STATEMENT OF HEALTH AND SAFETY ORGANISATION

University of Oxford's Medical Sciences Division
Wellcome Trust Centre for Human Genetics (WTCHG)

As Director of the University of Oxford's Wellcome Trust Centre for Human Genetics I am responsible for ensuring compliance with the University Health and Safety Policy.

The WTCHG includes the following five buildings:

Henry Wellcome Building of Genomic Medicine (HWBGM),
Henry Wellcome Building of Molecular Physiology (HWBMP)
Henry Wellcome Building of Particle Imaging (HWBPI)
Oxford Protein Production Facility (OPPF)
The Link Building

My responsibilities are set out in Appendix A of this document. I have delegated some parts of these responsibilities to others:

1.0 EXECUTIVE RESPONSIBILITY FOR SAFETY

Every employee with a supervisory role is responsible for ensuring, in accordance with the law, the health and safety of staff, students and other persons in their area of responsibility and also anyone who may be affected by their work activities. In particular, the responsibilities listed in the Annexe are delegated to such persons for their areas.
Health and Safety Management Responsibilities are detailed in University policy S2/11, where Head of Department and Supervisor duties are specified in appendices ups0211app2 and ups0211app3 respectively.

All those with executive responsibility should notify me, the Centre Health & Safety Officer (Dr Mike Challen) or Divisional Area Safety Officers (Dr Graham Ross, Dr Julie Hamilton) of any planned, new or newly identified significant hazards in their areas and also of those control measures needed to avert any risks involved.

As it is my duty to ensure adherence to the University Health and Safety Policy, I instruct every employee with a supervisory role and the Centre Health & Safety Officer and Divisional Area Safety Officers to report to me any breach of the Policy.

Where supervisors or others in charge of areas or with specific duties are to be absent for significant periods, adequate substitution must be made in writing to me and such employees and other persons as are affected. Deputising arrangements must be in accordance with University Policy.

The following employees have executive responsibility throughout the WTCHG to ensure compliance with the University Policy as it applies to their special function:

The Business Manager (Peter Bond), with support from the Laboratory & Facilities Manager (Pierre van Zijl), is responsible for making arrangements for visitors (including contractors). This will involve carrying out suitable risk assessments as appropriate.

The person responsible for the bulk storage of highly flammable and flammable liquids is Dr Mike Challen.

In the following parts of the department, the persons named below have executive authority for safety:

Prof Chris Pugh, for the Henry Wellcome Building of Molecular Physiology (HWBMP)

Prof David Stuart, for the Henry Wellcome Building of Particle Imaging (HWBPI) and the Oxford Protein Production Facility (OPPF)

Biomedical Services Director, for the BMS FGF on Level 3 of the Henry Wellcome Building of Genomic Medicine (HWBGM)

The **Senior Radiation Protection Supervisor** (SRPS), Pierre Van Zijl (Tel: 87658) is directly responsible to me for the day to day coordination of radiation protection arrangements within the WTCHG and supervision or work with ionising radiation, in accordance with the requirements of the Ionising Radiations Regulations 1999. The purpose of this supervision is to ensure compliance with the requirements of the WTCHG's local rules for work with ionising radiation and the University's general radiation protection arrangements.
The SRPS is also responsible for supervising the keeping and use of radioactive materials and the accumulation and disposal of radioactive waste, in accordance with the conditions of the University's permits under the Environmental Permitting (England and Wales) Regulations 2010 and the Environment Agency's permit *ref* BF4300/CE0753. This is a supervisory role and the SRPS has my authority to direct others.

I have appointed additional Radiation Protection Supervisors (RPSs, see Section 2.9) to provide direct supervision of work with ionising radiation carried out in the WTCHG. The RPS's will report to the SRPS on radiation protection matters.
The WTCHG also has the services of the Nuffield Department of Medicine RPS, Joy Bull (Tel: 01865 222629).

