Imperial College London

Health and Safety Matters

OCCUPATIONAL HEALTH & SAFETY NEWSLETTER

Issue 20
June 2010

*i*Care
Control the situation
Assess the hazards
Reduce the risk
Educate staff & students

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CiC Ltd.—New counselling and advice providers for the College

Counselling and advice services for staff are now being provided by CiC Ltd. They took over the service from EAR last month. Their services are being promoted under the name 'Confidential Care'.

Confidential Care is available to all staff as well as to members of their family living with them. Services are free and, as the name implies, provided in confidence. They can be contacted through a freephone phone number—0800 085 4764. Calls to this number from College phones are not included in standard telephone reports. They also have a web site www.well-online.co.uk which provides information on all the services available, as well as a range of factsheets on common problems— and potential solutions— faced by people in their work and home lives. There is a link through to their legal advice service which has its own set of web pages with information on a wide range of legal issues.

The log in details for the website are:

Username: *Imperial*
Password: *College*

Phone lines are open 24 hours per day. Calls are answered by an experienced qualified counsellor. The counsellor can provide immediate support or, if the caller is seeking advice on a specific issue can pass the caller on to an appropriate specialist in the area. Callers will have access to qualified legal advisors, a dedicated debt advisory service as well as a general consumer advice and information team. Their family care service can help find child or elder care to meet your specific needs, or even a vet for when the cat's not well. If you know you have a problem, but aren't sure what sort of help you need, the counsellor who answers your call can talk you through this to help you sort this out.

Staff can arrange to meet face to face with a qualified counsellor for up to six sessions to work through any problem they are troubled by, whether in their work, or life outside work. CiC will select a counsellor to match your specific needs and provide contact details within 48 hours for you to arrange an appointment.

CiC also have a dedicated support line for managers staffed by their most experienced counsellors to talk through any problem they may have in managing or talking to one of their team. This is available Monday to Friday, 8am to 8pm on 0800 085 3805. Like their other services, it is confidential. More information on the service, including a video of a manager describing how it helped him successfully manage and support a member of his team affected by a bereavement can be found on their web pages in the 'learn more' section.

If you would like to help advertise Confidential Care in your work area contact Liz.Carter@imperial.ac.uk in the Human Resources Division. You will be provided via e-mail with the latest Confidential Care poster every three months for you to display in your local area.

Access this Newsletter in electronic format at:
http://www3.imperial.ac.uk/safety/otheresources/newsletter

SAFE USE OF LABORATORY MICROBIOLOGICAL INCUBATORS

Laboratory microbiological incubators have been the source of a number of accidents in the College over the years—particularly incidents involving the orbital shaking type. Here is a brief outline of some factors to consider when acquiring and using these essential items of laboratory equipment.

Selection

Ensure that the incubator is CE compliant. Select the incubator that it is most suitable for the process you want to perform, the site where it is to be located, the services that are available and the ergonomic requirements of those using the incubator. The capacity of the incubator should suit the anticipated physical dimensions and the number of flasks or tubes.

Liaise with the supplier and provide them with a specification of the normal working conditions of the incubator, the type of process you wish to perform, the constraints of the location, together with details of any adverse conditions under which the incubator is required to operate and of any special considerations—for example containment of aerosols.

Energy consumption will be specified by the manufacturer and will be affected by numerous factors such as quality of the insulation, size of the chamber, and quality of the door seal. In order to help reduce the College energy use, look to purchase the most energy efficient device that suits your work specification and try to avoid over specifying size or heat output.

Installation

It sounds obvious, but for floor or bench standing equipment, ensure that the surface is strong enough to support the incubator and is impervious to liquids. Consider initial access— are doors, stairs and lifts wide enough to get the equipment to the location where you want to use it. The area should have adequate ventilation in order to remove excessive heat. Ensure that incubator is sited as close to the point of production of the culture samples as practicable in order to minimise risks from the transport and handling of potentially hazardous materials. Ensure that any gas supply is properly and securely attached and set to deliver gas at the manufacturers recommended pressure. If in doubt seek advice from your local Safety Officer.

