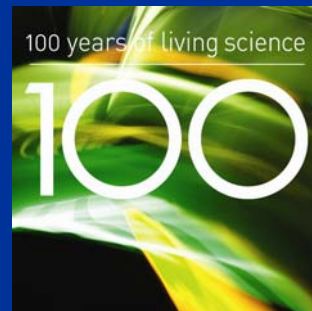


**Imperial College
London**

Health and Safety Matters



**Issue 9
September 2007**

.....

OCCUPATIONAL HEALTH & SAFETY NEWSLETTER

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Waste — flavour of the month

Waste features large in this edition of *Health and Safety Matters*.

In addition to the imminent launch of the College Healthcare Waste Policy (see article overleaf), the Facilities Management team, working closely with the College Safety Auditor, have recently embarked upon a wholesale waste survey centred on the South Kensington campus. The aim of the survey is to understand the types of wastes produced by the various faculties and facilities in the College and if, and how, departments deal with those wastes. It will be extended to other campuses in the near future.

The information gleaned will be used to inform the new College Waste Management Policy, as well as to produce a central web-based 'Waste Directory' which will give users the waste routes and procedures for all wastes produced by the College. In this way, there will be economy of scale, so that only one service provider will have to pick up from the sites rather than several, as currently happens and an entire load can be taken away rather than a part load. It should save time and money in administration and service costs.

Best laid plans

A hitch in the scheduling of the survey arose when the local councils threatened to withdraw their recycling facilities for glass and plastic because of fears that the hand-sorted waste streams were being contaminated with empty chemical waste containers. Establishing a laboratory glass collection system became a priority and a special treat was to inspect the contents of all the recycling *Eurocarts* on the South Kensington campus. These appeared to be full of *Winchesters*, champagne bottles and a few other unmentionable items. A library of photographs exist for those who wish to see

them. Emergency interim arrangements are being established at South Kensington and Hammersmith campuses. Other local authorities may follow suit and withdraw their recycling facilities which will further stretch our resources. There will inevitably be a few glitches so please be patient.

Innovative partnerships with suppliers

In conjunction with the Purchasing Department, we are also in discussion with our principal laboratory suppliers, with the aim of establishing a partnership with them to collect and recycle all packaging - not just 25 litre solvent drums, BDH *Winchesters* and their boxes and inners (if you were unaware of this system, please contact us for further details). So far, discussions with suppliers seem to have been very successful, with suppliers keen to be associated and their green credentials publicised as such, with what appears to be a new innovation.

World leader?

Waste issues are going to increase as environmental concerns increase and legislation responds to it. Imperial College has a number of academic departments which are expert in this field and should enable the College to become a world leader with its waste and environmental management strategies. Recent reports in the broadsheets (*THES* 7th June, *Education Guardian* 17th August), drew attention to the University green league table, published at:

<http://peopleandplanet.org/gogreen/greenleague2007>

which gave Imperial College a 2.2 "Must Try Harder", as it ranked joint 60th out of over one hundred and twenty other Universities. Although the study methods have been criticised:

http://en.wikipedia.org/wiki/Green_League_2007

its effects may be far-reaching if students vote with their feet. Watch this space to see what happens next.



Safe Disposal of Healthcare Waste

John Luke, Safety Adviser



All clinical waste goes to the incinerator behind the hospital doesn't it?

This is a common misconception amongst College staff who generate clinical waste as a routine part of their research, particularly those working on medical campuses. A large proportion of the clinical waste

generated by the College is disposed using authorised alternative non-burn technologies such as microwave / steam treatment or industrial autoclaves. Clinical waste that continues to go for incineration, does so via commercial waste contractors who convey the waste from College premises to suitably licensed facilities. Few hospitals still possess and operate their own incinerators on the premises—this includes all the hospitals that the College shares premises with. Don't be fooled by the presence of a residual chimney.....there won't be a clinical waste incinerator at the foot of it any more.

So what is healthcare waste—is it the same as clinical waste? Doesn't sound much like the sort of waste I produce in my laboratory—sounds more descriptive of hospital type waste.

Healthcare waste is waste from natal care, diagnosis treatment or prevention of disease in humans or animals. It includes:

- infectious waste
- laboratory cultures
- anatomical waste
- sharps waste
- medicinal waste
- laboratory chemicals
- 'offensive' / hygiene waste from wards or other health-care areas.