2.0 ADVISORY RESPONSIBILITY FOR SAFETY

I have appointed those listed below to advise me on matters of health and safety within the WTCHG. If any member of the WTCHG does not take their advice, they should inform me. If they discover danger that requires immediate action, they are authorised to take the necessary action and inform me subsequently.

2.1 DEPARTMENTAL SAFETY OFFICERS (DSO)

Mike Challen, for HWBGM, OPPF and HWBMP Tel: 87874
Robin Parsons, for HWBPI Tel: 87813
Viv Clark, for BHF FGF on Level 3 Tel: 87824

are responsible for

- advising me on the measures needed to carry out the work of their Department without risks to health and safety
- coordinating any safety advice given in their Department by specialist advisors and the University Safety Office
- monitoring health and safety within their Department and reporting any breaches of the Health and Safety Policy to me
- informing me and the Director of the University Safety Office if any significant new hazards are to be introduced to their Department

More specific duties of DSO's are described in University Policy Statement S1/01.

To assist in this work, the WTCHG has the following specialist advisor(s):

2.2 DIVISIONAL AREA SAFETY OFFICERS (ASO)

Dr Graham Ross, Tel: 01865-2-22789 / 07748-963-145
Dr Julie Hamilton, Tel: 01865-2-89203 / 07771-526-963
have been appointed as Medical Sciences Divisional Safety Officers and will support the WTCHG Health & Safety Officer, and other DSO's in their administrative, monitoring and advisory duties.

2.3 WTCHG FIRE OFFICERS

Mike Challen, WTCHG Fire Officer, Tel: 87874
is responsible for advice on all matters relating to fire precautions and prevention to ensure compliance with the University Health and Safety Policy.
Deputy centre fire officers have been appointed to assist the above in his duties, which include:

David Banfield, Deputy Fire Officer, Tel: 87678
Pierre van Zilj, Tel: 87658
Andre Kohorn, Tel: 87628 / 87822

2.4 DEPARTMENTAL BIOLOGICAL SAFETY OFFICERS (DBSO)

The following are responsible for advice on all matters relating to biological safety and in particular for implementation of University Policy Statement S5/09.

Dr Mike Challen, HWBGM, OPPF, **Tel: 87874**
Dr David Mole, HWBMP, **Tel: 87788**
Robin Parsons, HWBPI, **Tel: 87813**

Specific duties of Biological Safety Officers are described in Policy Statement S5/09. The Centre Health & Safety Officer has executive responsibility for biological safety within the WTCHG, and coordinates activities of the genetic manipulation / biological safety committees (section 2.10)

2.8 WTCHG SAFETY ADVISORY COMMITTEE

In addition to the above arrangements I have set up a WTCHG Safety Advisory Committee. See University Policy Statement S2/01.
The members are:

Prof P Donnelly, Centre Director (Chair)

Dr Z Bencokova , CCMP Laboratory Manager,
Mr P Bond, Business Manager
Dr J Brown, Cardiovascular Medicine (CVMed) Laboratory Manager
Ms J Bull, NDM Radiation Protection Supervisor
Dr M Challen, WTCHG H&S Officer
Ms V Clark, FGF BMS Manager
Dr B Davies, Head of Transgenics Core
Dr J Hamilton , Divisional Safety Officer
Ms M Jones, STRUBI Laboratory Manager,
Dr D Mole, Biological Safety Officer, HWBMP
Mr R Parsons, Biological Safety Officer, HWMPI
Ms R Porter, Information Technology Officer

Prof C Pugh, Molecular Physiology Group Head Representative
Dr G Ross, Senior Divisional Safety Officer
Ms Pat Scudder, Building Systems & Asset Manager
Dr G Sutton, Particle Imaging Representative
Mr P van Zijl, Facilities Manager & SRPS
Student Representative

The purpose of the Committee is to review annual risk assessments, to assess new risk assessments, to review reported incidents and suggest and implement appropriate control measures to prevent their recurrence. The Committee is also to review new legislation and incorporate it into working practices and the Centre Safety Manual, to appraise the effectiveness of safety training and to act as a forum for any relevant discussion. It will meet once each term.