Incubators within biological Containment Level 3 facilities must be sited within the laboratory. Those for incubating Hazard Group 2 material should be within the laboratory suite to minimise risks associated with transport. Ensure that the incubator is installed in such a manner that allows safe access and sufficient room for loading, unloading, cleaning and maintenance. Perhaps less obvious, consider the consequences of vibration and noise transmission both in the room in which it is housed and neighbouring rooms—including the floor below, which may be occupied by a different section or department.

Before use

Ensure that the incubator is properly set up and programmed with maximum and minimum temperature settings and make sure that any maximum speed limiters are operational. Check that that the incubator is securely affixed and is unable to work free during operation (including checking that any removable platform is fully secured). Any pressurised laboratory gas supply must be securely attached and set at the correct pressure.

Use

Carry out risk assessments for the use of the incubator that will identify the hazards arising from the incubator itself, the materials to be incubated, transport of these materials, manual handling, and identify suitable precautions and emergency procedures to control the hazards that have been identified. Ensure that users have received appropriate training. Provide operators with appropriate personal protective equipment, to include side or back fastening lab coat and laboratory gloves.

Infectious and higher hazard material should be double contained within the incubator wherever possible, especially if the incubator is the shaking type. Suitable containers include IATA UN type approved PI 602 shipping containers. Special attention should be paid to securing the lids - cable ties can be used to prevent them coming loose. Emergency procedures must be written to cover events such as spills of infectious material within the incubator and all such spills must be reported. The use of sticky mats for securing infectious, potentially infectious or other hazardous material in a shaking incubator does not provide a suitably robust method of constraint. This method should not be used for retaining these materials. Ensure that waste transported from the incubator is done so in leak proof containers.

Maintenance

Carry out maintenance of laboratory incubators in accordance with manufacturers servicing requirements and ensure that any incubator is subject to a Portable Appliance Testing (PAT) regime. As a related issue, ensure that any pressurised laboratory gas supply used in conjunction with incubators is subject to regular maintenance and also consider fitting flow stopping devices.

Decommissioning and disposal

Ensure that “end of life” incubators are rendered safe for disposal. They must be monitored and inspected to check for hazardous materials and appropriate measures taken to remove any contamination. The user must also produce decontamination documentation as evidence that this has been carried out. Final disposal must be in accordance with WEEE and other regulations controlling the disposal and recycling of laboratory or medical equipment.

SAFETY TRAINING RECORDS AND THE LAW

The primary reason for keeping health and safety records is to demonstrate that due consideration has been given to safety matters and that departments are therefore well placed to protect the safety of their staff and anyone else who may be affected by their undertakings. In the event that accidents still occur (and of course, they do), health and safety records are also crucial to managing the College's exposure to litigation.

There are certain things that departments must document and retain as they may required to be produced in the event of investigations by the enforcing authorities and possibly to be used in mitigation to defend personal injury actions. Many of these will be familiar and include:

- Risk assessments—with evidence of reviews and updates.
- Safe operating procedures and safe systems of work.
- Evidence of the effectiveness of controls such as the monitoring of noise and light levels.
- Evidence of maintenance of controls and other machinery.
- Training.
- Safety inspections, including checks to confirm that safe operating procedures are being used and personal protective equipment is being worn.
- Personal protective equipment specifications, training, storage and maintenance arrangements.

This article focuses on the need for the retention of safety training records.

But I thought we already kept records . . . .

Although Learning and Development keeps attendance records for centrally booked safety training, recent audits have found that the training that departments give *locally* is seldom recorded. This might include a range of training from area manager induction training on hazardous areas such as laboratories, workshops, kitchens or plant rooms, to the training that postdocs or laboratory managers give on research procedures involving hazardous substances or equipment – as well as the control measures, what can interfere with them and most important of all, the local emergency procedures.