The term does not immediately spring to mind as being descriptive of waste produced by activities in universities. However, in line with new best practice guidance *The Safe Management of Healthcare Waste*, it does describe wastes produced in non-healthcare environments such as university research and teaching laboratories. For this reason—and the fact that our NHS Trust partners have adopted the term—it has been used as the title for the new College Policy and Code of Practice shortly to be introduced.

The term 'clinical waste' has not gone away. It still exists in the *Controlled Waste Regulations 1992* and describes wastes that are infectious or potentially infectious and unless rendered safe, pose a hazard to those that may come into contact with it. It can therefore be regarded as a large component of healthcare waste.

The term is well ingrained in our vocabulary and is likely to remain so—it is therefore still used where appropriate in our Code of Practice.

The *Safe Management of Healthcare Waste* document has introduced a number of other changes to the College system. These include the identification of waste types according to the European Waste Catalogue (EWC) - the codes replace the old Group A to E classification for clinical waste. Biological agents risk assessment forms (DP1 and DP2) now have an amended section for recording this information at the outset of the risk assessment process. Another change concerns the adoption of a national colour coding system for clinical waste packaging. There is now more variety than just yellow! The main difference affecting the College is that 'routine' clinical waste, for example, laboratory cultures that have been pre-treated by autoclaving before leaving the site, will now be contained in orange clinical waste bags rather than yellow. The yellow colour coding will be retained for any waste that specifically requires incineration as a final disposal method and cannot be disposed via alternative technology. This would include material such as anatomical waste that needs to be contained in yellow rigid wiva type bins (shown in image on right).



The fact that the College occupies multiple sites complicates the clinical waste disposal issue. On premises that are solely occupied by the College such as South Kensington, Royal Brompton, Silwood Park and Wye, the situation is relatively straightforward. The College operates the contract directly with the clinical waste disposal company, currently White Rose Environmental, who routinely dispose of all waste via their licensed incinerator. On the medical campuses, the arrangement is more complex whereby the relevant NHS Trust will normally hold the contract with the disposal company and the College buys into the Trust system. Polkacrest is the main company currently used by the various Trusts that we share premises with. Polkacrest routinely dispose of clinical waste by alternative technologies such as those mentioned earlier in this article. Any waste that specifically requires incineration therefore requires segregating at source so that Polkacrest can ensure that it receives the proper treatment. This usually means a separate journey to a third party (Grundon Ltd.) who operate a licensed incinerator. Simple isn't it?

All of the above issues are addressed in the Healthcare Waste Policy and Code of Practice that will soon be available on the Safety Department website:

<http://www3.imperial.ac.uk/safety/guidanceandadvice/biosafety/healthcarewaste>

Respect for others

Christine Yates, Equalities and Diversity Consultant



Since the introduction of the *Race Relations Amendment Act 2000*, and other equalities legislation, the College has made a great deal of progress towards embedding equality and diversity objectives into mainstream business planning processes.

Ongoing campaigns to promote the elimination of all forms of discrimination have been widespread,

particularly in regard to harassment, bullying and victimisation.

Currently, our Harassment Policy is being reviewed, taking feedback from the T.U. Reps and others who have had to use the policy to deal with complaints of harassment or bullying.

The policy was introduced as a framework document and to give a route and process for individuals wishing to make a complaint. Recognising the need for a safe place to explore options, a network of harassment support contacts was formed in 2003 to complement the informal stage of the policy.

Members of the network, who range from academics to professional and support services, respond to individuals (from outside the particular department or division) who believe they are being subjected to harassment, bullying or victimisation at work. The support contacts provide informal, confidential support, giving a safe place to explore options.

Gareth – one of the willing volunteers

One of the first academics to volunteer and who actively works to eliminate harassment is Gareth Parry. Along with a long association with Imperial College going back to days as an undergraduate in 1969, Gareth also gained experience working at UCL and Oxford. Gareth has had considerable experience of working with other disciplines and across departmental boundaries and is currently working in the Physics Department as Professor of Applied Physics. Professor Parry is an excellent role model who encourages a friendly, relaxed and productive working environment within which all members of the College community can fulfil their potential.