2.9 WTCHG RADIATION PROTECTION COMMITTEE

Membership of the Radiation Protection Committee, whose functions are set out in University Policy Statement S01/12 is as follows:

Pierre Van Zijl, SRPS Tel: 87658
Joy Bull, NDM RPS, Tel: 01865-2-22629
Mike Challen, WTCHG Health & Safety Officer
and the local Radiation Protection Supervisors (RPS's)
Zuzana Bencokova, CCMP Laboratory Manager, 10/004, Tel: 87797
James Brown, CVMed, HWBGM Lab 3/4, Tel: 87585
Chris O'Callaghan, CCMP, HWBMP 20/002, Tel: 87789
Ben Davies, Transgenics Core, HWBGM Lab 4, Tel: 87836
Karl Harlos, STRUBI, X-ray generator, Tel: 87563 / 87545
Julian Knight, HWBGM Lab 1, Tel: 87651 / 87531
Annabelle Lewis, Tomlinson Group, HWBGM Lab 1, Tel: 87720
Kirk Rockett, Kwiatkowski Group, HWBGM Lab 2, Tel: 87671 / 87539
Geoff Sutton, STRUBI, HWBGM Lab 2, Tel: 87548
Antonio Velayos Baeza, Monaco Group, HWBGM Lab 1, Tel: 87509

2.10 GENETIC MODIFICATION SAFETY COMMITTEE

In addition to the assignment of Biological Safety Officers (Section 2.4, above) I have also set up a Genetic Modification Safety Committee, whose functions are set out in University Policy Statement S5/09 and whose membership comprises:

James Brown, CVMed
Mike Challen, WTCHG Health & Safety Officer
Ben Davies, Transgenics
Peter Bond, Administration
Julie Hamilton, Divisional Safety Officer
David Mole, HWBMP
Daniella Moralli, Chromosome Dynamics
Tracey Mustoe, Deputy University BSO
Robin Parsons, HWBPI
Andrew Thompson, University BSO
Carol Williams, BHF FGF

The purpose of the Committee is to assess the suitability of any new or revised GM risk assessments, to advise the Departmental Biological Safety Officers, and maintain the highest levels of safety related to biological practices within the centre.
The GMSC will meet annually to review new GM projects and other matters pertaining to Biological Safety.

3.0 OTHER SAFETY FUNCTIONS

3.1 FIRST AID

The following persons are trained first aiders:

Chris Allan, Genomics, Tel: 87774
Danielle Anthony, Reception, Tel: 87500
Jennifer Bardsley, NDMS, Tel: 87981
Zuzana Bencokova, CCMP, Tel: 87797
Peter Cann, Reception, Tel: 87500
Lizzy Deacon, NDMS, Tel: 87988
Alex Dos Santos Passos, Glass-wash, Tel: 87569
Alison Howarth, TDI, Tel: 87831 / 87775
Kim Johnson, Kwiatkowski Group, Tel: 87605
Angeliki Kerasidou, Kwiatkowski Group, Tel: 87566
Elena McPhilbin, NDMS, Tel: 87991
Robin Parsons, Particle Imaging, Tel: 87813
Stacey Roger, FGF BMS, Tel: 87607
Alistair Siebert, STRUBI, Tel: 87843
Katherine Shakespeare, FGF BMS, Tel: 87743
Ashley St John-Hart, Lab Support, Tel: 87628
Pierre Van Zijl, Facilities/Reception, Tel: 87658
Sue Wilson, Administration, Tel: 87684

University Security Services staff who patrol the Old Road Campus and WTCHG buildings 24/7 are also First Aid trained, and can be called in out of hours emergencies Tel: 01865-2-89999

First Aid boxes and plaster dispensers are widely distributed throughout the centre laboratories, kitchenettes and corridors. The WTCHG Health & Safety Officer is responsible for provision of first aid supplies and organisation of training.

