Regius Professor of Physic: Professor Patrick Maxwell is Head of the School of Clinical Medicine.

Director of Medical Education: Dr Diana Wood, Clinical Dean, oversees the undergraduate deanship which is primarily concerned with the academic leadership of the Clinical Course, the 6 year MD/PhD programme and the Cambridge Graduate Course (CGC).

Secretary of School: Dr Caroline Edmonds. The Secretary leads the administration of the School in the provision of services for staff and students. The Secretary is responsible to the Academic Secretary (Head of the Academic Division) and operationally responsible to the Head of School for the strategic direction and operational efficiency of the School. The Secretary works closely with internal and external institutions to ensure their requirements are fully met.

Secretary to the Faculty Board: Dr Litsa Biggs provides leadership to the two main education administration teams in the School: the Undergraduate Medical Education Section and the Graduate School of Life Sciences. Litsa leads the Secretariat of the Faculty Board, is the senior University Officer responsible for Fitness for Medical Practice, and deputises for the Secretary of the School.

School Education Division: Miss Emma Newman is Acting Head of the Undergraduate Medical Education Section. The Education Division provides an administrative service to the Director of Medical Education in the School, the Associate Deans, and clinical students through the management of all administrative processes relating to the admission, education, welfare and examination of clinical students.

School Finance Office: Matt Burgess is Head of Finance Division.

School HR Team: Caroline Newman is the HR Business Manager. The School HR Team supports line managers and staff by providing advice and guidance, recruitment and HR administration ensuring fair process and compliance with current UK employment legislation.

School General Division: Jackie Hall is Head of General Division. The General Division has responsibility for Personnel, Estates, Research Governance, Compliance and School Committees.
Key School Contacts and University Support Services

**School HR Team**
University HR web pages: [http://www.admin.cam.ac.uk/offices/hr/](http://www.admin.cam.ac.uk/offices/hr/)

**HR assistance and support:**
Caroline Newman (HR Business Manager) Email: caroline.newman@admin.cam.ac.uk Tel: (7)67836
Kat Willcox (Senior HR Adviser) Email: katherine.willcox@admin.cam.ac.uk Tel: (7)62551
Lisa Clare (HR Adviser) Email: lisa.clare@admin.cam.ac.uk Tel: (7)61447
Catherine Upton (ER Administrator) Email: catherine.upton@admin.cam.ac.uk Tel (3)36925
Hannah Bavalia (HR Administrator) Email: hannah.bavalia@admin.cam.ac.uk Tel (7)64208

**Appointments & Recruitment Advice/Support:**
Lisa Miles (Recruitment Adviser) Email: lam69@medschl.cam.ac.uk Tel: (3)36809
Sian Miller (Recruitment Administrator) Email: srm74@medschl.cam.ac.uk Tel: (7)69256
Aimee-Jane Carpenter (Recruitment Administrator) Email: ajc325@medschl.cam.ac.uk Tel: (7)61583
Stephanie Disney (Recruitment Administrator) Email: sd773@medschl.cam.ac.uk Tel: (3)35697

**Clinical School Computing Service- medschl accounts**
Email: helpdesk@medschl.cam.ac.uk Tel: Helpdesk: (3)36261

**University Information Services: Computing Service- admin accounts**
Email: servicedesk@uis.cam.ac.uk Tel: Helpdesk: 32999

**University Payroll Section**
Greenwich House, Madingley Rise, Madingley Road, CB3 0TX
Email: payroll.enquiries@admin.cam.ac.uk Tel: (3)39779 [http://www.admin.cam.ac.uk/offices/finance/payroll/index.html](http://www.admin.cam.ac.uk/offices/finance/payroll/index.html)

**University Pensions Section**
4 Mill Lane, CB2 1RZ Tel: (3)32214 [http://www.admin.cam.ac.uk/offices/pensions/](http://www.admin.cam.ac.uk/offices/pensions/)

**University Careers Service**
Stuart House, Mill Lane, CB2 1XE Tel: (3)38288 [http://www.careers.cam.ac.uk/](http://www.careers.cam.ac.uk/)

**University Personal & Professional Development (events, workshops, seminars, training)**
25 Trumpington Street, Cambridge CB2 1QA Email: cppd@admin.cam.ac.uk Tel: (3)32343 [http://www.admin.cam.ac.uk/offices/hr/ppd/](http://www.admin.cam.ac.uk/offices/hr/ppd/)

**University Occupational Health Services**
16 Mill Lane, Cambridge, CB2 1SB Email: occhealth@admin.cam.ac.uk Tel: 336594 [http://www.admin.cam.ac.uk/offices/oh/](http://www.admin.cam.ac.uk/offices/oh/)

**University Accommodation Services**
Kellet Lodge, Tennis Court Road, CB2 1QJ Email: accommodation.service@admin.cam.ac.uk Tel: (3)38099 [http://www.accommodation.cam.ac.uk/](http://www.accommodation.cam.ac.uk/)

**University Counselling Service**
2-3 Bene't Place, Lensfield Road CB2 1EL. Email: reception@counselling.cam.ac.uk Tel: (3)32865 [http://www.counselling.cam.ac.uk/](http://www.counselling.cam.ac.uk/)

**University Mediation Service**
[http://www.admin.cam.ac.uk/offices/hr/policy/mediation/](http://www.admin.cam.ac.uk/offices/hr/policy/mediation/) Email: mediation@admin.cam.ac.uk Tel: (7)65544 / (7)65821

**Dignity @ Work Contacts**
[http://www.admin.cam.ac.uk/offices/hr/policy/dignity/](http://www.admin.cam.ac.uk/offices/hr/policy/dignity/) Email: dignitycontacts@admin.cam.ac.uk Tel: (7)65031

**University Health & Safety Office**
[http://www.admin.cam.ac.uk/offices/safety/](http://www.admin.cam.ac.uk/offices/safety/)

**The University Centre**
[http://www.unicen.cam.ac.uk/university-centre/about-us](http://www.unicen.cam.ac.uk/university-centre/about-us)
Welcome
Cambridge University Hospitals is part of the Cambridge Biomedical Campus to the south of Cambridge city centre. We hope this guide will help you to find your way around.

Parking discounts
Discounted tickets are available from the customer service desks in car parks 1 and 2.

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Addenbrooke’s Hospital | Rosie Hospital
What the ML can do for YOU
as a member of Clinical School staff?

As a member of University staff, many electronic resources are available to you using RAVEN and/or by IP address.
You can also join the library – simply come in with your blue University card.