The support network hasn't been used much in the past 12 months, so in order to remind staff of this service we are holding Roadshows at all campuses in the week 3rd – 7th September 2007. South Kensington's is scheduled for Wednesday 12th September and will exhibit materials in the main entrance of the Tanaka Business School. Anyone passing will be invited to ask questions of the contacts, have a cup of tea and a cupcake, whilst getting to meet colleagues and champions actively committed to eliminating all forms of discrimination.

Full details of the policy and network contacts can be found on:

[https://www.imperial.ac.uk/spectrum/hr/hr_Info/policies/HarassmentPolicy June04.pdf](https://www.imperial.ac.uk/spectrum/hr/hr_Info/policies/HarassmentPolicy%20June04.pdf)

Care First: free information, advice and counselling service

Care First is a free counselling and advice service providing help and information services to Imperial College staff and their families. Calls to Care First are voluntary and confidential—you do not need to be referred and there is no feedback about individual consultations to College.

All Care First counsellors are fully qualified and have experience in dealing with a range of both workplace and personal issues. You can either discuss your concerns over the phone, or you can arrange an appointment with a counsellor close to your home or work, usually within 48 hours of requesting it. Telephone based support is also available to immediate family members who live with you.

Some of the typical issues presented are difficult situa-

tions at work including bullying and harassment, personal relationship problems, money/debt concerns, housing or caring for children, teenagers or elderly relatives. Counsellors can also provide information on legal issues.

After exploring what you want to achieve, the counsellor helps you weigh up all the possible options and potential risks before you make any decisions. The approach in dealing with problems is non-judgemental.



FREEPHONE: 0800 174319

are First

Employee Assistance Solutions

Working with hypodermic needles

Dr Alan Swann, Occupational Health Director



Inoculation accidents from hypodermic needles used to collect blood samples are common, and have potentially devastating consequences.

There are at least three serious viral infections: HIV, hepatitis B and hepatitis C, that can be transmitted through such accidents.

Last year, 11 needlestick accidents were reported in College. It is likely that many more incidents happened but have never been reported.

If your work involves human blood or serum, then you are at risk. You can reduce your risk by:

1. Follow safe sharps practice: never re-sheath a needle after use. Dispose of it into a sharps bin.
2. Get vaccinated against hepatitis B. Everyone working with human blood or serum should be vaccinated. You can be vaccinated at your campus occupational health clinic.

3. Use screened samples wherever possible. The National Blood Service can supply screened blood products at low cost.

<http://www3.imperial.ac.uk/safety/guidanceandadvice/biosafety/safeblood>

4. If you are collecting blood samples from volunteers, then ask them not to donate if they think they could be infected with hepatitis or HIV

The Occupational Health Service and Safety Department have detailed guidance on safe sharps practice and sample collection on their web pages.

See 'Blood-borne Infections'

<http://www3.imperial.ac.uk/safety/guidanceandadvice/biosafety/bloodborneinfections>

See 'Blood Donations for Research'

<http://www3.imperial.ac.uk/occhealth/guidanceandadvice/blooddonationsforresearch/>

If you have an inoculation accident, wash the wound and then attend your campus OH clinic immediately. If it happens outside normal working hours, go to your nearest A&E department. Prompt medical treatment can reduce the chance of infection, if present.

Stop Smoking Support Sessions

Throughout July and August, the Occupational Health Service organised on-site stop smoking sessions for both staff and students who wanted help in giving up smoking. During the seven sessions, attendees were given information on coping strategies to assist them in stopping and advice on how to deal with a relapse.

The sessions which are run by Westminster Primary Care Trust also provide a one-to-one service for those who do not wish to participate in the group support sessions.

If there is further interest in the on-site group support sessions, Westminster Primary Care Trust have agreed to run more in the future. Anyone who is interested in attending any future sessions or wants further information regarding the support group sessions should contact Lucy Wakefield on l.wakefield@imperial.ac.uk or 0207 594 9368.

