

STATEMENT OF HEALTH AND SAFETY ORGANISATION 2017

University of Oxford Medical Sciences Division

Wellcome Trust Centre for Human Genetics (WTCHG) Centre for Cellular & Molecular Physiology (CCMP)

The *Wellcome Trust Centre for Human Genetics* and the *Centre for Cellular & Molecular Physiology* are located in adjoining buildings on the Old Road Campus. Whilst each Centre has its own separate academic leadership, the administration of health & safety management is conducted jointly between the two Centres under shared arrangements which are outlined in this *Statement of Health and Safety Organisation*.

As Director [Professor Peter Donnelly] and Deputy Director [Professor Yvonne Jones] of the WTCHG, we are responsible for ensuring compliance with the University's Health and Safety Policy in the following buildings, which comprise the WTCHG:

- Henry Wellcome Building of Genomic Medicine (HWBGM)
- Henry Wellcome Building of Particle Imaging (HWBPI)
- Link Building
- WTCHG Quad Offices Building

As Interim Head of Nuffield Department of Medicine [Professor Christopher Conlon], I am responsible for ensuring compliance with the University's Health and Safety Policy within:

- Henry Wellcome Building of Molecular Physiology (HWBMP) & the CCMP

Throughout this document all references of responsibility (*I, me, my, our, we & us*) should be considered as limited to specific buildings/areas as defined above, and any references to the 'Centre' should be also be differentiated between the WTCHG and CCMP.

Our responsibilities are summarised in Appendix A of this document. We 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 (and summarised in appendix A).

All those with executive responsibility should notify me, the WTCHG Health & Safety Manager (Dr Mike Challen) or the Medical Sciences Divisional Area Safety Officers (Dr Graham Ross, Dr Julie Hamilton, Dr Russell Leek & Eleanor Booth-Davey) of any planned, new or newly identified significant hazards in their areas and also of those control measures needed to avert any associated risks.

It is our duty to ensure compliance with University Health and Safety Policies, and we instruct every employee with a supervisory role, the Health & Safety Manager and Divisional Area Safety Officers to report to us any breach of 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, notified in writing to us and to any employees and other persons duly affected. Deputising arrangements must be in accordance with University Policy.

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

The Business Manager (Peter Bond), with support from the Building & Facilities Manager (Ling Jinks), 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 Centre, persons named below have executive authority for safety:

Prof David Stuart, for the Henry Wellcome Building of Particle Imaging (HWBPI) and with **Prof Ray Owens** for the Oxford Protein Production Facility (OPPF) based at the Research Complex at Harwell

Prof Adrian Hill, for Jenner Institute personnel working within the HWBMP / CCMP

The **Senior Radiation Protection Supervisor** (SRPS), Dr Zuzana Bencokova (Tel: 87797) is directly responsible to us for the day to day coordination of radiation protection arrangements within the Centre and supervision of 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 Centre'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 – Environment Agency permit *no.* EPR/FB3898DS. This is a supervisory role and the SRPS has our authority to direct others.

We have appointed additional Radiation Protection Supervisors (RPS's, 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.

2.0 ADVISORY RESPONSIBILITY FOR SAFETY

We have appointed those listed below to advise us on matters of health and safety within the Centre. If any member of the Centre 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 us subsequently.

2.1 DEPARTMENTAL SAFETY OFFICERS (DSO)

Mike Challen, for HWBGM Tel: 87874

Zuzana Bencokova, for HWBMP Tel: 87797

James Brown, for CVMed Tel: 87585

Robin Parsons, for HWBPI Tel: 87813

Viv Clark, for FGF on Level 3 Tel: 87824

DSO's are responsible for

- advising us 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 us
- informing us 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

The following have been appointed as Medical Sciences Divisional Safety Officers and will support the Health & Safety Manager, and other DSO's in their administrative, monitoring and advisory duties.

Dr Graham Ross, Tel: 01865-2-22789 / 07748-963-145

Dr Julie Hamilton, Tel: 01865-2-89203 / 07771-526-963

Dr Russell Leek, Tel: 01865 28947

Ms Eleanor Booth-Davey, Tel: 01865 289479

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 Fire Safety Policies ([S2/05](#), [S3/05](#), [S8/07](#))

Deputy fire officers have been appointed to assist the above in his duties, which include:

Andre Korhorn, Deputy Fire Officer, Tel: 87822 / 87628

Ling Jinks, Building & Facilities Manager, Tel: 87658

2.4 DEPARTMENTAL BIOLOGICAL SAFETY OFFICERS (BSO)

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, Tel: 87874

Prof Chris O'Callaghan, HWBMP, Tel: 87789

Robin Parsons, HWBPI, Tel: 87813

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

2.8 WTCHG SAFETY ADVISORY COMMITTEE

In addition to the above arrangements we have set up a Safety Advisory Committee (SAC). See University Policy Statement [S2/01](#).