Electronic resources at your fingertips:

- Check what books and electronic journals are available using LibrarySearch
- Databases for literature searching: Cambridge Pubmed, Medline via OVID, Web of Science and more

Library based resources and support

Physical Resources
- Books – reading lists are welcome to ensure we have the right texts for you and/or your students
- Study space – quiet space and group space, PCs, UniOfCam wifi

Support and training: all can be tailored, delivered on request, delivered in your department

- **Group sessions**
  - Introduction to the library – how to find journals, books etc
  - “Systematic Literature Reviews – how to guide”
  - Reference management – incl Endnote, Mendeley, Zotero
  - Literature searching – specific databases incl Pubmed, Web of Science, Scopus
  - Keeping Up To Date – email alerts by topic or journal
  - Critical appraisal

- **Online course**
  - 10 Days of Twitter

- **New sessions for next term**
  - Writing for publication
  - Managing your online presence
  - Research data management

- **One-to-one consultations, by appointment**
  - Problem solving for reference managers
  - Literature search advice, esp. for systematic reviews: too may hits, not enough, etc

http://library.medschl.cam.ac.uk  @cam_med_lib
librarytraining@medschl.cam.ac.uk  (3)36750
The time individuals spend at work emphasises the importance of promoting health and wellbeing in the workplace and the University is committed to providing a healthy working environment and improving the quality of working lives for all staff. The University recognises that investing in staff wellbeing can have positive outcomes both for staff and the University. As a result the University has clear aims and objectives which represent a commitment to an integrated approach to staff wellbeing that creates:

- A sense of belonging
- An environment and culture based on shared values and trust
- An environment where staff wellbeing is integrated into day-to-day practices
- An environment that recognises skills and encourages personal development

To compliment and reinforce the University’s position on wellbeing the School of Clinical Medicine launched its own Mental Health Awareness Programme in April 2015. With the intention of embedding a culture of dignity in mental health within the workplace the School has arranged a number of events and produced a variety of resources. For further information please refer to the School’s wellbeing webpages: http://www.medschl.cam.ac.uk/human-resources/staff-wellbeing/

The University also recognises that individual members of staff may experience difficulties in their personal lives or in their employment circumstances which can affect their ability to carry out their work. Due to this the University provides a number of support services that all staff can access:

**University Counselling Service**
2-3 Bene't Place, Lensfield Road CB2 1EL. Email: reception@counselling.cam.ac.uk Tel: (3)32865
http://www.counselling.cam.ac.uk/

**University Occupational Health Services**
16 Mill Lane, Cambridge, CB2 1SB Email: occhealth@admin.cam.ac.uk Tel: 336594
http://www.admin.cam.ac.uk/offices/oh/

**The Disability Resource Centre (DRC)**
Address: Keynes House, Trumpington Street, Cambridge, CB2 1QA
Tel: (3)32301
Web: www.admin.cam.ac.uk/univ/disability/

**Dignity @ Work Contacts**
http://www.admin.cam.ac.uk/offices/hr/policy/dignity/ Email: dignitycontacts@admin.cam.ac.uk. Tel: (7)65031

**University Mediation Service**
http://www.admin.cam.ac.uk/offices/hr/policy/mediation/ Email: mediation@admin.cam.ac.uk
Tel: (7)65544 / (7)65821

**University Health & Safety Office**
http://www.admin.cam.ac.uk/offices/safety/

**External Support Services**
http://www.medschl.cam.ac.uk/human-resources/staff-wellbeing/support-services/
For further information with regards to how University life can promote wellbeing please refer to the HR Wellbeing webpage: http://www.hr.admin.cam.ac.uk/hr-services/wellbeing or alternatively visit the Clinical Schools 5 Steps to Wellbeing guide: http://www.medschl.cam.ac.uk/human-resources/staff-wellbeing/mental-health-wellbeing/staff-benefits-five-steps-improving-mental-wellbeing/.
Athena SWAN: History and principles

The Athena SWAN Charter evolved from work between the Athena Project and the Scientific Women’s Academic Network (SWAN), to advance the representation of women in science, engineering and technology (SET).

The following principles were agreed:

- To address gender inequalities requires commitment and action from everyone, at all levels of the organisation
- To tackle the unequal representation of women in science requires changing cultures and attitudes across the organisation
- The absence of diversity at management and policy-making levels has broad implications which the organisation will examine
- The high loss rate of women in science is an urgent concern which the organisation will address
- The system of short-term contracts has particularly negative consequences for the retention and progression of women in science, which the organisation recognises
- There are both personal and structural obstacles to women making the transition from PhD into a sustainable academic career in science, which require the active consideration of the organisation.

Athena SWAN and the School of Clinical Medicine

The Athena SWAN awards recognise and celebrate good practice in recruiting, retaining and promoting women in SET within Higher Education. Athena SWAN awards are available at University and Departmental levels. Cambridge University holds a Silver award; and the School of Clinical Medicine was awarded Silver in the April 2013 submission round.

For more information on the School’s work in this area please visit the School’s Athena Swan web pages http://athena-swan.medschl.cam.ac.uk/
Academic Women’s Forum

The Academic Women’s Forum in the School of Clinical Medicine provides the opportunity for senior and trainee academic women to meet, share advice, talk about their experiences and develop ways to support each other. They hold events throughout the year on a variety of topics including ‘Confident Ways of Working’ and ‘Furthering Your Career’.

It can also provide support for trainees who:

- are thinking of a career in clinical academia
- have questions about career development
- would like advice about research outside of their supervisory relationship
- need a mentor
- want to discuss their career and balancing pressures

There is a list of women prepared to act as academic mentors on the AWF website.

For more information, please visit [http://awf.medschl.cam.ac.uk/](http://awf.medschl.cam.ac.uk/)

For information on forthcoming events, please contact Victoria Smallbone [vs351@medschl.cam.ac.uk](mailto:vs351@medschl.cam.ac.uk)
Clinical School Postdoctoral Committee

The newly formed Clinical School Postdoctoral Committee is your representative group, aiming to:

- **Provide a voice** for Clinical School PDocs, and increase the visibility of PDocs within School administration and senior management
- **Provide a vehicle** for communication between PDocs from different Clinical School departments (with a view to identifying overlapping areas of interest)

We are keen to support the needs of Clinical School PDocs, by organising special events and seminars, and creating opportunities for networking across the 12 University departments and 6 Institutes of the Clinical School. We are well supported by School administration and align our efforts with both the University Office of Postdoctoral Affairs, and the PdOC Society.

To keep up-to-date, join our mailing list:

https://lists.cam.ac.uk/mailman/listinfo/soc-clinsoc-pdoc

Or join us (we’re always looking for enthusiastic new Committee members)!

Email Helen Brown heb56@medschl.cam.ac.uk or check out the website for details of our next meeting: http://postdocs.medschl.cam.ac.uk/
Clinical School Newsletter

You may be interested in signing up to the fortnightly Clinical School Newsletter bringing you the latest information about Clinical School research, news and events.

Please click the following link and select which department you belong to. The subscribe button can be found at the bottom of the page: https://www.medschl.cam.ac.uk/subscribe-school-newsletter/
Frank Lee Leisure & Fitness welcomes all Addenbrookes Campus Staff. All inclusive or pay as you go membership options available.

Facilities include:

- 25m Swimming Pool
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E-mail@frank-lee.com
School of Clinical Medicine Safety Manual

Incorporating:
Safety Policy for the Office of the School of Clinical Medicine

Part 1 of 2

Issued: 2016
School of Clinical Medicine Safety Manual

Office of the School of Clinical Medicine

Part 2 of 2

Issued: 2016
Contents

The information in this document supplements Part 1 which contains core policy and should be consulted in the first instance.

Further information, policy and guidance can be found in the web pages and publications produced by the University Safety Office.

Part 2

Appendices/Local rules and Policy

I. Specific Fire Arrangements
II. Accidents: Basic Action
III. DSE (VDUs)
IV. Upper Limb Disorders
V. Manual Handling
VI. Chemical Storage and Waste
VII. Departmental Safety Committee(s)
VIII. Safety Contacts and Organogram
IX. Food and Social Events
X. Asbestos Management
XI. Legionella Management
XII. Occupational Health Arrangements
XIII. Emergency Action Plan
PART 2

Appendix I

Specific Fire Arrangements

See Fire Manager Plan (speak to James Mackenzie/Anthony Phelps or Jackie Hall) Information stored in Red fire boxes in reception.

