore, Sports Development Officer or the Occupational Health Service.

For more information, follow the link below:

https://www.imperial.ac.uk/sports/development/everydaysport.htm

sport Imperial

Here are just a few tips on how to increase your number of steps as part of your daily routine.

- Get off the bus or tube a stop early
- Use the stairs instead of the lift
- Park a little further away when possible
- Take a walk at lunchtime
- Walk around whilst on your mobile
- Walk to meetings on campus
- Speak to colleagues at work instead of emailing

Dust Masks Work

Dr Alan Swann, Occupational Health Director

The latest health surveillance for occupational allergy in Imperial College bio-medical research facilities identified only 3 new cases of allergy amongst the c.550 researchers and technicians included in the survey.

There is a risk that dust particles from soiled bedding can, if breathed in, provoke the development of allergies such as rhinitis and asthma. The facilities have high specification ventilation systems to keep dust levels as low as practical but it is difficult to prevent all exposure.

Two years ago, Imperial College adopted a policy of compulsory use of dust masks for work in bio-medical facilities to try and reduce exposure. Since then, the number of new cases has dropped from around 10 per surveillance to around 3. The allergic problems detected are also less severe than before. Of the three cases identified this time, only 1 person had symptoms.

Updated OH guidance information

Information on First Aid and Skin Care at Work has been updated and can be accessed through the Occupational Health website.

www.imperial.ac.uk/occhealth/guidanceandadvice/skincareatwork

www.imperial.ac.uk/occhealth/guidanceandadvice/firstaidinformation

Off Site Working

Ian Hackford, Division of Medicine Safety Officer

Are you an offsite worker? Before you answer, consider this definition for offsite activities: *'any external teaching, research, study or other work carried out by Imperial College staff, students or visiting research workers on College business in places or premises which are not rented or owned by Imperial College and over which the College does not exert direct control'.*

With such a broad and lengthy definition, this can and does cover everything from true "field" situations such as geological surveys, mining, boating, taking blood samples from patients in rural Africa and trekking through jungles to the more mundane scenarios such as attending conferences and working from home.

However, each activity is unique and comes with its own range of hazards and risks which are heightened by the potential lack of local resources and the distances and timescales involved in getting help if something does not go as planned.

Consequently, offsite working can carry some of the greatest risks to the health and safety of College staff. There have been a number of near misses in recent years. These include a group of researchers in a vehicle convoy being shot at with assault rifles before being held and robbed at gun point; contracting serious infectious diseases including malaria and robbery at knife point. There have also been a incidents where College staff have been involved in road traffic accidents.

You will not be surprised to learn that Imperial College Policy requires that the risks arising from offsite work are rigorously assessed and precautions implemented before engaging in the activity. Academic Heads of Departments are responsible for health and safety within their departments and thus ensuring that any offsite activity is properly planned, all the risks assessed and that staff conducting the research are competent to do so.

In order to provide support for Academic Heads of Departments, an 'Ad hoc' offsite work consultative committee has been recently formed with the initial remit of reviewing draft College Policy and guidance on carrying out offsite activities. These documents will be available to the College via the Safety web pages in the near future. The College Occupational Health Service is also planning a survey of offsite activities.

Here is a summary of the salient points that will be covered in the documentation shortly to be introduced:

- Appoint an offsite work supervisor.
- Ensure that the Department complies with the requirements of the Imperial College Policy on offsite working.
- Ensure that checklists and risk assessments are completed and are suitable and sufficient for the activity.
- Precautions mentioned in the risk assessments must be feasible and able to be implemented.
- Ensure that Codes of practice and standard operating procedures are in place
- Ensure that risk assessments and associated documentation are reviewed as required by the nature of the work.
- Liaise with the College Insurance Officer to ensure that insurance cover is appropriate for the work activity and for the location in which it is undertaken
- Liaise with Occupational Health to ensure that medical arrangements are in place that are appropriate to the level of risk arising from the work activity.

CARPET CORNER

Is this the first carpeted biological containment laboratory in the College?