How and when would I record the training I give to students and other College members?

- Training could be recorded on induction checklists (like the Day One checklist), or as a signing-off sheet attached to a Code of Practice, Standard Operating Procedure or risk assessment template. Even lab books could be used, providing they are retained by the Department.
- For high risk procedures or where evidence of a skill is required, a training record should include not just the name and signature of the trainee but also that of the trainer – and of course the date the training was delivered.
- Some types of training will go out of date quickly (think about this as part of the risk assessment process), and so a date for refresher training should be established and system for reminding developed if possible.
- If the risk assessment has been revised as a result of a change to location or procedure or as the result of an accident or near miss, then a new signing-off sheet should be attached to the revised risk assessment and refresher training recorded on this. Retain the old version with its associated records!

How long do I need to retain my training records for?

Though some health and safety records have a statutory retention period, it is difficult to identify a definitive time period for the retention of personnel records, including training records. However, six years beyond the point of the person leaving employment appears to be the recommendation. This is based on the six year time limit within which legal proceedings must commence under the Limitation Act 1980. It is permissible to keep records in electronic format.

Who might want to see the records?

Remember, if there is an incident and the Health and Safety Executive or Environment Agency need to investigate, there are two documents they will ask for at the outset – the risk assessment and the training record. That is why we also ask for them when conducting audits and during our internal accident investigations.

- If you do not have evidence that training has been conducted, it becomes more difficult to defend the College position should enforcement action be a possibility or personal claims for negligence are forthcoming.
- There are currently 16 compensation claims against the College listed as 'open'. It is predicted that the College may only successfully defend three of these. The College Insurance Manager routinely liaises with the Safety Department in the gathering of documentation when claims arise. The more quality documentation that we can muster as evidence of training, the more likely that the College can successfully defend a claim and avoid financial outlay and the possibility of adverse publicity. Of course, not losing sight of the prime objective—training and the evidence of it should reduce the likelihood of accidents occurring in the first place.

A search of solicitor's web sites throws up plenty of examples of the importance of safety training as part of the employers obligations.

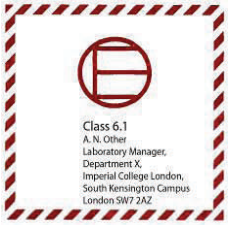
Want further advice?

If you need any advice on how or when and where to record safety training, please contact us on safety-dept@imperial.ac.uk

TRANSPORT OF CHEMICALS BY ROAD

The College engages in many collaborations with other academic institutions, industry and NHS Trusts and it is common for this to involve the exchange of research samples between the different entities. The Safety Department has published guidance on the transport of biological agents and radioactive substances but has not yet ventured into the issue of publishing guidance on the transport of hazardous chemicals. There is a reason for this—it is difficult to produce concise guidance on a subject that has so many variables associated with it. Transport of biological agents is relatively easy to deal with—all specimens will fall within a very limited number of categories and this, in turn, will dictate the packaging, labeling and documentation requirements. It is a similar situation with radioactive substances, whereby the conditions for transport will be dictated by isotope and activity…..and we routinely use only a limited number of radioisotopes within the College. With chemicals, it is much more complex. We potentially have different arrangements to consider for each individual chemical……and we routinely employ thousands!

The transport of dangerous goods by road is implemented by the European agreement commonly known as ADR. Here follows a brief guide on how this affects the transport of chemicals by road.



Excepted Quantities marking for a toxic substance

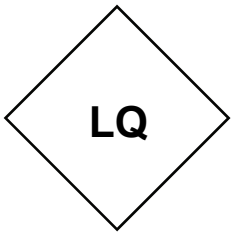
Excepted Quantities

Transport in Excepted Quantities enables very small quantities of dangerous goods to be transported without the need to comply with the full weight of the Regulations. This category was newly introduced into ADR in 2009 to bring the Regulations in line with IATA (the air transport regulations) and is likely to be of most use to university researchers who may only wish to transport such small quantities. Not all chemicals are permitted to be transported in Excepted Quantities but many are—the quantities are typically in the tens of grams range. Packaging needs to be triple-layered and must meet some basic requirements for robustness but does not need to be UN approved. The package simply needs to bear the recognised Excepted Quantities mark annotated with the number equating to the hazard class and the name of the consignor or consignee. No dangerous goods documentation is required and there is no requirement for vehicle equipment or ADR certificated drivers.