Appendix II

Accidents: Basic Action

In the event of any accident, application of the correct treatment can prevent more serious injury. Members of staff qualified in First Aid may not always be on hand and everyone working in the laboratory should familiarise themselves with the basic action required to deal with accidents.

Concentrated acid or alkali on the skin

- Flood the splashed surface thoroughly with cold water and continue until satisfied that no chemical remains in contact with the skin. Soap will help to remove chemicals, which are insoluble in water.
- Remove all contaminated clothing, taking care not to contaminate yourself in the process.
- If necessary take person affected to hospital, or refer him/her for appropriate medical advice.

Splashes in the eye

Eye protection should be worn for any work where there is a potential hazard but if an accident occurs

- Flood the eye thoroughly but gently with water.
- Seek medical advice for all eye injuries from chemicals.
- Take the injured person to hospital with the information on the chemical and brief details of the emergency treatment.

Ingestion of poisonous chemicals

- If the chemical has not been swallowed wash the mouth out thoroughly with water. Do not swallow the mouthwash.
- If the chemical has been swallowed, give copious drinks of water or milk to dilute it in the stomach. DO NOT INDUCE VOMITING. Take the person to hospital.
Provide information on the chemical swallowed with brief details of the treatment given and if possible an estimate of the quantity and concentration of the chemical consumed.

Cuts, bites and scratches
All wounds and scratches, even minor wounds, should receive attention immediately. Clean the skin around the wound and apply a sterile dressing. For animal bites, check whether a recent anti-tetanus injection has been given. Cuts with glass must be cleaned carefully. Small fragments of glass must be removed before dressing the wound. If there is a large piece of glass in the wound do not remove it as severe bleeding may start. Get the injured person to hospital.

To control severe bleeding squeeze the sides of the wound together and apply direct pressure on the bleeding point.

Burns and scalds
Cool the affected area by immersing in cold water or cover with a wet cloth. Speed is essential. Continue for at least 5 minutes or until pain is relieved, then cover with a sterile dressing. Never use an adhesive dressing.

Electric shock
Switch off the current. If this is impossible, free the person using something made of rubber, cloth or wood. Do not touch the victim's skin before he has been removed from contact with the current. If breathing has stopped, give artificial respiration until the ambulance arrives.

Phenol
Remove contaminated clothing immediately and wash or drench affected skin with large quantities of water, swabbing continuously and/or swab continuously with polyethylene glycol. Continue treatment, changing swabs frequently until the odour of phenol disappears.

Gloves and suitable eye protection should always be worn when using phenol.
Appendix III

Display Screen Equipment (VDUs)

1. Adjusting your workplace to suit you

1.1 Chairs

If you are working at the VDU for long periods you need a chair with adjustable height and back support.

1.2 Posture

There is no such thing as 'ideal posture', but your seating position should allow your lower arms to reach your keyboard at a horizontal attitude when sitting comfortably upright in your chair. Feet should be flat on the floor when the knees are at right angles or use of a support may be necessary.

1.3 Layout of Workstations

If your system has a detachable keyboard and tilt swivel facilities on the screen, use them to adjust the system to meet your own needs.

1.4 Ergonomics of the Workstation

Some movement is desirable but repeated stretching movements are not. Make sure you have enough work space to take whatever documents you need.

1.5 Document Holders

Use of a document holder can help reduce awkward neck movements and hence reduce muscular fatigue in the neck and upper back. The holder should be easily moveable, adjustable for height, and able to hold its contents securely in any position from horizontal to vertical.

1.6 Wrist Movement

Do not rest your wrists on the edge of the keyboard or desk or bend your hands up at the wrist. Try to keep a soft touch on the keys but don’t over stretch your fingers. Good keyboard technique is important in prolonged operation. Experiment with different layouts of keyboard, screen and document holder to find the best arrangement for you.

1.7 Footrests

A footrest is necessary in cases where the chair height is set in a position which does not allow the user’s feet to rest flat on the floor. It should be possible to
position the footrest where required and it should not move unintentionally while in use. Its surface should be non-slip and of sufficient size to allow some freedom of movement. Take care to adjust the footrest so that the underside of your thighs are comfortably placed on the chair and your knees are not touching the underside of the desk.

1.8 Changing Position

However well designed your chair and desk, sitting in the same position for long periods is undesirable: you should therefore change your position as often as is practicable.

2. Adjusting your VDU to suit you

2.1 Arrange your desk and screen so that bright lights are not reflected in the screen. You should not be looking directly at windows or bright lights. Easy to operate curtains and blinds can be provided to cut out unwanted light.

2.2 Make sure your screen is sharp and individual characters can be read easily. The characters should not flicker or move. There should be no reflections on the screen.

2.3 Use the brightness control to suit the lighting conditions of the room. Make sure there are no layers of dirt or grime, or even finger marks on the screen.

3. Muscular Work and Fatigue

3.1 Static and Dynamic Work

There are two types of muscular work: static work and dynamic work. Any particular task can be partly static and partly dynamic. Keyboard operation is an example of both types of muscular work. The muscles associated with the shoulders and arms do mainly static work when holding the hand in the keying position, while the muscles associated with the fingers perform mainly dynamic work when operating the keys. Examples of movements involving tiring static effort include:

3.1.1 Actions which involve bending the back either backwards or forwards without support;

3.1.2 Hunching the shoulders for long periods of time;

3.1.3 Bending the neck significantly downwards or backwards;

3.1.4 Maintaining any awkward stationary position.

3.2. Musculoskeletal Problems

If an awkward and strained position is maintained daily over a long period, aches may appear which involve muscles, joints, tendons and other tissues.
Normal fatigue symptoms are temporary. The pains are mostly localised to the muscles and tendons and disappear as soon as the muscle tissues have had a chance to recover. These are the normal pains of weariness, which occur e.g. after a day of writing. Persistent troubles can also be localised to strained muscles and tendons and may affect the joints of adjacent tissues as well. Contact the Occupational Health Service, network 36597, if you are having problems.

3.3. Rest Breaks

Frequent rest breaks are recommended while carrying out work on a VDU. To reduce muscular tension it is better to take a 30 second break every 5 minutes than a longer break once in an hour.

Rest from keying can be carried out by a brief change of task. Just getting up and stretching can also help.

The eyes may be rested from reading the screen by focusing on a distant object for a moment. If that is not possible at least regularly look away from the screen. Blink often to keep your eyes moist, exercise your eye muscles by tracing an X in a box: look as far to the sides as possible. Reduced eye fatigue, reduces stress.

Conscious tensing and relaxing of the shoulder and neck muscles and fists can help to reduce muscle tension. This can be carried out frequently during the day.

When possible try to take a longer break away from the screen.

When you have a lunch break, take it away from your desk.

3.4. Other Factors

Stretching may help to increase joint flexibility and muscle tone. However, care must be taken not to over-stretch muscles and tendons as this may cause them damage.

3.5. Exercise

This increases the flow of blood around the body and hence aids in the removal of waste products in the muscles that lead to muscular tension and pain. Moderate exercise three times a week is more beneficial than maximum exertion once a week.

