Imperial College London

Health and Safety Matters

OCCUPATIONAL HEALTH & SAFETY NEWSLETTER

Issue 23
March 2011

iCare
Control the situation
Assess the hazards
Reduce the risk
Educate staff & students

Inside this issue:

COLLEGE STRESS SURVEY

Time management, checking perspective and maintaining a good work-life balance are the best ways of coping with work pressures, according to staff who took part in the stress survey that Occupational Health and the Learning and Development Centre ran in December 2010.

Over 430 staff responded to the on-line survey, out of the 1,150 invited to take part - a 1 in 5 sample of all but the most senior levels of staff. Participants were asked to rank sources of pressure in their work and whether they had been stressed during the previous 12 months. The survey also asked staff to describe how they coped with periods of high work pressure and what support their manager and colleagues provide. They were also asked about support provided at College level.

Around 80% of those responding had been stressed at some point during the year. Departmental managers and grades C and D academic and research staff were the most frequently stressed - around 85% - with lower incidence amongst operational services staff (65%) and technical staff (69%). The biggest single cause was perceived high work demands followed by difficulties in working relationships and staff feeling under-supported in their work. Most often it was a combination of factors rather than one single cause that tipped the person into stress.

For about 20% the episode of stress was short, usually associated with a period of high work demand and quickly settled. However for at least 25% of staff, their stress persisted for more than one month. These longer periods of stress were more likely to be associated with difficulties in interpersonal relationships or issues with no quick solution e.g. approaching the end of a fixed term contract.

The survey collected a lot of useful information about the things that staff find helpful in coping with stress or periods of high work pressure. At a personal level using time management techniques to prioritise and plan work was the single most helpful measure. Many people recognise the value of taking breaks away from the work, taking exercise and making sure to keep some time and energy for social and leisure activities. Stepping back from a stressful task or talking it through with colleagues and managers to get a clear perspective on what is expected and what can be realistically achieved is also very helpful.

The support that staff look for and most appreciate receiving from managers is simple. Being available to talk through concerns, being aware when a member of their team is under pressure and helping someone to prioritise their work can make a huge difference. With colleagues, the basics of team working: being aware, providing support through friendship and sharing experience can help someone pull back from being stressed to enjoying the stimulus of their job again.

The survey identified some issues that can be tackled at College level. These include increasing uptake of management and leadership training, promoting flexible working and improving communications.

A report on the survey and recommendations to help reduce stress will be presented to Management Board later this term. The Learning and Development Centre will develop additional training materials and time management and increase stress management training. Occupational health will produce good practice information aimed at both individuals and managers based on the information collected by the survey. It will be published in the summer term.

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

SAFE WORKING WITH REFRACTORY CERAMIC FIBRE (RCF) AND OTHER FIBROUS MATERIALS

Refractory Ceramic Fibre (RCF) is a form of man-made vitreous (silicate) fibre (MMVF) often found as an insulating material in kilns and ovens. Such equipment is common in the College engineering departments and there are numerous examples of known or suspected RCF linings present in this equipment. Loose fibrous material is also sometimes used to pack into gaps to further improve the insulation of the furnace chamber.

RCF, like other fibrous materials, can cause mild mechanical irritation to the skin, eyes and upper respiratory tract. However, greater concern has surrounded the fact that the fibres may be fine enough to be inhaled and deposited deep inside the lungs causing potentially long-term serious health effects such as fibrosis, lung cancer and mesothelioma. RCFs with fibres less than 6µm in length are classified as category 2 carcinogens (substances to be regarded as if they are carcinogenic to humans). There is a temptation to compare RCF with asbestos, though the fibres are thicker and less respirable. Hard evidence of carcinogenic effects from scientific studies can be difficult to find and results tend to be confounded by the fact that many workers in industrial manufacturing settings that have been exposed to RCF have previous exposure to asbestos. Exposures in manufacturing environments are likely to be orders of magnitude higher than those that could be expected from using RCF containing equipment in a university setting.

Harm resulting from long-term exposure does remain a possibility and work must be organised to keep exposures as low as is reasonably practicable. RCF and other fibrous materials deemed to be safer alternatives do have Workplace Exposure Limits (WELs) assigned to them.