The members are:

Prof P Donnelly, Centre Director (Chair)

Prof Y Jones, Deputy Director

Dr Z Bencokova, SRPS, Deputy Building & Facilities Manager

Mr P Bond, Business Manager

Dr J Brown, CVMed Laboratory Manager

Mr E Byrne, STRUBI / Student Representative

Dr M Challen, WTCHG H&S Manager / Biological Safety Officer

Ms V Clark, FGF BMS Manager

Dr B Davies, Head of Transgenics Core

Dr J Hamilton, Divisional Safety Officer

Ms Ling Jinks, Building & Facilities Manager

Ms M Jones, STRUBI Laboratory Manager,

Prof C O'Callaghan, Biological Safety Officer, HWBMP
Mr R Parsons, Biological Safety Officer, HWMPI
Ms R Porter, Information Technology Officer
Dr G Ross, Senior Divisional Safety Officer
Ms L-A Stork, BMRU / CVMed
Dr G Sutton, Particle Imaging Representative
Dr A Turner, Viral Vector Core Facility Manager

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 local safety manuals, to appraise the effectiveness of safety training and to act as a forum for any relevant discussion. It will meet once each term.

Minutes from SAC meetings are made available via the WTCHG intranet: <http://www.well.ox.ac.uk/health-safety-committee>

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:

Zuzana Bencokova, SRPS, Tel: 87797
Mike Challen, WTCHG Health & Safety Manager, Tel: 87874

and other local Radiation Protection Supervisors (RPS's)

James Brown, CVMed, HWBGM Lab 3/4, Tel: 87585
Ross Chapman, Faxitron X-ray cabinet, Tel: 87839
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
Chris O'Callaghan, CCMP, HWBMP 20/002, Tel: 87789
Kirk Rockett, Kwiatkowski Group, HWBGM Lab 2, Tel: 87671 / 87539
Geoff Sutton, STRUBI, HWBGM Lab 2, Tel: 87548

Guidance for radiation workers can be found on the intranet: <http://www.well.ox.ac.uk/radiation-safety-2>

2.10 GENETIC MODIFICATION & BIOLOGICAL SAFETY COMMITTEE

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

James Brown, CVMed
Peter Bond, Administration
Mike Challen, WTCHG BSO / H&S Manager
Viv Clark, BHF FGF
Ben Davies, Transgenics
Graham Davies, CVMed
Julie Hamilton, Divisional Safety Officer
Daniela Moralli, Chromosome Dynamics
Tracey Mustoe, Deputy University BSO
Chris O'Callaghan, HWBMP BSO
Robin Parsons, HWBPI BSO

Graham Ross, Senior Divisional Safety Officer
Geoff Sutton, STRUBI
Andrew Thompson, University BSO

The purpose of the GMBSC is to assess the suitability of any new or revised GM risk assessments, to advise Departmental Biological Safety Officers, and maintain the highest levels of safety related to biological practices within the Centre.

The GMBSC 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:

Zuzana Bencokova, Facilities, Tel: 87797
Daniel Biggs, Lab 4, Tel: 87695
Abigail D'Cruz, Lab 1, Tel: 87624
Alex Dos Santos Passos, Facilities / Glass wash, Tel: 87569
Douglas Dos Santos Passos, FGF BMS Level 3, Tel: 87607
Benjamin Edwards, OPIC, Tel: 87813
Mary Foulkes, Quad Offices, Tel: 87893
Clementine Geeves, Facilities / Lab Support, Tel: 87628
Jade Harris, FGF BMS Level 3, Tel: 87607
Peter Hinton, FGF BMS Level 3, Tel: 87743
Sally Hitchcock, Facilities / Lab Support, Tel: 87628
Stephen Laird, FGF BMS Level 3, Tel: 87743
Ling Links, Building & Facilities Manager, Tel: 87658
Angeliki Kerasidou, Quad Offices, Tel: 87895
Debra McAndrew, Lab 3, Tel: 87619 / 87741
Sarah Nurmohamed, Lab 2, Tel: 87543
Robin Parsons, OPIC, Tel: 87813
Zoë Stockdale, NDM Strategic, Tel: 87982
Sue Wilson, Administration, Tel: 87684
Marzena Wroblewska, CCMP Jenner Labs, Tel: 87810

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

First Aid boxes and plaster dispensers are widely distributed throughout Centre laboratories, kitchenettes and corridors. A first aid rest room is available in HWBGM (room 00/133). An automated external defibrillator (AED) device is available in the HWBGM reception. The WTCHG Health & Safety Manager is responsible for provision of first aid supplies and organisation of training.