3.6. After Injury

The body needs time to recover. If this is not available, the body may adjust its way of working to cope. This can lead to the development of unsuitable techniques and in time place stress on other areas of the body.

Further information can be obtained from the SO website or from Occupational Health.
Appendix IV

Work Related Upper Limb Disorders (WRULDs)

Work related upper limb disorders (ULDs) can affect a large number of people. They involve the muscles, tendons, joints and skeletal frame, particularly in the hands, arms, and back. The symptoms vary from mild aches and pains to severe swelling and inflammation. Most people with ULDs suffer some degree of discomfort.

Upper limb disorders may be caused or made worse by work, though other activities may also contribute. The HSE warn that ULDs may have serious consequences in terms of serious and prolonged ill health, loss of productivity and compensation claims.

ULDs can occur in jobs that require repetitive finger, hand or arm movements, twisting, squeezing, hammering or pounding or pushing, pulling, lifting or reaching movements. It is not only keyboard workers that are affected. Laboratory work, including pipetting, is commonly reported. Where the task is highly repetitive with a short cycle time, as with pipetting, repetitive strain disorders may develop, often affecting the wrist and forearm.

Unsuitable posture, often caused by poor seating arrangements reaching or stretching awkwardly may contribute to poorly defined general symptoms such as upper limb pains. Manual handling and lifting involving heavy loads and poor technique can contribute to back and neck problems. Lifting with a bent back can be four times more stressful than lifting with a straight back.

We are required by law to assess the risks to health of all work-related activities and record the results. “Every employer shall ensure that work equipment is so constructed or adapted as to be suitable for the purpose for which it is used or provided”. In particular; if employees are at risk; whether they need to take specific precautions to reduce risks; and whether procedures need to be modified to minimise risks.

In a survey of pipette users, it was found that almost 90% of subjects regularly using pipettes for more than 60 minutes continuously reported hand complaints of some degree, compared with 37% of non-users. Difficult features of pipette operation included tip ejection, plunger operation, volume setting, and grip design. Other contributory factors reported included seating, overcrowded workspaces, and awkward equipment.

In assessing the safety, or otherwise of pipetting activities, the following factors should be considered:

- How frequent is the activity?
- Can the activity be broken down into a number of short periods, perhaps interspersed between other duties?
- Are the pipetting devices appropriate for the job and for the operator?
• Are the automated devices or procedures available?
• Is the workspace laid out ergonomically without clutter and so as to avoid unnecessary stretching?
• Can the arm be supported comfortably during pipetting?
• If seated, is the seating appropriate to the workstation so as to facilitate good posture?
• Are lighting and other environmental conditions adequate?
• Has the operator been given adequate training in use of the devices and procedures?
• Are new operators given adequate induction and allowed to 'come up to speed' at their own pace?

Records should be kept of all assessments (as with COSHH assessments) and made available for inspection by the Head of Department, members of the Safety Committee, University Safety Office, and HSE when required.

Appendix V

Manual Handling

Handling loads can cause serious injury, particularly to the back. The checklist below highlights some activities that may increase the risk:

Handling loads that are heavy, bulky, difficult to grasp, or unstable
Awkward lifting, reaching or handling
Pushing or pulling
Repetitive handling that does not allow enough rest time between loads
Twisting and stooping.

If possible, employers should avoid the need for hazardous manual handling. However, if workers must handle goods as part of their work, employers are responsible for assessing and reducing the risks, for example by providing training and/or lifting aids to prevent injury. This could involve using a trolley to allow the load to be moved easily. Guidelines for handling and moving goods are covered by the Manual Handling Operations Regulations 1992. When lifting is necessary, good techniques can help reduce the risks.

These could involve:
keeping the feet apart, bending the knees and keeping the back as straight as possible
keeping the load as close to the body as possible
keeping twisting of the torso to a minimum if turning to one side
lifting or carrying goods in small amounts
wrapping the load or using gloves if it has sharp edges
using a table or bench as a halfway resting point
Appendix VI

Chemical Storage and Waste

Safe storage begins with the identification of the chemicals to be stored and their intrinsic hazardous properties. This can be done either from the label on the container or from the Material Safety Data Sheet (MSDS). Separation, segregation or isolation is recommended depending on the severity of the hazard, total quantities and the size/break resistance of the container. It is important to note that chemical compatibility must take preference when storing chemicals. Two other points, one it is sensible to have an inventory of chemicals (+ MSDS) with their storage location. Second that for every storage area there should be evacuation and emergency procedures to be followed in the event of a leak, spill or fire within that room.

Acids: Small quantities can be stored in wooden cupboards as long as there is a containment tray to contain any spillages. Acid chlorides and other materials, which liberate acid fumes, may be stored similarly. The exceptions are oxidising acids like nitric or perchloric acid that require being stored as oxidisers (see below).
Alkalis are incompatible materials and must be stored separately.

Chlorinated Solvents: (eg chlorofom, trichloroethylene) are best stored in ventilated cabinets separated from flammable solvents, because violent reactions can occur when flammable and chlorinated solvents are allowed to mix. They must not be stored with alkalia metals (eg Sodium, Potassium, Lithium), since any mixing may cause an explosion.

Flammable Solvents: (eg alcohol's, toluene,hexane,etc) should only be stored in specialised flammable solvent containers, with containment in the event of spills. Organic acids are combustible materials and many are combustible liquids, these can be stored with the flammable liquids. The containers should have at least half hour fire resistance and be clearly labelled eg "Highly flammable no naked flames." These must not be located near the exit of a room. Oxidising agents (such as peroxides, nitrates, perchlorates) must never be stored with flammable solvents, since fires and explosions can result after any spillage, even without a naked flame or heat.

Oxidisers: (eg perchlorates,peroxides,nitrates) are best stored seperately from other materials. Ideally they should be stored in a bin or cabinet from metal or other non-organic material. They should not be stored where they can come into contact with paper or wood. Perchloric acid is especially hazardous and should be stored standing in a tray filled with sand within a cabinet or bin.

Noxious chemicals: (eg mercaptans, amines,etc) These should be stored in cabinets with forced ventilation, so that fumes etc are ducted away. Alternatively
containers of these noxious materials can be stored in sealed secondary containers which should only be opened in a fumecupboard. 
Note: fumecupboards are not designated chemical storage areas and should be kept clear of all materials other than that which are required for the ongoing work.

Carcinogens and Poisons: Carcinogenic materials must be stored in closed containers that are clearly labelled and marked with visible hazard warning signs. All containers must be kept segregated in a lockable preferably ventilated cupboard fitted with trays to contain spillage and clearly labelled "Carcinogens". Access to these must be restricted to designated members of staff and that amounts of carcinogens are kept to a minimum. A list of of Carcinogens is available on the Safety Office web site.

Poisons as listed in Schedule 1 of the Poisons Act (1972) which includes arsenic, styrchnine, cyanide must be stored in a locked cupboard and a list kept of the contents. Any poison removed must be signed for. In addition certain substances not on the list eg alkaloids – atropine for example, also digitoxin, digitonin, valinomycin and actinomycin D are also kept locked away. It is also recommended that any very toxic chemicals ie those with a Lethal Dose Value 50 (30 days) of less than 10mg/kg are locked away when not in use and are strictly controlled.