3.2 ACCIDENT AND INCIDENT REPORTING

The WTCHG Health & Safety Officer is responsible for keeping accident/incident report forms and for ensuring prompt reporting of accidents to the University Safety Office. Accident report forms are available at Reception and from the Health & Safety Officer (room 00/005).

3.3 DEPARTMENTAL LASER SUPERVISOR (DLS)

Dr Mike Challen is responsible for giving advice on the use of laser systems and in particular for the implementation of University Policy Statement S2/09, which also outlines more specific duties of a DLS.

3.4 DISPLAY SCREEN EQUIPMENT

The following individuals have been appointed and trained as DSE Assessors

Jean-Baptiste Cazier, Bioinformatics, 87718
James Brown, CVM, 87585
Zuzana Bencokova, CCMP, Tel: 87797

Jun Dong, STRUBI, 87558
Kimberley Johnson, Kwiatkowski, 87605
Angeliki Kerasidou, Administration, 87566
Paula McDonald, Lab Support, 87504
Robin Parsons, HWBPI, 87813
Anne Pratt, Administration, 87650
Ashley St. John-Hart, Lab Support, 87628
Geoff Sutton, STUBI, 87548
Pierre Van Zijl, CCMP, 87797

An assessor should not be expected to assess more than 50 persons. The University Safety Office is encouraging the use of online self-assessment of DSE workstations.
The Coordinator of DSE Assessment is Dr Mike Challen.

3.5 MANUAL HANDLING RISK ASSESSORS

The following have been trained as Manual Handling Risk Assessors

David Banfield, Facilities
Mike Challen, H&S Officer
Kerry Clare, HWBPI
Lee Yates, Facilities

4.0 TRADES UNIONS AND APPOINTED SAFETY REPRESENTATIVES

University Policy Statement S2/04 sets out the arrangements for dealing with trade unions and their appointed safety representatives. Employees who wish to consult their safety representatives should contact the senior safety representative of the appropriate trade union:

UCU: http://www.oxforducu.org.uk
Unite: http://users.ox.ac.uk/~unite
UNISON: http://users.ox.ac.uk/~unison

5.0 INDIVIDUAL RESPONSIBILITY

All employees, students, visiting workers and other persons entering onto WTCHG premises or who are involved in centre activities are responsible for exercising care in relation to themselves and others who may be affected by their actions. Those in immediate charge of visitors (including contractors) should ensure that the visitors adhere to the requirements of the University Health and Safety Policy as appropriate.

Individuals must -

- Make sure that their work is carried out in accordance with University Safety Policies.
- Protect themselves and others by properly using any safety equipment or devices (e.g. machinery guards) provided.
- Protect themselves by properly wearing any personal protective equipment that is required.
- Obey all instruction emanating from the Director in respect of health and safety.
- Warn me (and/or the WTCHG Health & Safety and Divisional Safety Officers) of any significant new hazards to be introduced to the department, or have identified new significant risks on the premises or within existing procedures.
- Ensure that visitors (including contractors) a named contact within the department with whom to liaise.
- Attend training where managers identify it as necessary for health and safety.

- Register for and attend health surveillance with the Occupational Health Service when required University Safety policy.
- Report all fires, incidents and accidents immediately to the WTCHG Health & Safety Officer.
- Familiarise themselves with the location of fire fighting equipment, alarm points and escape routes, together with the fire procedures.

Individuals should –

- Report any conditions, or defects in equipment or procedures, that they believe might present a risk to their health and safety (or that of others) so that suitable remedial action can be taken.
- Offer any advice and suggestions that they think may improve health and safety, by informing their supervisor, group representative or WTCHG Health & Safety Officer.
- Note that University Policy Statements are available on the web at https://www.admin.ox.ac.uk/safety/policy-statements/ and also available from the Health & Safety Officer (room 00/005).