See below for further information and contact details:

NHS Smoking Helpline 0800 169 0169
Westminster Primary Care Trust 0800 328 8537
Stop Smoking Support

<http://www.givingupsmoking.co.uk>
<http://www.quit.org.uk>



Rank	University	Policy measures to reduce environmental impact	Full time environmental staff	Comprehensive environmental audit	Green travel plan	Multi-award University status	% total energy from renewables	% waste recycled	Carbon footprint (kg CO2e per head FTE)	Overall Score (max. 50)
36	Edge Hill	★	★	★	★	★			500	32
36	Lancaster	★	★	★	★	★		4%	1,312	32
37	Keele	★	★	★	★	★			157	31
38	Loughborough	★	★	★	★	★	18%		873	31
38	Newcastle	★	★	★	★	★	28%	8%	1,883	31
41	Chester	★	★	★	★	★	42%	17%	930	30
41	Cranfield	★	★	★	★	★	0%		3,115	30
41	Northampton	★	★	★	★	★	0%	6%	740	30
41	Sunderland	★	★	★	★	★	8%	12%	804	30
41	Ulster	★	★	★	★	★	5%	2%	839	30
46	Durham	★	★	★	★	★		3%	1,668	28
46	Liverpool John Moores	★	★	★	★	★			640	28
46	Salford	★	★	★	★	★	15%	30%	727	28
46	Swansea [University of Wales]	★	★	★	★	★	0%	13%	1,230	28
50	Brighton	★	★	★	★	★	0%	38%	542	27
50	Kent	★	★	★	★	★	0%	8%	1,142	27
50	London South Bank	★	★	★	★	★	0%	24%	571	27
50	University of Central Lancashire	★	★	★	★	★	0%	8%	644	27
50	York	★	★	★	★	★			1,774	27
55	Liverpool	★	★	★	★	★	0%	16%	2,216	26
56	Glasgow	★	★	★	★	★	20%	3%	1,158	25
56	Reading	★	★	★	★	★	32%	26%	1,938	25
56	Stirling	★	★	★	★	★		17%	1,687	25
56	Teesside	★	★	★	★	★	0%		566	25
60	Bangor [University of Wales]	★	★	★	★	★			1,367	24
60	Imperial College [University of London]	★	★	★	★	★	20%	31%	4,750	24
60	Queen Mary [University of London]	★	★	★	★	★	6%		1,577	24
60	Royal Holloway [University of London]	★	★	★	★	★	3%		1,505	24
60	Strathclyde	★	★	★	★	★	20%		1,632	24
60	Westminster	★	★	★	★	★	56%		24	24
66	Essex	★	★	★	★	★	33%		812	23
66	Exeter	★	★	★	★	★	0%	12%	1,690	23
66	Hull	★	★	★	★	★	0%		1,102	23
66	Queen Margaret	★	★	★	★	★		15%	818	23

'2.2 Must Do Better'....the verdict on Imperial's waste performance (see frontpage article)

Manual Handling Assessment Chart (MAC) Tool

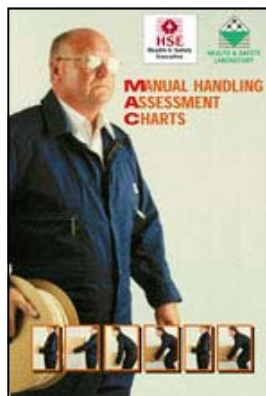
Dougie Mason, Audit and Information Officer



Under the *Manual Handling Operations Regulations 1992* (as amended), the College must ensure that any manual handling task that cannot be eliminated and that is likely to be a risk to health and safety is examined and assessed. Such tasks would include moving large pieces of equipment or materials in a workshop. A risk assessment should be conducted in order to assess these risks and to produce control measures to reduce the risk of injury.

Following the introduction of the new College Manual Handling Policy, manual handling assessors were given the opportunity to use the Manual Handling Assessment Chart (MAC) tool, which can be used to assess the level of risk for a number of manual handling operations.

The Manual Handling Assessment Chart (MAC) tool was developed by the HSE and can be used to assess common risk factors in lifting, lowering, carrying and team handling operations. The HSE website contains a section on the MAC tool including case studies and worked examples. The MAC tool is designed to help users understand, interpret and categorise the level of risk of the various known risk factors associated with manual



handling activities. It incorporates a numerical and a colour coding scoring system to highlight high-risk manual handling activities.

It uses a combination of colour coding 'traffic light' (green/amber/red/purple) approach to highlight the level of risk as well as scoring and considers the following three types of operations: single lift, single carry and team handling.