Other Chemicals: Dry chemicals can be stored together, but this will depend on their reactivities; some organic and inorganic chemicals should be stored separately. Chemicals stored at the work bench or other work areas should be those used frequently. Quantities should be kept to a minimum.

WASTE

Strict legislation and local trade effluent agreements control disposal of chemicals and is reflected in University policy. Our duty of care extends to waste contractors and the wider environment.

The University provides a chemical waste disposal service, details of which can be found at the Safety Office website.

All waste must be clearly labelled and stored safely in the chemical waste store with appropriate paperwork completed for collection by the contractor.

See Appendix V (Storage), and the extensive links and publications at the Safety Office ‘Chemicals’ website.
Appendix VII

Departmental Safety Committee(s)

Safety Committee for the Department of

Remit

It shall be the role of the committee:

1. To provide a forum for the discussion of health and safety issues pertinent to the department.
2. To identify health and safety matters requiring action and to ensure actions are carried out.
3. To receive and disseminate information regarding health and safety to departmental members.
4. To promote a positive health and safety culture where members understand their responsibilities in accordance with the law and University policy.
5. To adopt and implement University policy and guidance where appropriate.
6. To review policies and procedures and revise if necessary in order to improve health and safety performance.
7. To ensure that accidents and incidents of ill health are monitored and kept to a minimum.

The committee shall meet termly and review annually the membership and remit of the committee. Minutes should be sent to HSD.

The membership of the committee is intended to be representative of all staffing positions within the department and comprises currently:

Head of General Division (Chair)
Administrator
DSO
Divisional Reps
Appendix VIII

CLINICAL SCHOOL SAFETY OFFICER: KEFF TIBBLES: 67124
CLINICAL SCHOOL BUILDING SAFETY OFFICER: JACKIE HALL: 36725

ACCIDENT BOOK LOCATED IN THE GENERAL OFFICE LEVEL 4 (PLEASE REMEMBER TO REPORT ANY ACCIDENT NO MATTER HOW TRIVIAL IT MAY SEEM AT THE TIME)

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<th>LEVEL</th>
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<td>LORRAINE GIBBS</td>
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</tr>
<tr>
<td>AMY FLOWER</td>
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<tr>
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<tr>
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<td>RECEPTION</td>
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<tr>
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<td>YES</td>
<td>2</td>
<td>RECEPTION</td>
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<tr>
<td>JULIE MENKE</td>
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<td>JACKIE HALL</td>
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<td>CURRICULUM</td>
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<tr>
<td>SIAN MILLER</td>
<td>NO</td>
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<td>HR</td>
<td>69256</td>
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<tr>
<td>JONNY BALMFORTH</td>
<td>PENDING</td>
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<td>HR</td>
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<tr>
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<td>LIBRARY</td>
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<tr>
<td>JO MILTON</td>
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<tr>
<td>RAF CZLONKA</td>
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<td>CSCS</td>
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<tr>
<td>MARK THORNTON</td>
<td>YES</td>
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<td>CSCS</td>
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FIRST AID BOXES ARE LOCATED IN THE KITCHEN ON LEVEL 3 AND AT THE CLINICAL SCHOOL RECEPTION DESK

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<th>LEVEL</th>
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<th>PHONE</th>
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<td>TONY PHELPS</td>
<td>2</td>
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EMERGENCY CONTACT PHONE NUMBERS

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<tr>
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</tr>
<tr>
<td>3</td>
<td>UNIVERSITY SECURITY NON URGENT</td>
<td>31818</td>
</tr>
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<td>4</td>
<td>HOSPITAL SECURITY</td>
<td>7003333</td>
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<tr>
<td>5</td>
<td>CUSTODIANS MOBILE</td>
<td>51887 (07879116887)</td>
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Appendix IX

Food and Social Events

Publications, policy and guidance can be found at the University Centre website.

Appendix X

Asbestos Management

Speak to James Mackenzie

Appendix XI

Legionella Management

Speak to Anthony Phelps

Appendix XII

Occupational Health Arrangements

Speak to Line Manager, Jackie Hall or HR

Appendix XIII

EMERGENCY ACTION PLAN

Speak to Jackie Hall or Tony Phelps (updated annually and uploaded to MICAD). All divisional managers have a copy.
Contents

This Safety Manual contains information which is generally applicable to all University departments/institutions within the School of Clinical Medicine. The core template, which is maintained by the Clinical School Safety Officer, should be adapted and supplemented with local information as appropriate.

The Manual is in two parts with Part One containing the most generally applicable information forming core policy. This part contains the departmental safety policy statement and should be signed by the Head of Department.

Part Two and the Appendices referred to herein comprise more specialised information/policy and are expected to be consulted as required along with corresponding information, comprising policies and guidance, from the University Safety Office.

A set of departmental local rules and procedures should accompany this document to form the full Departmental Health and Safety Policy.

At least one full copy (parts 1 and 2 and appendices) signed by the Head of Department should be held as hard copy centrally for reference. Hard copies of Part One should be issued to departmental members as required while Part Two and other departmental or Safety Office information can be accessed via electronic formats.

The template is reviewed regularly by the Clinical School Safety Committee. Any errors or omissions encountered should be reported to the Clinical School Safety Officer.

Departments are free to develop this manual according to circumstances e.g. departments that do not operate laboratories or employ staff who work in them can dispense with laboratory specific sections. However, the generic information within the Manual template should not be changed without consultation with the Clinical School Safety Officer.

Part 1

1. Introduction
2. Statement of Departmental Safety Policy
3. Responsibilities
4. Risk Assessment and Training
5. Safety Information and Advice
6. Fire
7. Accidents
8. First Aid
9. Out of Hours Emergencies
10. Serious Incident Procedure in Addition to Fire
11. Office Safety
12. Visitors Including Contractors
13. Atypical/Lone Working and Travel

Appendices/Local rules and Policy

I. Specific Fire Arrangements
II. Accidents: Basic Action
III. DSE (VDUs)
IV. Upper Limb Disorders
V. Manual Handling
VI. Chemical Storage and Waste
VII. Departmental Safety Committee(s)
VIII. Safety Contacts and Organogram
IX. Food and Social Events
X. Asbestos Management
XI. Legionella Management
XII. Occupational Health Arrangements
XIII. Emergency Action Plan
PART 1

1. INTRODUCTION

The University Statement of Health and Safety Policy forms the core of health and safety management within the University:

'The University of Cambridge is committed to the highest standards of education and research. With this comes the responsibility for the health and safety of the staff, students, visitors and others who may be affected by our activities.

The University will take all reasonable steps necessary to provide a healthy and safe environment for work and study. Compliance with all statutory obligations is the minimum standard. It is the duty of every employee to take care of their own health and safety and that of others who could be affected by their acts or omissions. In addition, employees have a duty to bring to the attention of the employer any failings in the arrangements for health and safety. The University Health and Safety Policy can only be effective if there is commitment by all staff, students, visitors and others at the University.'

In summary, the policy lays out the following:

The University recognises that failures in health and safety management can potentially lead to loss of life, personal injury, damage to property and legal action.

Control of risk is a management responsibility inseparable from other aspects of professional management. The underlying principle of policy is that those who create the risks must manage them.