This newly refurbished lab was 'discovered' during an inspection by a local Safety Officer. It's intended use was the sectioning, mounting and staining of human and animal tissue samples. Predictably, the laboratory remains out of service until a more appropriate floor covering can be installed.

Accidents

Rohini Gowtham, Accident Investigation Officer

A lesson to lessen the risk?

The Safety Department has been exploring how to disseminate safety information on specific issues that have a broad relevance to the College in a more concise and eye-catching way than e-mail notifications.

The format currently under consideration is an A4 '*Risk Reduction*' notice (see image below) which can easily be disseminated in electronic format and subsequently printed for inclusion within documentation or display on notice boards.


Imperial College London

Risk Reduction
Safety Department Notice

Filtration of hazardous substances using syringe filters

Over-pressurising syringe filters causes filter and syringe to separate.

This leads to a rapid and significant release of the contents of the syringe.

If the contents are hazardous then such a release can result in harm to the worker or others in the vicinity.

Tips on reducing risk:

1. Reconsider whether filtration is really necessary
2. Consider using alternatives to syringe filters such as vacuum or centrifugal systems
3. If syringe filters must be used;
   - Use Luer lock fittings on both filter and syringe – unlike in the photograph above in which the syringe has no Luer lock
   - Use the largest filter pore size possible
   - Dilute the sample so that the sample passes through the filter with the least resistance – but beware of large volumes
   - Use the least force necessary
   - Use a safety cabinet or fume cupboard. Ensure the syringe filter is held to the rear of the cabinet or cupboard
   - Wear eye protection

We anticipate that a significant percentage of these notices will be generated as a result of accidents or dangerous occurrences that have been reported to us, though they will also be used to convey the application of best practice and new technologies as they emerge. The first example is likely to concern the use of syringe filters for filtration of hazardous substances since we have received accident reports recently which involve this activity. The gist of the text will take the following format:

Title: *Filtration of hazardous substances using syringe filters*

Hazards: *A brief summary of the hazards associated with the activity i.e. exposure to hazardous substances as a result of the filter becoming separated from the syringe.*

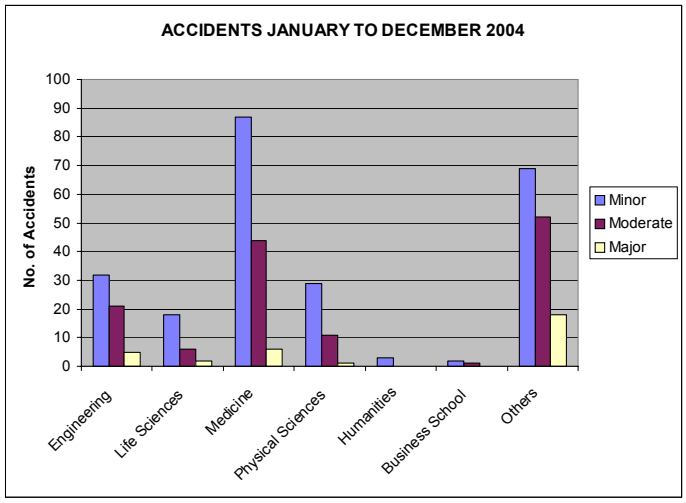
Tips on reducing the risk e.g.