For each type of assessment there is a guide and a flow chart to help you. The flow chart guides you, step by step, through each element of the operation enabling you to evaluate and grade the level of risk. To enable you to calculate the risk for the load and frequency of the operation, a graph is supplied with the flowchart which indicates the appropriate colour band and numerical value to be entered into the score sheet.

Each of the three types of assessment has a score sheet to be filled in. The score sheet will provide a total score and along with the colour banding, determine which elements of the task require attention (i.e. controls put in place to reduce risk)

An interactive version of the score sheet is available on the HSE website which totals the respective scores from the colour bands:

<https://www.hse.gov.uk/forms/mac/macscore.pdf>

The MAC tool cannot be used to assess the risks associated with pulling or pushing: the risk assessment checklist should be used to evaluate such tasks

<http://www3.imperial.ac.uk/portal/pls/portallive/docs/1/16527696.DOC>

Times reports on 'mounting fieldwork perils'

John Luke, Safety Adviser

A report appeared in the *Times Higher Education Supplement* on 3rd August highlighting failures and omissions in the higher education sector's approach to the safety of social scientists. The conclusions were drawn from a report commissioned by the National Centre for Research Methods at Cardiff University.

Following analysis of the experiences of researchers engaged in social science, the authors identified instances of psychological trauma, assault, being held at gunpoint and even murder. Incidents relating to field trips were considered to be much more common than those reflected in official complaints to universities. Whilst examples of good research management practice were acknowledged, the report also identified many examples of research grant holders



and PhD supervisors being unaware of formal structures in place to protect researchers. These included failures in proper planning, absence of risk assessments and ignorance of the details of insurance coverage.

The report is timely in the light of this year's launch of the new College Off Site Working Policy following the recognition that fieldwork presented a major risk in the profile of activities engaged in by Imperial College. We can console ourselves in the knowledge that as a university, we have taken a major step forward in providing the tools necessary for the safe management of off site activities. We have not formally responded to the article in the *Times Higher* and at the time of publication of this Newsletter, we are not aware that the full report commissioned by Cardiff University is readily available.

Accidents

Rohini Gowtham, Accident Investigation Officer

Another UV Exposure

In the June Newsletter we highlighted an incident involving exposure to ultra violet light. Two key points were raised:

- the very short period of exposure (seconds) that it takes to result in harm to the eyes
- the limitations associated with the integral protective shield that is present in most UV transilluminators

Another UV exposure was reported in July, this time involving a glassblowing activity. A member of staff suffered temporary blindness (fortunately only a matter of seconds) as a result of working with quartz glass at high temperature—an activity known to generate significant quantities of UV radiation. The person did not seek medical assistance at the time but was subsequently referred to Occupational Health. The accident was reportable to the Health and Safety Executive under Schedule 1 of *RIDDOR* (temporary loss of sight). In this particular instance, eye protection was being worn at the time of the accident.....however, it was the incorrect type i.e. not suitable for work with quartz glass.

Therefore, there are both contrasts and similarities between the two incidents. In the case of the transilluminator incident, suitable eye protection was in place but it was bypassed by the actions of the user, whilst in the glassblowing incident, unsuitable eye protection was in place, with the user unaware that little protection was being offered.

You know you've worked in a lab too long when....