Heads of Departments are responsible within their own domain(s) for implementation of University Health and Safety Policy. Each Head of Department shall prepare a Departmental Safety Policy and must ensure, as far as is reasonably practicable, that everyone who may be affected by the activities of the Department, is aware of the health and safety arrangements, and members have appropriate information, equipment, knowledge, time, training and supervision to enable risks to health and safety to be identified and controlled.

Each Head of Department must appoint an appropriate member of staff as Departmental Safety Officer, to advise on and administer health and safety policy, and a suitably trained Fire Safety Manager and sufficient fire wardens to ensure that procedures and controls are developed for the evacuation of their areas in an emergency.

No work shall be undertaken unless suitable and sufficient assessment of risk has been carried out by the appropriate person. This will be the person who supervises any activity.
All staff in a supervisory position must be familiar with the University Health and Safety Policy and recognise that they have in this respect responsibility for the health and safety of those whom they supervise.

The Policy also defines safety roles within the University.

Copies of the University Policy are available from the University Safety Office.

2. STATEMENT OF DEPARTMENTAL SAFETY POLICY

It is the policy of the Department that all work is done efficiently and safely. All who work in the Department are required to observe the provisions of health and safety legislation and University and departmental safety policies.

The Head of Department is responsible for implementing University Safety Policy and may delegate the day-to-day management of safety to the Departmental Safety Officer (DSO) and specialist officers (appointed by letter unless in their role descriptions) for hazards such as biological agents, radiation, fire etc. as necessary. The University Safety Policy states that in discharging their responsibility Heads of Department must ensure that the relevant procedures are in place.

All those having a supervisory role in the Department, at whatever level, are expected, so far as is reasonably practicable, to identify the hazards associated with any premises, plant, process, or substance for which they bear responsibility, to carry out risk assessments, and either to remove any hazards identified or by means of appropriate control measures to reduce the level of risk associated with them to those whom they supervise or who may otherwise be affected.

Risk assessments must be reviewed periodically, at intervals in relation to the magnitude of risk they represent and in the light of changes to working practices/environments (new personnel, agents, applications etc.)

Training and information are key elements in providing a safe working environment. Supervisors, managers and staff/students must identify and provide/arrange for training needs as necessary, either through the Department or via the University. Training is particularly important on induction of new members or where there are significantly increased or altered risks. All new group leaders/PIs should be introduced to the Clinical School Safety Officer.

Equipment must be supplied and maintained so that it may be operated safely. Users should make their own checks before use and report any defects. Certain equipment must undergo regular checks according to specific legislation; local exhaust equipment (e.g. microbiological safety cabinets, fume cupboards), pressure equipment (e.g. autoclaves) and lifting equipment (e.g. hoists) must be inspected annually by competent persons.
Health and safety information relevant to particular groups should be kept in one readily accessible place for easy reference by group members or during any inspection.

The Department will ensure that there is sufficient cooperation and exchange of information with other University or external institutions as is necessary to ensure the health and safety of departmental members or others who may be affected by departmental work activities. Where members work in other institutions, they will operate in accordance with the procedures and practices of that organisation; any activities that are not the responsibility of that organisation remain the responsibility of the Department and must be managed according to departmental principles.

The Department will include health and safety considerations in any strategic or developmental plans. Any works affecting the fabric of the Department must involve liaison with the appropriate estates/facilities departments.

Inspections will be held annually, lead by the Head of Department or other senior member, accompanied by safety officers, and appropriate representatives of the areas to be inspected. The Clinical School Safety Officer and a member of the Health and Safety Office will also be invited to attend.

Safety matters will be given suitable consideration at departmental committee level on a regular basis involving the Head of Department and/or senior departmental members.

Each employee of the Department and each student working in the Department has responsibility to take care of their own safety and for the safety of others.

All departmental members are expected to comply with the policies and procedures herein or otherwise issued by the Department.

Signed: [Signature]

Head of Department

Date: 4.10.16
3. RESPONSIBILITIES

3.1 Head of Department

The HoD has devolved resource management responsibility and therefore carries general responsibility for local (departmental) operations including safety. The HoD will lead in committing the Department to operate to a high standard and that its performance is effectively monitored.

3.2 Administrator

The administrative manager should be familiar with University and departmental safety policies, and is responsible for ensuring that there are adequate arrangements in place to manage safety and by liaison with the safety role holders, monitor the effectiveness of safety measures in controlling risk.

They will facilitate safe project management, allocating resources and considering safety as part of departmental planning and strategic development.

They are responsible for maintaining safety related records such as safety training attendance records.

3.3 PIs and Supervisors

Supervisors/PIs are in key positions to manage safety given that they are in the best position to have knowledge of the people and risks involved with their projects. They are operational people managers at base level and so are responsible for ensuring their group’s work is conducted safely. Good supervision, including safety, should set the example to those being mentored.

Supervisors are responsible for ensuring that work carried out for their projects is risk assessed and significant findings recorded.

Supervisors must arrange appropriate training for those they supervise and should monitor their competence for example in working unsupervised, out of normal hours etc.

Groups/sections should manage safety locally by including safety in group meetings, nominating local safety contacts and monitoring higher risks, such as chemical storage, as appropriate.

It is expected that supervisors/PIs will structure their groups (nominate persons) to address safety areas such as supervision and training, local monitoring/safety specialism or contact point between the department and their group as necessary.

Supervisors must ensure group members working away from the department have suitable health and safety arrangements in place.
The University Safety Office provides training on PI responsibilities.

3.3 Researchers, support staff and students

All other departmental members need to take reasonable care for their own and other's safety and they must cooperate with the department on matters of safety. They should understand the risks assessed for the work they are doing, abide by any safety rules and report safety concerns and accidents.

4. RISK ASSESSMENT AND TRAINING

Risk assessment and training are fundamental management control measures providing key information for people to control risks associated with their work. They are essential in developing good health and safety practice.

No new work activities are to be undertaken unless suitable instruction has been received and any risks appraised, including those who are not directly involved but who may be affected e.g. shared work areas.

University policy reflects national safety legislation and requires that all work is risk assessed and appropriate, proportionate measures applied to mitigate significant risks. Departmental members must be familiar with the relevant information and procedures before starting any new work; if in any doubt, ask.

It is important that all significant risks within the Department are prioritised, recorded and made known to those who may be affected, directly or indirectly. Assessments must be reviewed periodically or when significant changes occur.

Common work procedures or practices are often covered by a generic risk assessment; where the work presents enhanced or different risks these must be incorporated into a specific risk assessment. Some types of work may have to be communicated to the departmental safety committee(s).

Assessments may be undertaken by the person doing the work with suitable guidance from the group leader or other competent person. Safe or standard operating procedures and training will be informed by the risk assessment as well as any appropriate emergency procedures.

Risk assessments should identify situations where health surveillance is necessary and Occupational Health registration is required.

Training will be provided both at induction and for specific tasks and will be ongoing (including refresher training as appropriate). Training should be appropriate to experience and take into account particular vulnerabilities such as young persons.

New staff will be inducted as soon as possible initially according to requirements laid out in the Human Resources checklist including basic
safety. As part of induction, several online modules including general safety and fire are to be used.

**Students: a Safety Course for New Graduate Students in Scientific Departments** is held annually by the University Safety Office. Students must attend unless they have been formally excused by the Head of Department.

All new members of the Department will receive general and local induction safety training from the DSO or other designated individuals. Specific/ongoing training will be identified by PI/supervisors on starting, at the time of appraisal or when persons are reassigned to new work. Individuals may request training themselves as necessary.