Limited Quantities

Transport in Limited Quantities enables some derogation from the Regulations in a similar way that Excepted Quantities does. Limited Quantities are typically in the 100g—6Kg range (or the equivalent in litres if the substances are liquid). Packaging must be of the 'combination' type e.g. inner and outer and the permitted range of packaging types will vary for different substances and there is an upper limit for the gross mass of a combination packaging (30Kg). Packages must be marked with the UN number of the substance inside a hazard diamond (for single substances) or with the 'LQ' symbol inside the diamond for substances with different UN Numbers. Again, no dangerous goods documentation, vehicle requirements or ADR certificated drivers are required. It is feasible that the Limited Quantities ruling could be used for larger scale laboratory moves if researchers elect to take their chemicals with them when relocating to new premises.

Limited Quantities marking for a xylene consignment



Limited Quantities marking for mixed substances

Small Load Exemptions

Clearly the term 'small load' is subjective, but ADR divides groups of substances into 'Transport Categories' and if the load is below the quantity threshold for each of the categories, this exemption may be applied. We are reaching larger quantities now—up to 1000Kg (or unlimited in a restricted number of cases). UN approved packaging, UN Number, hazard diamonds (the type we are so familiar with) and a dangerous goods note are the order of the day. The derogations for this category mostly concern vehicle equipment (though some equipment such as a 2Kg dry powder fire extinguisher must be provided) and driver training. Drivers do not need ADR certification but a general record of driver training must be kept.

Hazard diamond for ADR consignment of an oxidising agent

Full ADR Regulated Load

We are in with the big boys now. Dangerous goods consignments where the nature and / or quantity of the load warrant full compliance with ADR with no derogations permitted. For some consignments this will also include enhanced and documented security arrangements. Universities can, in most cases, probably apply one of the above derogations. In addition to the requirements for small loads, for a full ADR compliant load, drivers must be ADR certificated and vehicles appropriately marked and equipped. This precludes us using College or private vehicles for moving such consignments (or indeed using a courier that is not capable of ADR compliance).

Special Provisions

Finally, many individual chemicals have 'Special Provisions' assigned to them. It is important to check this in the ADR manual. Often, the Special Provisions will apply added transport constraints. However, sometimes there is a pleasant surprise in that, providing certain conditions are met, all or some of the requirements of ADR may be disregarded….an easy get-out clause.

It can be seen that there is a lot to consider. Any enquiries about dangerous goods transportation may be addressed to the College Dangerous Goods Safety Adviser: j.luke@imperial.ac.uk.

Further research on nitrile versus latex gloves

New research[1] suggests that nitrile gloves may provide better protection against infection than latex gloves after an inoculation accident.

Researchers compared the performance of the two gloving materials in an in vitro experiment. Gloves were stretched over a frame above a well of saline solution and then deliberately punctured with a suture needle coated with blood. The blood remaining on the needle surface after puncture was washed off by the saline solution. The number of red cells present in the saline was then counted. The experiment was devised to mimic, as far as possible, a typical needlestick injury and technique carefully standardised to obtain results suitable for statistical analysis.

The researchers found that red cells counts in wells covered with nitrile rubber were significantly lower than in the latex cells. This suggests that a nitrile glove is more effective at wiping the surface of a needle as it passes through the material than a latex glove. In a real accident, this would mean that the size of the inoculum— the amount of contaminant introduced into the body— would be less if the person was wearing a nitrile glove. This would lower the risk of an infection being successfully transmitted should the needle or some other sharp causing an injury be contaminated with a pathogen or infected blood.