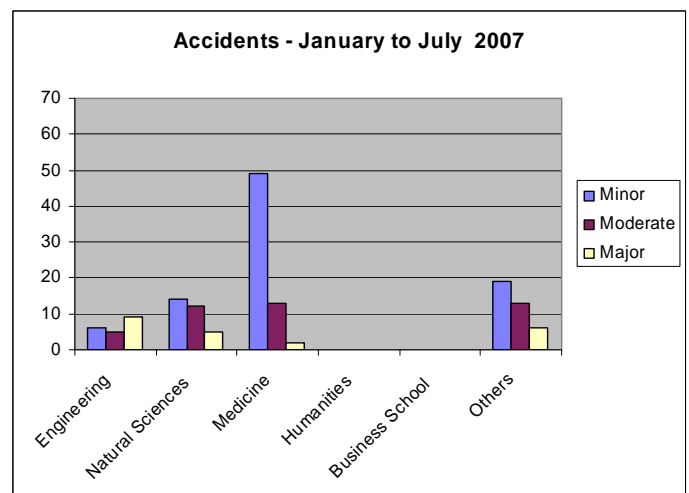
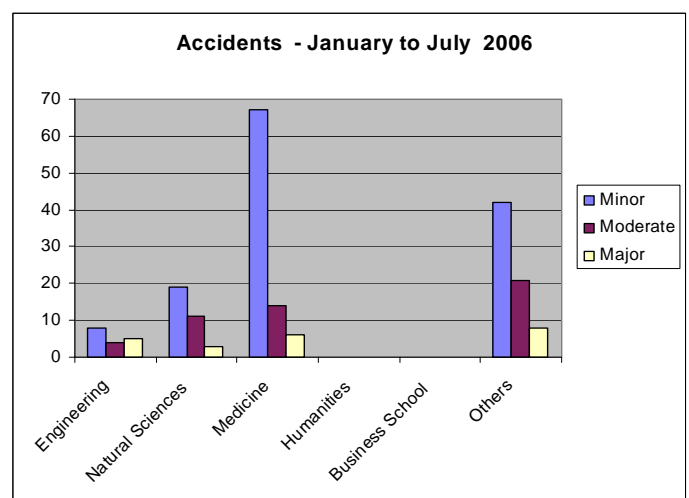
- your slightly too fond of the smell of xylene
- blinking real fast has saved your eyesight on more than one occasion
- you have made some kind of puppet out of a nitrile glove and kept it as a pet (putting dry ice in makes for a rapidly expanding, if short lived pet)
- you bitch about not being able to pipette by mouth any more
- burning eyes, nose and throat indicate that you haven't actually turned on the fume cupboard
- you've used dry ice to cool beer down
- warning labels invoke curiosity rather than caution
- you wonder what absolute alcohol tastes like with orange juice
- you've wondered why you can't drink distilled water in the lab - it should be clean?
- safety equipment is optional unless it makes you look cool
- you've set off home wearing an item of PPE because you forgot you had it on
- security come round at 2 am wondering why the lights are still on only to find you with your arms up to your elbows in a glovebox

(some safety related excerpts from an amusing e-mail doing the rounds—how much goes unreported?)

Accident Statistics

	Jan-July 2006	Jan-July 2007
Total accidents reported to the Safety Department	208	153
Total accidents reported to the Health and Safety Executive in accordance with <i>RIDDOR</i> 1995	4	8

Comparison Graphs January to July 2006 vs. 2007



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.

Frequently Asked Question:

How do I prevent eye strain when working with computers?

Although not associated with long-term consequences, eyestrain resulting from computer use can be uncomfortable and draining. Though you may not be able to change the nature of your job or all the factors that can cause eyestrain, you can take steps to reduce the strain.

Adjust **your monitor** - position your monitor, at arm's length, directly in front of you. If you need to get closer to read small type, consider increasing the font size. Keep the top of your screen at eye level or a little below: if it's too high or too low, it may lead to a sore neck.

Take eye breaks - give your eyes a break by focusing on something other than your screen. Try to stand up and move around, for a five-minute rest, every hour or so. If possible, lean back and close your eyes for a few moments. You can do other work, such as phone calls or filing, during this time. **Workrave** is a useful tool to help plan rest breaks. You will need to adjust your "preferences" to suit your needs.

Blink often to refresh your eyes - dry eyes can result from prolonged computer use as people blink less than normal when working at a computer. Blinking produces tears that can help moisten and lubricate your eyes. Make a conscious effort to blink more often.

Reduce glare - sit at your computer with the monitor off - this allows you to see the reflected light and images. If possible, place your monitor so that the brightest light sources are off to the side, at a right angle to your monitor. Consider turning off some or all of the overhead lights and closing any blinds behind you. Avoid placing your monitor directly in front of a window or white wall. You can also use a glare-reducing screen to minimize glare from overhead lighting. Finally, you can adjust the contrast and brightness on the monitor to a level that's comfortable for you. Also, wipe the dust from your computer screen regularly as dust may contribute to glare and reflection problems.

What do I do if I have eye discomfort?

Occupational Health Service can offer and carry out a basic eye test to assess your need for corrective lenses. Under College Policy, departments will pay for optician's assessments for staff who work with computers for long periods and will cover the cost of spectacles for these staff if required specifically for computer work. Staff can upgrade their choice of spectacles but have to pay the difference in cost.