Control measures for working with RCF should include the following:

* When purchasing new equipment or products, select those with safer alternatives to RCF such as AES (Alkaline Earth Silicate) wools.

* Identify where existing RCF may be present. This may prove problematic since it is often difficult to distinguish between RCF and other fibrous material. However, referral to equipment specifications or discussion with manufacturers may help. There are test kits that claim to be able to distinguish RCF from other fibres such as AES based on solubility characteristics but we cannot comment on the efficacy of these products from personal experience: http://www.thermalceramics.com/site.asp?siteid=146&pageid=147

  Replacement of RCF components may be costly or impracticable. If this is the case, then exposure to the existing material needs to be managed.

  Bags of loose wool are easier to identify providing that the markings on the bag are intact. They should be clearly labelled as RCF and will probably bear the R49 Risk Phrase (May cause cancer by inhalation).

* Regularly inspect furnace linings and monitor the condition.

Examples of deteriorating furnace linings

* Ensure that any maintenance work likely to disturb furnace linings takes account of the fact that RCF may be present.

* Site equipment and handle fibres in well ventilated areas.

* Minimise handling activities that raise dust.

* Restrict access to areas where RCF is stored and used.

* Maintain a record of those who routinely handle RCF. Health surveillance is not necessary but a list of users appended to the risk assessment for the activity will suffice.

* Maintain strict housekeeping rules and clear up all lose fibres regularly. Do not employ dry brushing methods—use a Type 2 HEPA filtered vacuum cleaner (not a 'domestic' one).

* Store loose wools in properly labelled undamaged bags. Clear up all spillages immediately.

Examples of poor storage of fibrous wool

* Dispose of RCF and other fibrous wools as hazardous waste via the established College system. This includes any RCF containing components that may have been removed from equipment.

* Wear suitable PPE such as nitrile gloves and ensure workwear is segregated from personal clothing. The requirement for RPE will depend upon the task. For frequent or significant handling of loose wool, FFP2 facemasks would be a sensible precaution. Large scale disturbance or removal of insulation for maintenance or disposal would need more serious consideration.

Further safety information can be found on the European Ceramic Fibre Industry Association (ECFIA) website: http://www.ecfia.eu/index.htm

Recent changes to the regulations governing the transport of infectious substances and GMOs

The 2011 Edition of the IATA (International Air Transport Agency) dangerous goods regulations have revealed a number of changes that will affect the shipping of infectious substances and genetically modified organisms. The changes took immediate effect from 1 January this year. The jargon that follows may only make sense to IATA qualified staff.

* ***Infectious Substances, Category A***
  The familiar Packing Instruction 602 has now been replaced with Packing Instruction 620. Only the designation has changed and there are no changes to the actual packaging type. In future, PI620 will obviously need to be recorded on the Shippers Declaration. The change is to bring IATA in line with the other modes of transport such as ADR (Road Regulations), in which the Packing Instruction for category A substances has always been PI620.

* ***Genetically Modified Organisms and Microorganisms***
  There is a new Packing Instruction for GMOs and GMMOs that do not meet the criteria for infectious substances - PI959. The new packaging includes a requirement for marking with a diamond bearing the UN Number 'UN3245'. PI959 replaces the previous Packing Instruction PI913. In practice, this Packing Instruction has been revised to the same structure and format to PI650. Therefore, a PI650 package that has a UN3245 diamond applied over the existing UN3373 diamond will suffice.

* ***Dry Ice***
  Dry ice continues to be a common refrigerant used for transporting biological samples. The Packing Instruction for dry ice has now changed from PI904 to PI954. Again, there is no material change to the type of packaging that meets this requirement, only the designation. Dry ice was previously assigned to Packing Group III—under the 2011 changes there is no Packing Group assigned. This will have a bearing on the description on the Shippers Declaration if it is being used with Category A Infectious Substances.

The guidance on the Safety Department web pages has been updated to incorporate these changes (http://www3.imperial.ac.uk/safety/subjects/dangerousgoods) but at the time of going to print, some of the well known suppliers of infectious substance packaging such as Air-Sea Containers and DGP Ltd. had not updated the information on their own web pages.