Up until now, it has been assumed that latex, because of its greater elasticity and ability to reseal small punctures, would offer better protection against needlestick infection than nitrile. This belief is now challenged. Modern nitrile gloves are stronger and more resistant to abrasion and puncture than latex gloves. They are also resistant to a far wider range of chemicals than latex and are less likely than latex gloves to provoke allergic reactions.

Research groups that have selected latex gloves on the basis of assumed better protection against infection should review risk assessments and consider changing to nitrile gloves.

Purchasing have negotiated a long term low-priced contract for supply of nitrile laboratory gloves with Fisher. Details can be found on the Purchasing web page: http://www3.imperial.ac.uk/pls/portallive/docs/1/53721696.PDF. The contract includes the new Sterling™ nitrile glove. It is thinner but stronger than the older Kimberley-Clarke gloves so offers better protection and improved touch sensitivity. Priced at £7 for a box of 150 gloves, it also works out cheaper than other brands.

[1] M. Mansouri et al: Comparison of blood transmission through latex and nitrile glove materials. Occupational Medicine 2010;60:205–210

WORKING WITH PIPETTES—A REMINDER

Working with pipettes can cause teno-synovitis which is a painful and disabling inflammation of the thumb tendons. This is not an uncommon problem amongst researcher workers in College and can lead to weeks away from your experimental work, disrupting your research programme.

You can easily avoid this happening to you by some simple organisation and planning of your work.

Organise your work – plan things so that you are not pipetting for more than 10-15 minutes at a time. Take regular breaks and alternate lab work with other activities. If you do have a long pipetting run, use an electronic pipette.

Organise your bench – Ensure a comfortable working position to ensure your muscles and tendons are less likely to get tensed up and damaged. The length of most automatic pipettes means that you may have to position yourself higher in relation to your working surface than for other tasks.

- Sit or stand so that your forearms are roughly horizontal to the bench top when using the pipette. Use a high lab stool, lowered bench surface or adjustable chairs if necessary to achieve this.
- Limit the amount of work where the arms are in an elevated position.
- Keep your work area tidy making sure there is sufficient space to do the job.
- Avoid having to repeatedly twist round to carry out parts of your procedure
- Position your stock of tips so you don't have to stretch out to use them.


CORRECT


INCORRECT


CORRECT


INCORRECT

Holding the pipette – use a light grip to lessen and spread the load on your tendons. Don't press harder than you need to on the plunger. Maybe use your other hand and use electronic pipettes for long runs of identical dispensing or filling multi-well plates.

Don't ignore the symptoms – early symptoms are usually aching in the forearm muscles and tendons on the thumb side of the wrist may feel sore. Gripping becomes painful when teno-synovitis is established. If you get warning signs – take a break from pipetting for a few days or reduce your pipette work. Review your schedule and if symptoms persist seek advice from the College Occupational Health Service at South Kensington.

Choosing pipettes – All pipettes have inherent design problems so there is no perfect one. There are 4 forces generated when pipetting depending on the action you are carrying out. The highest of these is tip ejection followed by blow-out sample. When you are buying a pipette, consider these design points:

- plunger pressure – the lower the better;
- length of plunger travel – the less the better;
- tip ejector – select a model with a tip ejector that is comfortable to use;
- overall length – the shorter the better;
- grip – is the pipette comfortable to hold?;
- electronic pipettes – cost a bit more than a manual model and may be less versatile, but they are much less work for the thumb. Consider them for repetitive tasks.

Accidents & Near Misses

Rohini Gowtham, Accident Investigation Officer

It is a standard health and safety procedure to review and amend risk assessments and operational protocols following an accident. Text book stuff. Does it really happen in practice? Well, yes it does. We have plenty of recent evidence—often with very simple changes needed in the way that things are done.

Hepatitis C virus face splash. This recent HSE reportable accident occurred as a result of a syringe filter coming free from the body of the syringe. We would normally insist on the use of a *luer* lock syringe that would have prevented such an occurrence. However, the researcher found that gravity filtration was sufficient for the purpose in this particular example.