6.0 SPECIFIC SIGNIFICANT RISKS

The following areas/activities have been identified as significant risks in the WTCHG:

- **Radiation** users must first register as a radiation worker with the local SRPS. New users must read and understand the Local Rules and receive local training by their supervisor or RPS and be made aware of the Centre's Local Rules. New users must attend University Safety Office training corses on safe use of radiation.
- **Liquid nitrogen** – A risk assessment is available on the WTCHG Health and Safety intranet pages for handling and safe storage of samples in liquid nitrogen. Group Head/Representatives will identify requirements for, and carry out appropriate local training.
- **Autoclaves** – the Facilities Manager will identify and carry out appropriate training needs for users of the autoclaves. The hazards include: steam, pressure vessel and biological agents.
- **BHF Experimental Magnetic Resonance Unit (BMRU)**. Access to this facility is restricted to those who have attended an annual safety induction specifically for this facility. The hazards include: the strong magnetic field (9.4T; earth magnetic field ~0.05mT), within the fringe field ferromagnetic objects will be attracted to the magnet. Liquid helium is used to bath the coils inside the magnet. A rapid boil off of the helium (quench) may fill the room with cold gas which may deplete the oxygen in the room air.

7.0 OTHER SPECIFIC POLICIES

7.1 Laboratory PPE

In order to reduce the spread of contamination and to protect individuals, it is University and Centre policy that all personnel will be appropriately dressed for their work. This means that lab-coats **must** be worn at all times when working in the laboratory. University policy (S8/10) dictates that eye-protection must be worn while working at the bench in all and WTCHG all biological containment laboratories, regardless of the activities. The only exceptions are: (i) people walking through the lab area, or (ii) where group heads have risk assessments that define specific areas (e.g. write-up benches) or activities (e.g. microscopy) where lab-coats or eye-protection are deemed unnecessary. Lab-coats must never be worn in office areas. Other protective clothing or equipment provided by the WTCHG (e.g. gloves, face shields) should be worn appropriate to the work in hand and as defined in specific risk assessments.

7.2 Waste policy

The WTCHG conforms with statutory regulations concerning waste disposal. At the same time, we are constantly re-evaluating the substances and materials used in an attempt to replace those that might be harmful to the environment, with more innocuous ones. In particular, the use of non-radioactive substances in place of radioactive substances is strongly promoted. The Centre will also pursue a recycling policy wherever possible. Further details as to the disposal of various classes of wastes are available within the Centre's waste disposal procedure.

7.3 Risk Assessment

Each Group Leader is responsible for carrying out an assessment of the risks associated with every proposed research project before work commences. This assessment should be recorded on the approved University form, signed and dated and given to the WTCHG Health & Safety Officer.

The assessment document is a declaration that a risk assessment has been carried out and that no significant exposure to hazardous substances will occur under the conditions of the local safety rules or any extensions to them that have been adopted. The document should also contain a date for the next assessment of the project (which should be 1 year later). The Group Leader must carry out a re-assessment at an earlier date if the risks associated with a project change. The WTCHG Health & Safety Officer should be notified of any changes.

Any risks associated with a project that is not covered by local safety rules must be notified to the WTCHG Health & Safety Officer.

Group Leaders must ensure that their staff are trained to handle, store and dispose of substances used in their group in a safe manner; that they are aware of the hazards associated with substances that they use and that they are familiar with any contingency plans.

The WTCHG Health & Safety Officer organises the regular inspection and maintenance of equipment providing local exhaust ventilation (LEV) such as fume cabinets and microbiological safety cabinets. Records will be maintained for each item of LEV equipment to enable deterioration of performance to be identified. It is however the duty of the Group Leader to ensure that regular visual checks are made of the functioning of safety equipment and to report any malfunctions to Lab-Support.

7.4 Arrangements for Genetically Modified Organisms (Contained use).

GMO risk assessments should be carried out by Group Leaders on the pro forma available on the internal Health and Safety website or from the Biological Safety Officer (BSO). Approval must be given before the actual manipulation is first performed or the genetically modified material arrives on site.

These assessments are to be reviewed annually while the genetically modified organism is being used or stored and details of the assessment must be forwarded to the University Safety Office by the BSO annually. This requirement stops once the organism is no longer held at the Centre in any form.