Training may be required for non-departmental staff who may be regular attenders, such as cleaners, or less frequent such as engineers. It is important that these workers receive appropriate induction/training as required by their operations within the department.

A number of seminars and training sessions are arranged each year by the University Safety Office. These courses should be used to complement other training as appropriate.

Records of training are very important and will be kept by the Department and can be kept by individuals/supervisors using the Personal Training Record available at the Safety Office website (some training and records thereof are mandatory e.g. work with radiation and at high (CL3) biological containment).

Training should be kept under regular review, at appraisal time or when work changes e.g. a new technique. Students will not fall within a staff development program but must be in receipt of comparable consideration.

See the Safety Office website for relevant publications and their extensive training course program. On line induction and safety training can be accessed via the Clinical School, Human Resources/Safety Office and Estates Management (Fire) websites.

### 5. SAFETY INFORMATION AND ADVICE

Safety information is available through the various Departmental information sources. Further information is also available at the University Safety Office website [www.admin.cam.ac.uk/offices/safety](http://www.admin.cam.ac.uk/offices/safety) including a comprehensive set of policy and guidance publications and the Clinical School website [www.medschl.cam.ac.uk/](http://www.medschl.cam.ac.uk/).

The Department has appointed a number of individuals to assist with safety management in different areas. Departmental members should be familiar with who such persons are and consult as required – if in doubt, ask.

Health and safety matters should be raised with the relevant Departmental Safety Officers in the first instance. Advice can also be sought from the
Clinical School Safety Officer, University Safety Office, Occupational Health or Estates Management (fire).

All new departmental members should be made aware of those with safety roles. Changes of safety personnel must be advised to the CSSO and University Safety Office.

See Appendix XI.

6. FIRE

The Department recognises that fire represents a serious risk and undertakes to mitigate this risk through a robust fire safety management system. The HoD and the appointed fire safety team will ensure that fire risk assessments for buildings and activities therein are undertaken and findings actioned, that there are suitable fire response procedures and that all fire safety issues and arrangements are under regular review.

All departmental members and visitors (particularly those that may spend time independently of others) must be familiar (through induction) with the sound of the fire warning, location of the fire alarm call points, the emergency exits and means of escape, the Fire Evacuation Procedure and Fire Assembly point for each area in which they work.

ON DISCOVERING A FIRE:

- Sound the fire alarm immediately by activating the nearest call point and alert colleagues nearby before evacuating; without risking yourself, assist others should they need it.

- Leave immediately by the nearest fire exit route and proceed to the assembly point

- Do not stop to pick up personal belongings and do NOT use lifts.

- If confident and unlikely to endanger yourself or others, use an appropriate extinguisher to douse the fire, but only after raising the alarm, either yourself or by getting someone else to do so. Remember that the different types of extinguishers for general use have different applications according to fire type and location. Staff should know the location of extinguishers within the area they are working.

Inform the Laboratory Manager or Fire Officer if a fire extinguisher has been used, however briefly, so that the used extinguisher can be sent for testing and refilling.

Extinguishers and alarm systems must be checked on a regular basis.
It is University policy that all members undertake fire safety awareness training every two years – this is mandatory. Staff are encouraged to attend more advanced training including the use of extinguishers.

Staff who may need passive or active assistance to escape in an emergency must be assessed for a personal emergency evacuation plan which should include training for those identified as assistants.

During evacuations, appointed departmental fire wardens will check and assist with evacuation progress. It is expected that members will cooperate with their directions.

Members visiting other areas or organisations should expect to be made aware of local arrangements by their hosts.

See Appendix I.

7. ACCIDENTS

All departmental members must be familiar with the specific emergency procedures necessary to employ in the event of an accident at any stage of the work they are doing. These have been drawn up by the Department and included in any risk assessment, induction or training period. Basic action for incidents involving concentrated acid or alkali on the skin, splashes to the eye, ingestion of poisonous chemicals, burns, scalds and electric shock are listed in Appendix II.

Members of staff qualified in first aid may not always be available and everyone should familiarise themselves with how to summon suitable help. All accidents involving personal injury, however slight, should be reported to a First Aider as soon as possible.

All accidents, potentially dangerous occurrences ('near misses'), and major spillages must be reported to the Laboratory Manager/Departmental Safety Officer or Deputy. Incidents or near misses should be reported so that potential causes of future accidents can be identified.

A University ‘Accident, Dangerous Occurrence and Incident Report Form’ must be completed and returned to the Departmental Safety Officer who will forward a copy to the University Safety Office. An entry in the accident book should also be made where appropriate (can be dispensed if forms are kept).

The Clinical School Safety Officer must also be informed directly of any serious incidents.

In addition, any details that are specifically applicable to Addenbrooke's Hospital or other partner organisations should also be reported to the appropriate risk management offices.
Accident reports will be monitored and investigated as appropriate.

See Appendix II and the Safety Office website.

8. FIRST AID

Suitable cover for first aid needs is arranged by the Department and details of first aider contact details posted at suitable locations. Members should be familiar with those details or at least where to find them and also any alternative cover arrangements for leave. Members visiting other locations should be aware of the arrangements of their hosts.

See also Safety Office website for further information.

9. OUT OF HOURS EMERGENCIES

All departmental members who may work outside typical hours (9-5) must be familiar (through induction) with the security service provision for the building(s) they work in. In the event of an emergency which requires the Emergency Services (e.g. fire or serious accident), dial 9-999 from internal phones. Emergencies should be reported to the University Security Control Centre on 101 (Emergency Number) on a University telephone - for the Addenbrooke's Hospital Security Office, dial 700-3333.

In the event of an incident out of hours which does not necessarily require the Emergency Services but which requires immediate attention (e.g. non-serious accident, failure of security system, malfunction of electrical equipment, flood) contact the relevant departmental support staff. All those working out of normal hours must know the relevant contact details or where to find them easily. The University Security Control Centre also has support staff details – dial 101 in emergency or 31818 for routine calls (both on the University network).

Alarm systems for hazardous areas such as cold rooms and cryogenic store rooms must be fit for purpose. That is if someone’s safety is dependent on their activation, they must elicit a response in a reasonable time even during out of hours periods.

10. SERIOUS INCIDENT PROCEDURE IN ADDITION TO FIRE

A serious incident could involve explosion, chemical (gas) leakage, and release of pathogens, radiation incidents or a bomb threat.

In the event of a local incident departmental members involved or aware of the incident are to inform others, evacuate the local vicinity and raise the alarm with the relevant laboratory head, manager or DSO.
The appropriate safety personnel will assist in dealing with the incident according to standard or local procedures, or as identified in the relevant risk assessment. See Appendix I.

In the event of a more widespread/serious incident the evacuation procedure will be as for fire. A summary of the Bomb Alert Procedures to be followed by all users of the Addenbrooke’s site (as issued by Addenbrooke’s Hospital) is given below.

10A. BOMB ALERT PROCEDURE

As with the Fire Procedure, no member should hesitate to invoke this procedure if there is the slightest suspicion concerning bombs. You will be supported if your actions are in good faith. Note: the Department may be used by terrorists to pass on bomb warnings regarding other areas e.g. the city centre, etc. If this is the case, the procedures below still apply.