Needlestick injury sustained when using a sharp needle to load a thin-layer gel system. We would normally recommend avoiding needles or using blunt ones if the procedure permits this. In this case, a visit to the manufacturers website identified that the cassettes were manufactured for easy sample loading and retrieval using a serological pipette.

Spillage of a culture of a Hazard Group 2 yeast. This occurred when a flask came free inside a shaking incubator (190 rpm). We have has a number of similar incidents in the past. They normally result from an inappropriate means of securing the flask to the shaker platform e.g. use of sticky tape, flasks that do not fit the clamp, resulting in the use of packing material and incubators that just have sticky pads rather than clamps. Ensuring that the flasks are a matching size for the clamp, are fitted properly and the clamps regularly checked to ensure that grip is maintained is the best solution.

Scalpel blade cut to hand. A simple case of using the wrong tool for the job and unfortunately, not an uncommon scenario. It proved an easy job to switch to using a more suitable implement.

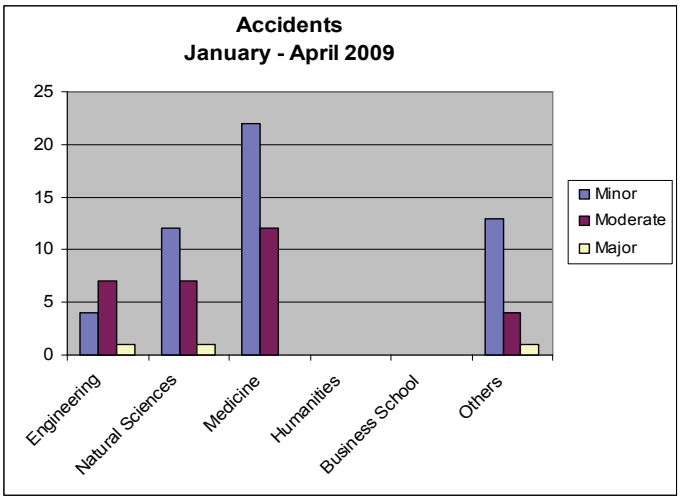
Spillage of ^{35}S labelled protein from cell supernatants using a column. A peristaltic pump was being used to draw the sample through and the spillage was caused by cell debris blocking the column. The research group determined to avoid cell debris in the supernatant by utilising a higher centrifuge speed and filter units that permit total clarification of the supernatant.

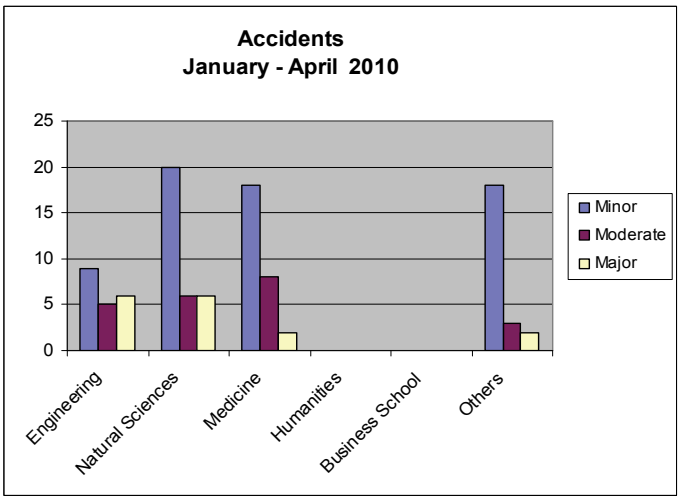
Bacterial splash to eye. Another recent reportable incident resulting from the person flicking a cuvette to remove air bubbles. This was a deviation from the established protocol which stipulated using a Gilson pipette. A review of the risk assessment included establishing specific instructions where a significant risk may develop as a consequence of deviation from protocol. The requirement for eye protection was also a factor requiring attention. Provision of protective eyewear in general and the approach taken by the College as a whole is likely to be a subject that comes in for some closer scrutiny in the not too distant future.