The five minute guide to…… standards for disposable gloves

The College Occupational Health Service and the Purchasing Department are in the process of updating the guidance on disposable glove selection and purchasing options for these products. It would therefore seem an appropriate opportunity to briefly summarise the College recommendations, as disposable glove standards can be a little confusing.

For microbiological work involving fungi or bacteria Select a product that is compliant with BS EN 374 *Protective gloves against chemicals and microorganisms.* Part 2 of this standard requires gloves to undergo tests for resistance to penetration and gloves meeting this standard are deemed to present an effective barrier to fungi and bacteria. Another term associated with this standard is AQL (Acceptable Quality Level). This describes the level of quality assurance associated with a product—Level 1 (AQL 4.0), Level 2 (AQL 1.5) and Level 3 (AQL 0.65). Level 3 is preferable to Level 2, which in turn is preferable to Level 1. These AQL Levels may be quoted in the specification and marked on the box, however, they are only of secondary importance when selecting a product.

For microbiological work involving viruses Gloves should also be compliant with BS EN 374. In addition, they should be compliant with BS EN ISO 16604 *Clothing for protection against contact with blood and body fluids*. Gloves meeting this standard are also required to pass a viral penetration test. Gloves meeting BS EN ISO 16604 should by default, also meet BS EN 374 but not necessarily vice verse.

For general protection against chemicals where incidental contamination is envisaged Gloves that are compliant with Parts 1 & 2 of BS EN 374 will be suitable. Compliance with Part 3 of the standard (resistance to permeation by chemicals) is not deemed necessary since significant permeation cannot be envisaged in such circumstances, particularly if gloves are changed frequently and upon known instances of contamination.

For protection against chemicals where immersion of gross contamination is envisaged Thin disposable gloves are inappropriate for such activities—select something more 'heavy duty'. Suppliers specifications should provide information on permeation resistance to some common chemicals in relation to EN 374 Part 3.

Purchasing will be advertising information on a range of products meeting the above standards and will endeavour to negotiate cost effective pricing. More details on glove selection can be found on the Occupational Health web pages:
http://www3.imperial.ac.uk/occhealth/guidanceandadvice/gloveinformationandguidance/gloveselectionguidance

Safety Department and Occupational Health Service News

Welcome….

Ian Smith recently joined the Safety Department in the role of Health and Safety Technician. The role will essentially entail the provision of a service to College departments for monitoring parameters including noise, dust, lighting, LEV performance, room pressure differentials and face fit testing for RPE. Ian joins the College following a long career in the Fire Service.

Recent Safety Policies Approved by College Health, Safety and Environment Committee

The following Policies were approved at the most recent meeting of College Health, Safety and Environment Committee held on 16 February:

* Compressed Gases
* Local Exhaust Ventilation (LEV)
* Immunisation (see opposite article)

The Policies have now been uploaded onto the Safety Department website. The supporting Code of Practice *Safe handling use and storage of compressed gases* has been uploaded in draft format as there are a few remaining issues to formalise. The Fume Cupboard CoP is currently undergoing some final amendments and will follow in due course.
http://www3.imperial.ac.uk/safety/policies/individualpolicies

HASTAM Report

The external review of the College's Health and Safety Management System carried out by HASTAM during September and October 2010 is now available on the Safety Department website:
http://www3.imperial.ac.uk/safety/otheresources/reports

The review was also discussed at the 16 February meeting of College Health, Safety and Environment Committee and will be on the Agenda for the first meeting of the College Risk Committee which will be held on 23 March. The review has already been discussed at College Management Board. The Safety Department have been working with Central Secretariat to develop an Action Tracker which will be used to monitor progress in implementing the recommendations of the review. This will be reviewed as an ongoing process at future meetings of College Health, Safety and Environment Committee.

Immunisation Policy

A College Immunisation Policy was approved at last month's meeting of the College Health & Safety Committee.

The Policy largely documents existing practice, but for the first time clearly defines when vaccinations will be used to protect staff and students against infection risks, responsibilities for ensuring those who should be vaccinated are and who covers the cost of vaccination.

The Policy is published on the Safety Department web pages. Guidance on how it should be implemented and recommendations for use of vaccines for most common work in College where vaccination is likely to be needed is posted on the OH Service's web pages.

Heads of Departments and Safety Officers were informed of the new policy by a CHASE notice last week.