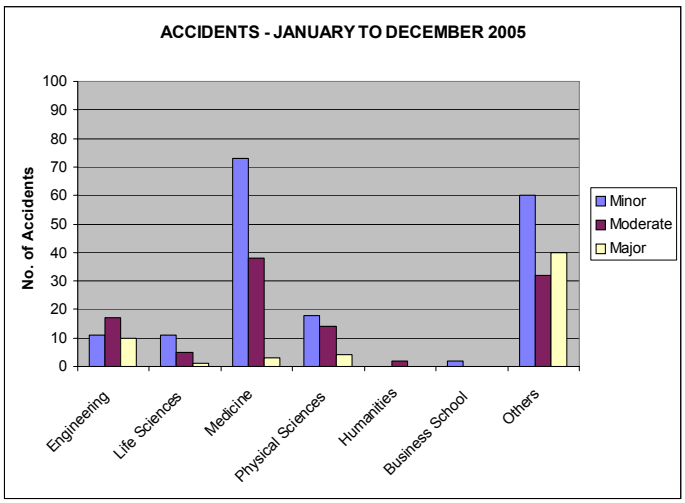
- *Reconsider whether the activity is really necessary.*
- *Consider alternatives to syringe filters e.g. vacuum or centrifugal systems.*
- *Wear appropriate PPE.*
- *Use a syringe with a Luer lock.*
- *Select a filter having the largest pore dimension possible for the sample being filtered e.g. do not attempt to force a sample containing 100um particles through a 0.05um filter.*
- *Dilute the sample prior to filtration so that the sample passes through with least resistance (but beware of introducing additional risks where larger volumes may be produced).*
- *Use the minimum force necessary.*
- *Use in a safety cabinet or fume cupboard.*

Accident Statistics

	Jan-Dec 2004	Jan-Dec 2005
Total incidents reported to the Safety Department	407	341
Total incidents reported to the Health and Safety Executive in accordance with *RIDDOR 1995*	20	23

Comparison Graphs
January to December 2004 vs. 2005





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.

Safety Department —Staff Update

Brian Robertson has been promoted to the position of College Radiation Protection Manager / Adviser. Recruitment procedures have commenced to fill the post of Radiation Protection Officer that Brian has vacated.

Ka-yan Cheung has joined the Safety Department Training Section as Admin Assistant. Ka-yan replaces Lisa Hall who left in November.

Contact: 020 7594 1677; k.cheung@imperial.ac.uk

Frequently Asked Question:

What are the College approved First Aid measures for phenol exposure?

First Aid measures for phenol have traditionally been somewhat confused and this has been evident in the enquiries that have been received within the College concerning this subject.

Skin contact: For small splashes (< a couple of square centimetres), water should be applied at a high flow rate for 10-15 minutes to rapidly wash off the phenol. Mains water has the advantages of being readily available and has no shelf-life like other applications—it is also a natural reaction to flush with water when something has come into contact with the skin. For larger exposures (e.g. sufficient to saturate clothing or cover more than a hand or forearm), PEG may be applied. PEG (300 molecular weight) is normally diluted in readiness for application—a 50% aqueous solution or 70%/30% PEG/IMS have been quoted as alternatives. PEG sometimes goes by the commercial name of *Macrogol*. Where large volume exposure is deemed a risk, PEG needs to be prepared and readily available for use.

Eye contact: Rinse immediately with copious quantities of running water. **Do not apply PEG**. Obtain medical assistance as soon as possible.

Inhalation: Phenol has a low volatility and it's vapours are heavier than air. It also has an odour threshold way below it's Workplace Exposure Limit (WEL) of 2ppm therefore detection before it reaches a hazardous level should be possible. Anyone exposed via inhalation should remove themselves (or be removed) from the source of exposure to fresh air. Obtain medical assistance if difficulties are experienced.

Ingestion: This is the least likely route of exposure. In the unlikely event of phenol being ingested, wash the mouth out with water and obtain medical assistance.

As always, the priority is to reduce the likelihood of exposure in the first place. This should be achieved by the standard *COSHH* practices including: elimination / substitution with a safer alternative; minimising the quantity used; use of local exhaust ventilation; use of appropriate PPE; safe storage etc.

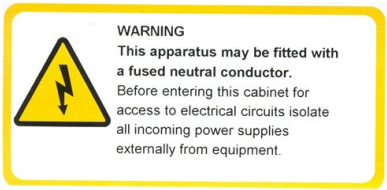
European Wiring Issues

Despite increasing harmonisation between European and UK electrical standards, one key difference remains. Many items of European equipment will be manufactured and possibly even fitted in the factory with linear two or three pin plugs that can be inserted into a wall socket either way round. As a result, European scientific equipment is often fitted with integral fuses on both the Live and Neutral conductors (see diagram below):

The problem is that the UK IEE Regs (BS7671) does not usually allow the fitting of a fuse on the Neutral conductor and as such, engineers in the UK will not necessarily be aware that there may be a fuse on the Neutral. The risk therefore, is that should such a piece of equipment fail electrically, it is possible that this may be because the Neutral conductor becomes disconnected leaving the apparatus with a Live conductor but with the appearance of being disconnected from the mains source.