Accident Statistics

	Jan-April 2009	Jan-April 2010
Total accidents reported to the Safety Department	84	103
Total accidents reported to the Health and Safety Executive in accordance with *RIDDOR 1995*	4	11

Comparison Graphs January to April 2009 vs. 2010





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:

Do I need to check the airflow on my microbiological safety cabinet on a monthly basis?

Lets give the good old answer of 'subject to risk assessment'.

The criteria for determining whether this is necessary is laid down in the College Code of Practice: '*Microbiological Safety Cabinets—selection, installation, use, maintenance and decommissioning'*. This CoP is currently undergoing some substantial revision and efforts are being made to clarify the airflow testing question.

Much hinges on whether the samples being handled are infectious via the inhalation route and whether there is a likelihood that aerosols will be generated. Below is a summary extracted from the revised CoP.

Hazard Group 3 or Class 3 cultures: Yes—if these agents are potentially infectious via the aerosol route and aerosols are likely to be generated.

Hazard Group 2 or Class 2 cultures: As above.

Unscreened human tissues: Yes—if the work entails generation of aerosols and the material could be contaminated with pathogens infectious via aerosols. No—if there is negligible risk of aerosol production or the material is unlikely to be contaminated with pathogens infectious via aerosol transmission.

Screened human tissues: No—if tissue is screened clear of pathogens infectious via the aerosol route.

Primary tissue cultures: No—if risk of contamination with a human pathogen in HG3 or higher is low. Yes—if source is unscreened and could be infected with human pathogens in HG3 or higher, these are potentially infectious via the aerosol route and it is possible that aerosols will be generated.

Secondary cell cultures: No—as long as the cells have a history of safe use and the MSC use is for sample protection only.

LAA: Yes.

Remember that the user checks are in addition to the routine performance tests carried out by a competent engineer in accordance with BS EN 12469. These are also detailed in the MSC Code of Practice. The latest edition of the CoP will be communicated via the normal channels once the review process is complete.

Reducing risks through the application of technology

As every researcher who has buried their head in the *COSHH* Regulations knows, Regulation 7 makes it the employers duty to ensure that the exposure of his employees to substances hazardous to health is either prevented or, where this is not reasonably practical, adequately controlled.

A common control measure for infectious material in the biological laboratory is the microbiological safety cabinet. This is generally a robust measure but at some point the cells or culture material will have to be removed from this environment for processing. This might involve counting using a haemocytometer or passing them through a coulter counter. The latter may not even be located in the same department, posing a real problem of containment, especially if the material is infectious in the Hazard Group 2 or 3 category.

A possible solution is now available from Millipore in the guise of the Scepter handheld automated cell counter. This instrument is able to deliver cell counts and population histograms on its built-in screen in just a few seconds. There is no need to transport material across or out of the laboratory to count cells with a haemocytometer at a microscope or use bench top instrumentation located in remote parts of the building. The Scepter cytometer allows the laboratory worker to carry out cell counting in the contained and clean environment of the microbiological safety cabinet.

The Scepter cytometer looks and feels much like a pipette. There are two simple controls. Turn on the unit with the back toggle, then use the plunger to assay your sample. In less than 20 seconds (on average) the instrument will display data relating to your culture. All other manipulations can be performed using the toggle and plunger.

The single use disposable Scepter sensor has a precision drilled orifice through which cells pass, one by one, and are counted based on the coulter principle of impedance changes across a steady current which is established by the electrodes in the sensor. The consistent size of the orifice ensures accurate cell size and volume data.

We usually try to avoid overt sales pitch on behalf of suppliers—they are well versed enough in that themselves— but we also endeavour to draw attention to good products that appear to have safety benefits. We would welcome feedback from any researchers who chose to investigate or purchase this instrument.