Summary of responsibilities

* **Heads of Department** have a general responsibility for ensuring all work or study activity undertaken by members of their department complies with the policy.

* **Staff in charge of work or teaching activities** that may involve exposure to infectious materials or toxins must consider vaccination in risk assessments. Where vaccination is used as a control measure, the person in charge must ensure all those exposed to the risk are aware of and comply with vaccination recommendations.

* The **College OH Service** provides specialist advice on appropriate use of vaccinations and provides the clinical services necessary to vaccinate staff and students.

* Individual **staff and students** are responsible for complying with arrangements for vaccination

To help implement the policy, Safety Officers should check that the CHASE has been distributed to all Principal Investigators working in bioscience & medical fields, as well as to all undergraduate and post-graduate Course Directors or Administrators for courses in bioscience disciplines, or courses which may have students travelling overseas for placements or fieldwork.

Health & Safety inspection checklists should now include an item to check for policy compliance where appropriate.

LIFE AT BIOLOGICAL CONTAINMENT LEVEL 3

Findings from a recent programme of inspections of the College's highest level containment facilities

Imperial College has the highest number of Containment Level 3 Laboratories in the UK university sector—a total of 37 laboratories spread across four different campuses. The HSE plan to conduct routine inspections of a number of these facilities this coming April. In preparation for this, the Safety Department has recently undertaken a programme of internal inspections. The inspections have followed a standardised format involving interviews with Principal Investigators and other relevant staff followed by an examination of documentation related to the running of the facility and a walk through each laboratory.

Overall the standard of the facilities and their management was excellent, however, there were one or two points worthy of mention that may have a relevance beyond Containment Level 3 facilities.

Findings

Emeritus Professors

During one interview with a senior Principal Investigator, the question of responsibility for health and safety arose. The individual pointed out that he was an emeritus and therefore had no contract of employment with Imperial College. Although he was the academic driving force behind the research he was technically not responsible for management of the laboratories.

Clearly, in order to run a laboratory, a Principal Investigator must hold responsibility for health and safety management of those facilities and the staff within it. This is defined within the College Safety Management System. An emeritus has no such responsibilities and cannot fulfil this role. This is a recognised problem within the College and has been discussed at College Health, Safety and Environment Committee and a resolution is being sought with the assistance of HR. The simple solution at a local level is to find someone else to lead the research.

Access control

During a laboratory visit it was noticed that staff from the lower risk CL2 labs were wandering into CL3 suite to access an area used for consumables storage. It is important that only authorised staff that need to work in the facility are given access. Designating access permissions is the responsibility of the person in charge of the facility and Security are able to provide monthly summaries of who has access to specific card readers.

As a principal, areas requiring general access must not be located within restricted areas and authorised staff should not lend access cards or pass on door codes to unauthorised persons. These situations often arise from the way the area is being used rather than being a result of a design fault. All laboratory doors fitted with key locks should be locked when not in use and the keys placed in a secure location such as a key safe, where only authorised persons have access.

Sharps

A laboratory was observed to be using needles in close association with cultures of Hazard Group 3 biological agents infectious via the percutaneous route therefore presenting potentially very serious consequences in the event of a needlestick injury. A viable alternative using blunt needles is being investigated but it will require some changes to the experimental procedure. Legislation requires the employer to avoid exposure of employees and others to hazardous materials and where this is not possible to minimise the risk by adopting safe systems of work. Continuing to work with a foreseeable and likely risk where viable alternatives are available is not acceptable.

Training

In some laboratories training was not fully documented and did not cover all activities. Unsurprisingly the law and the HSE expect all those engaged in work activities, especially in higher risk areas, to be competent to do so and know when and how to use identified control measures. To this end Principal Investigators need to ensure that training needs are identified for staff, students, and visitors and where necessary, that it is carried out by a competent and experienced person. It must be adequate and reflect the protocols described within the risk assessment. Training must cover all aspects of the work activities for example use of equipment, transport of hazardous materials, waste disposal, as well as the technical details and hazards of the work itself. Trainees should be assessed for competence and the training documented as this is the only evidence that it has occurred