Safety Department Update

Staff Changes

David Forbes has now taken responsibility for the Safety Department, risk management and disaster recovery. This is in addition to David assuming responsibility for line management of the Reactor Centre.

John Burgess transferred from Facilities Management to the Safety Department in June. John is the College Special Waste Co-ordinator and oversees the disposal of hazardous chemical waste, acting as the interface with the disposal contractors. He also arranges periodic collections a radioactive waste.

Nicki Donaldson will be leaving the College at the end of September after five years service as Administrator for Radiological and Biological Safety. Nicki's immediate plan is to live and work in Canada. We would like to thank her for her valuable contribution with regard to administering the safety systems and wish her well for the future. Nicki will be replaced by **Sarah Joomun** who we welcome on board having transferred from the College Occupational Health Service.

OH Department Update

Staff Changes

As reported above, **Sarah Joomun** has now moved to the Safety Department where she will be working as the Administrator for Radiological and Biological Safety. Sarah worked in Occupational Health for approximately 3 years as the Finance Administrator and was involved with health surveillance. We would like to take this opportunity to thank Sarah for all of her hard work and wish her all the best in her new role.

Celine Jaquet, formerly our Administrative Assistant for dealing with pre-employment questionnaires and student vaccinations, has now taken over Sarah's role.

Pedal power your way to work

Would you like to save time and money commuting to work and at the same time improve your fitness and general wellbeing?

Well, the cycle to work scheme at Imperial College allows you to take advantage of a government initiative, enabling you to save up to 41% on the cost of a bicycle and cycling accessories by saving money on national insurance and tax deductions.

For more information, contact Dougie Mason or visit the OH web pages at:
<http://www.imperial.ac.uk/occhealth/guidanceandadvice/cycletoworkscheme>

Contact Details

Occupational Health

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0207 594 9401

FAX:

0207 594 9407

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occhealth@imperial.ac.uk

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www.imperial.ac.uk/occhealth/

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www3.imperial.ac.uk/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

L'inconnue de la Seine: Resusci Anne

In the 19th century, many homes in France and Germany displayed a copy of the death mask of *l'inconnue de la Seine*—the unknown of the Seine. A young woman with a calm and haunting smile was fished out of the Seine and copies of her death mask were sold in large numbers. It was thought that she had committed suicide. She became something of an icon in the France of the 1920's and 1930's.



In the late 1950's, two doctors, an American, Safar, and a Norwegian, Lind, met at a conference on anaesthetics in Norway. The American was one of the pioneers of mouth to mouth resuscitation and believed that the most effective way of teaching the skill would be on a mannequin. Lind knew a man named Laerdal whose firm manufactured plastic toys, of whom a doll called Anne was the most successful product. Also, Lind was diversifying into medical items including mak-

ing plastic imitation wounds for members of the Norwegian Civil Defence to practise first aid techniques. Having rescued his own young son from drowning by clearing his airway, over the next two years, Laerdal worked on the development of a manikin whose lungs could be inflated.

He considered that men would prefer to practise resuscitation skills on a female and selected *l'inconnue* as the mask. The name Resusci was added to Anne to distinguish the product from his best selling doll of the same name.

The manikin sold well in Norway but there was considerable resistance initially in the American market. Modifications followed to allow external chest compressions as well as ventilation and other members of the family appeared: Resusci Baby, Junior and Ambuman.



By the time of Laerdal's death in 1981, his company was a market leader and thousands of lives have been saved through practising life-saving skills on the dummy.

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 for the entire range:
<https://www3.imperial.ac.uk/safety/training/coursesindex.htm>

September 2007

Responsibilities of Academic Supervisors (St. Mary's)	24th
First Aid at Work (Wye)	25th—28th

NEW eLearning Modules:

- Using Liquid Nitrogen Safely within Universities
- Using Gas Cylinders Safely within Universities

See: <http://www3.imperial.ac.uk/safety/training/courseindex/gassafety>

October 2007

Biological Safety Foundation Course (Hammersmith)	2nd
Manual Handling for Users and Assessors (SK) <i>Occupational Health</i>	4th
Asbestos Awareness (SK)	8th
Lifesaver First Aid (NHLI / RB)	10th
Annual Legislative Review (SK)	23rd
Fire Safety (Silwood Park) <i>Fire Team</i>	24th