The BSO must be informed of any GMOs that you wish to bring to the Centre and approval given before you take receipt. Any genetically modified organisms that are received by this Centre or are sent from this Centre must be accompanied by the risk assessment. This includes commercially available material that can be considered a GMO.

All staff involved in GMO work should be fully aware of the levels of containment required for that work and their obligations to safe working practices, and should have received adequate training from appropriate personnel for that level of containment.

7.5 Policy for Working Out of Normal Hours

In formulating the following policy, the Centre recognises that its primary duty is the care of Centre employees. At the same time, the Centre does not wish to put obstacles in the way of experienced staff that wish to work out of hours. The Centre wishes to accommodate the needs of industrious workers without compromising safety.

Working alone may present an unacceptable risk. This is true on jobs where the circumstances are such that a person could be injured or die before others knew their plight. The Centre therefore recommends in general, that staff should not work alone. Some activities are however less hazardous than others. Book or computer works are activities that pose little risk to the individual.

Some operations pose more significant risks. The following therefore are **prohibited for persons working alone**:

1. Working with quick acting, highly toxic or asphyxiating materials. Examples: large amounts (>0.5 litres) of: concentrated acids, phenol, ammonia and cryogenic liquids.

2. Working with high-energy materials or some electrical work. Examples: biolistics, electrophoresis, radioisotope manipulations that would normally be carried out in a controlled area.

In general, undergraduates, inexperienced staff and visitors are only permitted to work in the building when accompanied by their supervisor(s). Group leaders are required to judge the degree of experience of their personnel before requesting full 'out of hours' access.

As a general rule, new starters will be given card access for the building from 07:00 - 19:00 Monday to Friday. This access can be reviewed on an individual basis (normally after 1-month) and after the completion of the Out of Hours Risk Assessment and training record; proformas are available on the internal Health and Safety website: www.well.ox.ac.uk/risk-assessment-forms-2

Appendix A – Responsibilities of the WTCHG Director and Group Heads

In accordance with both Legal & University Requirements, the following list details my responsibilities as Director of the Wellcome Trust Centre for Human Genetics. Certain Individuals are delegated, in writing, to meet these responsibilities for their own specific Groups/Areas. The responsibilities include:

- To ensure adherence in all respects to the Health and Safety Policy of the University of Oxford and in particular to ensure that the necessary resources for implementation are available.
- To plan, organise, control, monitor and review the arrangements for health and safety including the arrangements for any visitors (including contractors).
- To carry out general risk assessments and specific risk assessments as required by H & S legislation.
- To ensure that all work procedures under my control are safe and without risks to health.
- To ensure that training and instruction have been given in all relevant procedures including emergency procedures.
- To inform the University Safety Office before any significant hazards are introduced or when significant hazards are identified.
- To investigate and keep a record of all cases of ill health, accidents, hazardous incidents and fires, and to report immediately to the University Safety Office any serious or potentially serious accidents, incidents or fires.

Specifically therefore all Group Heads are responsible for:

- Ensuring that all new members of staff discuss the Centre safety policy with them and ensuring they receive a copy of the Centre Safety Manual. The group leader should keep a checklist of matters to be discussed and this list should be revised (annually).
- Ensuring that all work in their group is conducted in line with Centre policy.
- Ensuring that the laboratory is kept clean and tidy, that rubbish is not allowed to accumulate and that gangways and corridors are kept clear.
- Ensuring adequate liaison with collaborative organisations as required, particularly with regard to risk assessments.
- Carrying out suitable and sufficient risk assessments on all projects before commencement, in the presence of the person(s) carrying out the work.
- Ensuring that staff has access to adequate information regarding the hazards associated with their projects.
- Assessing the degree of experience of each member of their group and if necessary, recommend to the WTCHG Health & Safety Officer that persons should attend training course(s).
- Ensuring that short-term workers or visitors to the group are closely supervised at all times while working in the laboratory.

Signed and dated by WTCHG Director:
Prof Peter Donnelly