Maintenance of equipment

There are several pieces of legislation that either directly or indirectly require employers to maintain work equipment and it would seem to be stating the obvious to say that all equipment needs maintenance or it will ultimately fail. Allowing equipment to fail before acting is fine for a washing machine at home but in the work place the consequences of failure could mean harm to workers or the environment. Therefore the consequences of the failure of workplace equipment needs to be assessed and should dictate the level of maintenance that the equipment is given. It therefore follows that all equipment identified by risk assessment as contributing to containment or safe handling of hazardous material must be maintained to the highest standard. This includes the more obvious equipment such as safety cabinets, fume cupboards, room ventilation systems, LEV, PPE as well as the less obvious such as centrifuges, shaking incubators, trolleys, pipework, transport containers etc. The complexity and cost of maintenance is often reflected in the complexity of the device. Guidance can be found in College codes of practice, legislation, the relevant British Standards, and the manufacturer's instructions for use.

Accidents & Near Misses

RIDDOR Consultation Commences

Following the Lord Young review and his subsequent report *'Common Sense, Common Safety'*, there is a proposal to amend RIDDOR (*Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1992*). If adopted, the current requirement for reporting over-three-day accidents will be changed to reporting over-seven-day accidents.

The primary reasons for the above change are firstly to bring the reporting requirement into line with the Fitness for Work Certification (fit note) that was introduced in April last year (and reported in Issue 19 of *Health & Safety Matters*) and secondly to improve compliance whilst reducing the admin burden on businesses (and the HSE). There is a logic to the former requirement since it would mean that anybody sustaining an accident that kept them from work for over seven days would by necessity require a professional medical assessment. The latter requirement may possibly reduce the admin burden on big businesses but is unlikely to have a big impact on the College. The HSE estimate that it takes around 30 minutes to submit a single RIDDOR report—a fairly accurate estimation in our own experience. In 2010, the College submitted 20 RIDDOR reports of which 7 were over-three-day injuries—in only one of these cases was the person off for more than 7 days. So if the proposed ruling had been in place, our stats would have registered 6 fewer reportables and we would have saved around 3 hours admin time.

The Universities Health and Safety Association are likely to submit a combined response to the consultation which closes in May. Further information can be found on the HSE website:
http://www.hse.gov.uk/consult/condocs/cd233.htm

Electronic Incident Management System

In the September 2010 issue of *Health and Safety Matters*, we commented that we were looking at a number of commercial software packages that facilitate online incident reporting and management of incident data.

We have now made a decision to go ahead and purchase a system known as OSHENS which is produced by Optima Diagnostics Ltd. With the help of ICT, we are at present finalising the costs, analysing the security implications for hosting the data and assessing training requirements for those who will be administering the system (the Safety Department). As yet, we have no date for launching the new system but will keep everyone informed via the usual channels. Initially, we will only be taking the incident management module but the OSHENS system also accommodates other modules such as audit and asset tracking which may be of interest in the future.

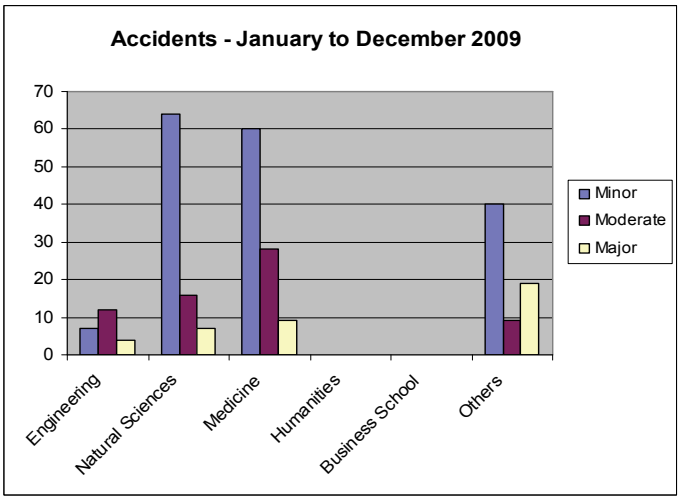
OSHENS Safety Software: http://www.oshens.com/