In this event no attempt should be made to investigate and remedy the problem until the apparatus has been isolated from the power source by means of an upstream device located externally from the equipment.

Purchasers should be aware of the above problems and it is recommended that a warning label similar to the one displayed here be attached to all apparatus with double pole fusing (this sign is available from the Safety Department).



An additional ramification of the practice of protecting both conductors in equipment is that certain manufacturers pay less attention to the colour coding of Live and Neutral wires (on the grounds that both are fused therefore interchangeable). Purchasers of European manufactured equipment are therefore advised to seek reassurance that the equipment and the socket attached is wired in accordance with BS7671 and not wired as in the diagram below:

Contact Details

Occupational Health

Level 4
Sherfield Building
South Kensington
London SW7 2AZ

PHONE:
0207 594 9401
FAX:
0207 594 9407
E-MAIL:
occhealth@imperial.ac.uk
WEBSITE:
www.imperial.ac.uk/occhealth/

Safety Department

8 Prince's Gardens
South Kensington
London SW7 2AZ

PHONE:
020 7594 9423
FAX:
020 7594 9424
E-MAIL:
safety-dept@imperial.ac.uk
WEBSITE:
www.imperial.ac.uk/spectrum/safety/

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

Dougie Mason
Occupational Health
douglas.mason@imperial.ac.uk

or

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

Training

Christine Wright, Assistant Safety Director

Each year, in the spring term in particular, specialist health and safety training courses take place in addition to the broader spectrum sessions. Examples (with dates) are:

- Local Exhaust Ventilation (21.02) - often thought of as fume cupboards only but broader than this.
- Gas Safety - Cryogenics and Regulator Workshops separately (22.02) - both theory and practical (see photographs).

Dispensing liquid nitrogen

Fitting gas regulators and Connections

- Slings, Hoists, Rigging and Mechanical Aids (08.03) - essential prior to use of these types of equipment and harnesses.
- Tower Scaffold (15.03) - competence needs to be proven with recertification every three years.
- Safe Practice With Woodworking Machines (03.04) - good practice and current developments.
- Ensuring Laser Safety (05.04) - an update for laser supervisors.

If your area of work is not represented above, please contact us since others may have similar interests which may warrant consideration. We are preparing the 2006/7 programme now so suggestions are welcome to c.m.wright@imperial.ac.uk and e.miranda@imperial.ac.uk

All course bookings, whether single or multiple should be made online via: https://www.imperial.ac.uk/spectrum/safety/services/training/index.htm .
Delegates should remember to complete their *Record of Health and Safety Training Passport* when courses are completed. This represents a personal record of attendance.

STOP PRESS!

Best ever NEBOSH Certificate Results
December 2005 results included:
8 Distinctions; 4 Credits and 5 Passes.

Training Schedule & Events

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.

April 2006		**May**	
Safe Practice with Woodworking Machines (SK)	3rd	Computer Health for Users (SK) (*Occ.Health*)	4th
Asbestos Awareness (SK)	4th	Coordinator and Assessor Updates (Hammersmith) (jointly with *Occ. Health*)	8th
Ensuring Laser Safety (SK)	5th	CIEH Supervising Health and Safety (SK)	9th,16th & 23rd
Radiation Protection (SK)	5th	CDM Regulations (SK)	10th
Fire Prevention (SK) (includes practical session)	26th	First Aid Refresher (Silwood)	24th
First Aid - Lifesavers (SK)	27th	Food Hygiene (SK) (*Occ. Health*)	25th
First Aid at Work Refresher (SK)	27th	Responsibilities for Academic Supervisors (venue TBC)	31st

Next issue of Health and Safety Matters: June 2006