Further information on provision of First Aid and current list of trained First Aiders is available on the intranet: <http://www.well.ox.ac.uk/first-aid>

3.2 ACCIDENT AND INCIDENT REPORTING

The WTCHG Health & Safety Manager 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 or from the Health & Safety Manager (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](#). Acquisition of apparatus containing lasers, except inherently safe Class 1 lasers (e.g. laser printers, CD players etc) and laser pointers below Class 3, must be notified to the DLS and should include Class 1 by design product that have embedded Class 3 or 4 lasers where beams might be exposed during service/maintenance.

3.4 DISPLAY SCREEN EQUIPMENT

The WTCHG Coordinator of DSE Assessment is Dr Mike Challen, with support from those identified below.

The following individuals have been appointed and trained as DSE Assessors

James Brown, CVMed DSE Assessment Coordinator, 87585
Zuzana Bencokova, CCMP DSE Assessment Coordinator, 87797
Jun Dong, STRUBI, 87558
Marta Guderska, High Throughput Genomics, 87632
Emma Jaeger, Molecular & Population Genetics, 87661
Paula McDonald, Lab Support, 87504
Robin Parsons, HWBPI, 87813
Ruth Porter, IT Support, 87595 / 87612
Geoff Sutton, STRUBI, 87548
Joanne White, Human Resources, 87507

The University Safety Office promotes the use of an online self-assessment of DSE workstations, see: <http://www.well.ox.ac.uk/display-screen-equipment>

3.5 MANUAL HANDLING RISKS

The following have been trained in Manual Handling and/or as Risk Assessors

Ian Avery, Stores
Marek Biadon, Facilities
Zuzana Bencokova, Facilities
Mike Challen, H&S Manager
Clementine Geeves, Facilities
Andre Korhorn, Facilities
Lee Yates, Facilities

4.0 TRADES UNIONS AND APPOINTED SAFETY REPRESENTATIVES

University Policy [S2/13](#) outlines arrangements for dealing with trade unions and their appointed safety representatives who may attend WTCHG SAC meetings (section 2.8).

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 Centre 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 us (or WTCHG Health & Safety Manager and/or 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) have 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 Manager.
- 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 Manager.
- Note that University Policy Statements are available on the web at <https://www.admin.ox.ac.uk/safety/policy-statements/> or can be sourced from the WTCHG Health & Safety Manager (room 00/005, Email: safety@well.ox.ac.uk).

6.0 SPECIFIC SIGNIFICANT RISKS

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

- **Radiation** – users must first register as a radiation worker with the local SRPS. New users must attend University Safety Office training courses on safe use of radiation, must read and understand Local Rules and will receive practical training with their supervisor or RPS.
- **Liquid nitrogen (LN2)** – Risk assessments and SOPs for work with LN2 are available on the WTCHG H&S intranet. Access to LN2 cryostores and dispensing areas is governed by proximity card access, which is only granted after participation in the local CryoSafety Workshop. Group Head/Representatives must identify requirements for and carry out any other practical 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 the BMRU is restricted to those who attend annual safety training. 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 bathe the coils inside the magnet. An emergency or accidental release of helium (quench) has the potential to cause an oxygen depletion event inside the magnet room.

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 WTCHG policy that all personnel will be appropriately dressed for their work. This means that lab-coats **must** be worn at all times when working at the laboratory bench. University policy ([S8/10](#)) dictates that eye-protection **must** be worn while working at the bench in 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 performed and as defined in specific risk assessments.

7.2 Waste policy

The Centre 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 in local policy. The Centre also pursues waste recycling wherever possible. Further details as to the disposal of various classes of wastes are available within Centre waste disposal procedures.

7.3 Risk Assessment

Each Group Leader is responsible for carrying out an assessment of risks associated with every proposed research project before work commences. These assessments should be recorded on the approved form, signed/dated and copied to the WTCHG Health & Safety Manager. This *Risk Registration* process should identify any training requirements and forms a declaration that appropriate risk assessments have been carried out and that significant exposure to hazardous substances will not occur where WTCHG & University safety policies and other appropriate codes of practice are applied. *Risk Registration* forms and any associated risk assessments should be reviewed/revised by the Group Leader where work being performed changes or if the document no longer accurately reflects the activities of an individual. The Health & Safety Manager should be notified of any changes.