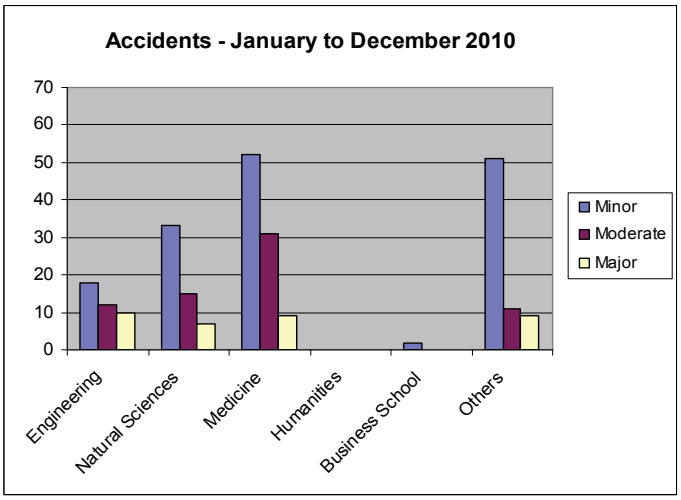
Accident Statistics

	Jan-Dec 2009	Jan-Dec 2010
Total accidents reported to the Safety Department	275	260
Total accidents reported to the Health and Safety Executive in accordance with *RIDDOR 1995*	20	20

Note: there was an error in the statistics printed in the December 2010 edition in that incidents involving contractors and visitors were included, which is not normally the case for the newsletter stats.

Comparison Graphs
January to December 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.

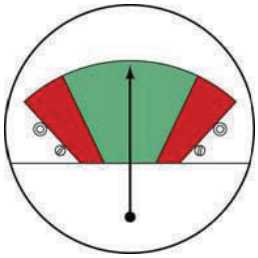
FREQUENTLY ASKED QUESTION:

Must my Local Exhaust Ventilation System (LEV) be fitted with an airflow indicator?

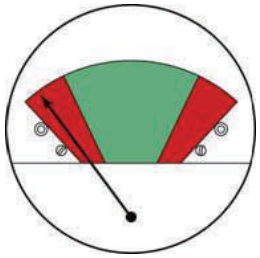
Fume cupboards conforming to BS EN 14175 or BS 7989 and microbiological safety cabinets conforming to BS EN 12469 will be fitted with some form of airflow indicator device by default—it is a requirement stipulated in each of these standards. However, the situation with regard to other types of LEV such as snorkels and extraction hoods is much more vague, and observations indicate that there are many such items in the College that are not currently fitted with airflow indicators.

There is no absolute legal requirement for airflow indicators to be fitted to extraction equipment. However, there is a legal requirement for an employer to ensure that LEV works properly—and one of the commonest reasons for deterioration in performance is a fall in airflow. In such circumstances the worker may not be fully protected and in the absence of an airflow indicator, may not be aware of the situation. An airflow indicator is the only means that will alert the operator immediately in the event of a problem.

Airflow indicators vary in type and in many situations, a simple indicator such as the needle gauge type illustrated below will be adequate. Strips of paper hung across the aperture are not considered to be effective or adequate.



Green—adequate airflow



Red—inadequate airflow

It is to be hoped that all new LEV systems being purchased from this point onwards will be fitted with airflow indicators as standard. However, there is still evidence in the College that some suppliers / installers require airflow indicators to be specifically requested (at extra cost) rather than being fitted as standard. There is also evidence that some models are not that easy to read and require the operator to press a button to determine whether a green or red light illuminates. The importance of airflow indicators is clearly described in the HSE guide: *Controlling airborne contaminants at work* (available to download free from the HSE website).

This FAQ has been adapted from the LEV FAQ section on the HSE website:
http://www.hse.gov.uk/lev/faqs.htm#q1

RADIATION PROTECTION TRAINING

Changes to Radiation Protection Training

Currently, staff & students wishing to undertake work with all types of ionising radiations, sealed sources, unsealed sources and X-rays, must complete the "Principles of Radiation Protection" training course.

From April 2011, the necessary basic awareness training for X-ray users will be provided via a separate course. All users of X-ray generating equipment will be required to complete this course instead of the Principles of Radiation Protection course. Users of unsealed and sealed radioactive sources will still be required to complete the Principles of Radiation Protection training course.