For further information, contact Kate Feeney at Kate_Feeney@Millipore.com or visit the Millipore website: http://www.millipore.com/life_sciences/flx/scepter

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

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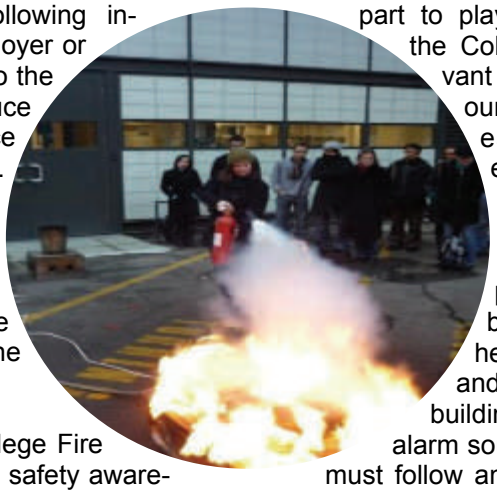
Training

Eric Miranda, Learning Development Consultant

The *Regulatory Reform (Fire Safety) Order* came into force 1 October 2006, repealing the *Fire Precautions Act 1971* and the *Fire Precautions Workplace Regulations 1999* (amended). Fire safety came under the existing legislative framework of the Health and Safety at Work Act and converged with European Union Law. This brought fire safety under the established principles of self regulation, risk assessment and management responsibility. The responsibility now rests with the employer to take ownership of fire safety on their premises. Previously, this was carried out by the Fire and Rescue Service who issued Fire Certificates for premises following inspection. Now the employer or duty holder in relation to the premises must produce fire plans which reduce fire risk and spread. The employer must identify the means of escape, fire fighting, detection and warning equipment and produce floor plans as part of the risk assessment.



The mission of the College Fire Office is to promote fire safety awareness, to prevent fires occurring and to protect all persons on Imperial College premises from harm in the event of a fire. The College has a documented Management Plan for actions in the event of failure of all or part of building fire safety systems. This is to ensure that faults or failings to the fire safety systems are identified and rectified as a priority. The Fire Office provides regular Fire Prevention and Fire Safety training throughout the year across all campuses and where space allows, practical handling of extinguishers. They also provide specific training to Fire Wardens and Fire Co-ordinators so that they can perform their roles effectively. More information can be found on the safety training pages. The Fire Office also held a Fire Safety Awareness Day at the Queens Lawn car park, providing advice and demonstrations.

Peter Seal, the Chief Fire Officer at the College, believes that fire safety in the Higher Education sector is as important, if not more so, than in industry, as the College is not only a place of education but for many, it is also their home. All of us have a part to play by co-operating with the College, undertaking relevant training and making ourselves familiar with fire escape routes and evacuation procedures in our departments and residential accommodation. Notices are displayed in all College buildings. Fire drills are held at least once a year and evacuation of the building whenever the fire alarm sounds is mandatory. You must follow any instructions given by Fire Wardens, Security or emergency services. Please be aware of anyone in your work area or on your corridor who might need assistance during evacuation because of restricted mobility, special needs or disability.

For further details on College policy, procedures and code of practice visit the Fire Office web link:
http://www3.imperial.ac.uk/facilitiesmanagement/firesafety

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/staffdevelopment/safety/index.htm

June 2010		June 2010 (continued)	
DSE Assessors Annual Update *(SK)*	9th	Gas Safety Cryogenics Workshop *(SK)*	16th
First Aid Coordinators Annual Update *(SK)*	9th	Biological Safety Foundation Training *(SK)*	17th
Manual Handling Assessors Annual Update *(SK)*	9th	CIEH Level 3 Award in H&S *(SK)*	17th
First Aid at Work Requalification (HSE Accredited) *(SK)*	14th-15th	Fire Warden and Fire Coordinator Training *(SK)*	23rd
First Aid Lifesavers Requalification (*Hammersmith*)	15th	Control of Substances Hazardous to Health *(SK)*	30th

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