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 in use, are familiar with control processes and aware of any contingency plans.

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

Risk assessments, other documentation and control processes are monitored through a programme Annual Safety Inspections, which are carried by the Health & Safety Manager with the Divisional Safety Officers and in accordance with University policy ([S1/07](#)). Inspections reports are available on the intranet: <http://www.well.ox.ac.uk/wtchg-safety-inspections>

7.4 Genetically Modified Organisms (Contained use) and other Hazardous Biological Agents

GMO risk assessments should be carried out by Group Leaders on the pro forma available on the WTCHG H&S intranet and copied to the appropriate Biological Safety Officer (BSO, section 2.4) and/or Health & Safety Manager. Approval from the GMBSC (section 2.10) must be in place before work commences and prior to any new GM material arriving on site.

Similarly, work with hazardous biological agents must be risk assessed and notified to the Health & Safety Manager and University Biological Safety Office.

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

GMO assessments, use and storage of GMOs and activities with non-GM hazardous biological agents are subject to annual survey and review in conjunction with University Biological Safety Office. This requirement only stops when the biological agent (GMO or non-GMO hazard) is no longer held in the Centre.

All staff involved in GMO work should be fully aware of the levels of containment required for that work, 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

Procedures for Lone Working and Out of Hours access are defined in the policy document given to all new starters at induction, and which is available on the H&S intranet: <http://www.well.ox.ac.uk/risk-assessment-forms-2>

The Centre recognises that its primary duty is the care of employees and other persons working in Centre buildings. It does not wish to put obstacles in the way of experienced staff that wish to work out of hours and strives to accommodate the needs of industrious workers without compromising safety.

Working alone may present unacceptable risks e.g. where 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 and promotes the use of 'buddy systems'.

Some activities are considerably less hazardous than others e.g. office, book and/or computer work are activities that pose little risk to an individual. Other operations pose more significant risks and the following are **prohibited for persons working alone**:

1. Working with quick acting, highly toxic or asphyxiating materials. Examples: large amounts of concentrated acids, phenol, ammonia and cryogenic liquids (e.g. liquid nitrogen LN2). Small scale use of such substances when working alone or out of hours must be governed by approved risk assessments. Work with LN2 is also governed by University policy [S04/03](#) and local policies apply (section 6).
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. Special arrangements are defined in local policies and procedures to control access to other high-risk areas including, the LN2 cryostore and dispensing points, BMRU, and biological containment level 3 (CL3) facilities in HWBGM & HWBPI.

As a general rule, new starters will be given card access for the building from 07:00 - 19:00 Monday to Friday. Access can be reviewed on an individual basis (normally after 1-month) and following completion of an *Out of Hours & Lone Working Risk Assessment*.

Undergraduate students, inexperienced staff and visitors are not expected to work in the Centre unless accompanied by their supervisor(s). Group leaders are required to judge the degree of experience of their personnel before requesting 'out of hours' access.

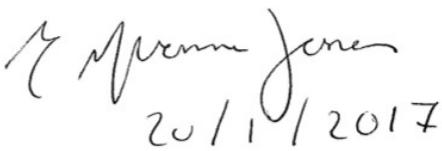
Appendix A – Responsibilities of the WTCHG Director and Group Heads

In accordance with both Legal & University Requirements, the following list details our respective responsibilities as WTCHG Director & Deputy Director, and the Interim Head of Nuffield Department of Medicine (with responsibility for CCMP). Certain Individuals are delegated, in writing, to meet these responsibilities for their own specific Groups/Areas. The responsibilities include:

- 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.
- Plan, organise, control, monitor and review arrangements for health and safety including the arrangements for any visitors (including contractors).
- Carry out general risk assessments and specific risk assessments as required by H&S legislation.
- Ensure that all work procedures under our control are safe and without risks to health.
- Ensure that training and instruction have been given in all relevant procedures including emergency procedures.
- Inform the University Safety Office before any significant hazards are introduced or when significant hazards are identified.
- 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 Manager 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.

WTCHG Statement of Safety Organisation 2017 / Signed & Dated	
Director of WTCHG [Professor Peter Donnelly] Deputy Director [Professor Yvonne Jones]	Interim Head of Nuffield Department of Medicine [Professor Christopher Conlon]
 20/1/2017	 26 January 2017