There will be four X-ray training courses each year and booking s can be made via the Staff Development Web Pages in the usual way:
(http://www3.imperial.ac.uk/staffdevelopment/safety)

Radiation Protection Supervisor (RPS) appointment & training

Departments are reminded that where work with ionising radiations is carried out in areas that have been designated under the Ionising Radiations Regulations 1999 there is a requirement for the Head of the Department to appoint an RPS. This appointment is mandatory and must be made in writing, with a copy of the appointment letter being forwarded to the radiation protection team.

RPSs must undergo formal training by attending the course run by the Safety Department. In addition, RPSs must undergo regular refresher training at least once every three years. Failure to attend RPS refresher training will mean that the appointed person may no longer act as an RPS in the department.

Bookings for RPS and RPS refresher training can be made via the Staff Development Web Pages in the usual way. Full details concerning RPS appointment are available in the Ionising Radiations Code of Practice and Guidance Document: IRPM-ICRP-027.

CHASE Notice

In relation to the issue discussed above, a CHASE (College Health and Safety Essentials) Notice: *Arrangements for the Management of Work with Ionising Radiation* was sent out to Faculty Principals (and circulated to FOO's) on 26th January. Recent staff changes and departures have meant that some people who had been carrying out the role of Radiation Protection Supervisor have left or moved from the research group they were "supervising". The CHASE is intended to remind Principles of Faculty and Heads of Department of their responsibilities.

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Training

Eric Miranda, Learning Development Consultant

NEBOSH National General Certificate

The National Examining Board in Occupational Safety and Health (NEBOSH) runs a range of health and safety qualifications which are widely recognised both in the UK and overseas. Imperial College has run the NEBOSH National General Certificate in Occupational Health & Safety since 1993 with over a 1000 internal and external delegates attending our courses since its launch. It is an excellent starting point for our Safety Officers, Managers and those with a Supervisory responsibility who need a broad understanding of health and safety issues and be able to manage risks. They effectively provide the link between individual and organisational learning which help us maintain a safety culture. Organisations, ultimately learn through individuals who are the drivers of strategic transformation and renewal. People are therefore the most important resource and it is important that we attract and retain staff with key safety skills and knowledge.

Many take the NEBOSH National General Certificate as a first step in a career in health and safety and many internal staff move on and achieve success at Imperial and other Universities including Oxford, Middlesex, Queen Marys and St Georges. The qualification also meets the academic requirements for Technician membership (TechIOSH) of the Institution of Occupational Safety and Health (IOSH) and Associate membership (AIIRSM) of the International Institute of Risk and Safety Management (IIRSM). Many of our current Safety Officers, Faculty Safety Officers and Campus Safety Managers build on their NEBOSH National General Certificate and go on to study NEBOSH National Diploma and further Postgraduate Studies. They become part of the College's organisational memory where knowledge is maintained and reviewed. In many ways they represent both the forces of change and continuity.

The College has to seek accreditation by NEBOSH as a course provider every 3 years and this was achieved in Feb 2011 and valid until Feb 2014. The March 2011 NEBOSH General Certificate has now commenced with a cohort of 18 delegates of which 11 delegates are internal and 7 external. The syllabus has been revised from 1 January 2011 and so the June 2011 exams will be the first under the new specification. The new syllabus developed by NEBOSH in consultation with course providers, employers and professional bodies. One of the main changes involves the practical application of health and safety: the safety inspection of a workplace, identifying hazards, suggesting control measures and preparing a management report. This will now be carried out in the candidates own workplace. We have some reservations about candidates completing their assessment in their own workplace and have raised our concerns with NEBOSH.

Finally, we have recently received the December 2010 exam results which returned 4 Distinctions, 8 Credits and 4 Passes which is above the national average. Studying and working is very difficult which makes their success all the greater and we would all want to wish them success in their future careers.

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

March 2011		April 2011	
Health & Safety Responsibilities for Academic Supervisors *(South Kensington)*	21st	CIEH Level 2 Award in Health & Safety in the Workplace *(South Kensington)*	1st
First Aid at Work Requalification *(South Kensington)*	21st & 22nd	Health & Safety Responsibilities for Academic Supervisors *(South Kensington)*	6th
First Aid Refresher *(South Kensington)*	23rd	Principles of Radiation Protection *(Hammersmith)*	6th
Gas Safety *(South Kensington)*	30th	Biological Safety Foundation Training *(South Kensington)*	14th

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