Key responsibilities for dealing with bomb alerts lie with the Incident Controller (Laboratory Manager/Fire Officer) or Security (out of hours). The Police will be informed as soon as possible and thereafter will take charge of the situation.

ACTION TO BE TAKEN BY DEPARTMENTAL STAFF (suspicious packages, etc.)

- Should you at any time be suspicious of a package, bag, case, etc. DO NOT TOUCH OR MOVE IT!
- Make sure that mobile phones and walkie-talkies are switched off within 15 meters of the package.
- Do not panic and cause unnecessary alarm
- Ask the local population if the package/object belongs to one of them.
- Inform the Incident Controller (Laboratory Manager or any deputy or the Fire Officer).
- Await further instructions from the Laboratory Manager or the Fire Officer.
- In addition, the University Security Control Centre must be informed immediately of all serious incidents by dialling 101 on the University network. The University Security Control Centre can also be contacted in relation to routine calls on tel: (3)31818.

11. OFFICE SAFETY

At a superficial level a risk assessment of the office environment yields few areas of serious risk. However, as the majority of time-loss accidents right across the University, in whatever activity, are mainly slips, trips, falls and cuts, the office can still present situations when these accidents arise. Other notable risks arise from manual handling boxes of paper or water cooler bottles and shelf collapses due to overloading.
Therefore the Department recognises that there should be a greater awareness of the potential hazards present in the modern office.

Office users should

- Maintain a clean and tidy working area (particularly floor areas; clear of bags, boxes etc., and trailing leads (in good condition)).
- Make visual inspections of electrical equipment but not tamper with, or attempt to repair, electrical equipment (the Workshop should always be consulted).
- Have lighting facilities and ventilation adequate to maintain a comfortable working environment.
- Have seating arrangements, keyboard positions and VDU locations suitable to prevent associated health hazards (musculo-skeletal and eye problems) and be adapted to meet the needs of individuals.
- Take regular breaks from their work station.
- Handle photocopier toner according to the handling instructions provided by the manufacturer.
- Be aware that solvent-based correction fluids can be harmful if inhaled, swallowed or splashed into eyes so need to be handled carefully.
- Ensure guillotines have guards.
- Only open one drawer of a filing cabinet at any one time to avoid overbalancing and should not leave drawers open when not in use.
- Have shelving of suitable strength for the loads to be stored and provided with end supports; store heavier items lower down.
- Use only suitable equipment for height access and minimise the need to do so (store more frequently used items lower down).

Fire check doors should never be left open unless they are regulated by a system which closes them in the event of a fire.

Portable appliance testing (PAT) may only be conducted by a competent person. This need not be done annually as electrical office equipment is generally low risk and is likely to be replaced before problems arise as long as equipment is not moved regularly or abused. Kitchen items such as kettles and toasters are of higher risk.

Certain coffee machines that generate steam are classed as pressure equipment and are required to be inspected annually according to the University insurance scheme. Check with the Safety Office.

Apart from personal electronic devices, equipment such as fans or additional heaters must be requested through the Department.

See also Appendices III (VDUs) IV (ULDs) and V (Manual Handling) and associated Safety Office information.
12. VISITORS INCLUDING CONTRACTORS

All visitors must report at reception or be met by an arranged contact/host. The contact will be responsible for the visiting persons while in the Department and will decide on the appropriate safety information to be provided according to their length of stay, activity and level of supervision. This may be in the form of documentation or verbal instruction.

Contractors once received will likely be operating independently within the Department and will therefore need safety induction to include fire, accidents and first aid and high hazard areas/materials and restricted access. Such induction should be recorded.

They should be signed in and out for each visit and they should know how to contact their host, or a suitable alternative, during their visit and on any given repeat visit. Due consideration should be given to regular contractors or during longer works where circumstances may have changed between visits.

Their work should be covered by a risk assessment or method statement and the departmental contact should check to make sure this is in order (it may be supplied by the contractor or need to be developed between contractor and Department). The Department will make efforts to employ competent contractors.

Certain activities or work in certain areas may require a Permit to Work. The departmental contact must ensure any permits are arranged as necessary.

Cleaning staff, service engineers and maintenance personnel must be made aware of any special hazards and every precaution taken to prevent them being exposed to risk. While the Department will remain responsible overall, it may be necessary for contractors to take control of areas to minimise risks to others. How these arrangements work will be agreed beforehand.

Visiting Scholars or workers may attend the Department under the aegis of a senior member of staff. Visitors who will be working in laboratories must have the permission of the Head of Department, or an authorised Deputy, and are required to follow all departmental safety procedures which will include formal safety induction.

Visiting workers may remain unfamiliar with safety procedures and emergency exits due to their length of stay and it may be preferable to ensure that they are not left alone when working.

Short term/casual visitors are expected to remain in the company of their host/contact who will remain responsible for them until their departure.

Friends or relations of staff are required not to enter laboratory working areas except for the purposes of accessing inner offices. Children under sixteen must be escorted at all times.
Hosts must ensure that works affecting building infrastructure are conducted in liaison with the appropriate Estates Management.

Consult 'Managing Contractors Safely' at the Safety Office website (Buildings).

13. ATYPICAL/LONE WORKING AND TRAVEL

The Department recognises that lone working, work out of 'normal hours' and work away from the usual place of work may present an increased level of risk which may require special consideration.

As with any risk, the hierarchical approach is remove, minimise, control. Particular attention must be paid to high hazard areas or activities such as collapse in confined spaces or in dangerous atmospheres, their prevention or suitable emergency response.

Work under conditions of significantly reduced or no staff support should be avoided where possible; lone workers are more vulnerable when the unexpected occurs.

Supervisors should be broadly aware of the types of activities undertaken by those in their charge and when they take place.

Supervisors or those in control of others must be satisfied that individuals are competent and have the necessary training and information to enable them to work safely and deal with emergencies during their known work patterns.

Unusual or significant changes to work arrangements should be brought to the attention of and agreed with the supervisor in advance and a note made of any significant safety implications.

In assessing the risk, consideration should be given to the activities (and location) being undertaken and the competence of the person undertaking the activities.

Research by nature is driven by a combination of departmental expectation and self-motivation (choice) by the researcher. The balance is not always readily apparent, even in cases of essential but extensive time-course experiments or deadlines. However, habitual late working through the night is not expected nor is a shift to entirely nocturnal work patterns. Workers who work in such circumstances through choice must take reasonable steps to ensure their own safety and others that may be affected.

Consideration should be given to arranging suitable contacts informing them of the situation, including an expected finishing time, and in cases of emergency.

A risk assessment for any work conducted away from the usual place of work should be carried out; who has health and safety responsibility should be
established (such as another employer’s premises) and checks that suitable arrangements for health and safety have been made by them. Supervisors/PIs must be satisfied that they understand such arrangements.

Those visiting other institutions should expect some form of safety induction commensurate with the nature of their visit.

Home working in connection with Department business during normal working hours must be risk assessed.

The main issue for field workers after travel is personal security and a number of measures can be taken to reduce risk for those who cannot be accompanied. Advice can be sought from the Safety Office or the School Safety Officer.

Undergraduates generally should not be allowed to work alone/out of normal hours.

Post-graduates in their first year should be restricted in the activities they undertake until confidence in their abilities is confirmed.

Consideration should be given to prohibition of any activities which have been assessed as high risk such as CL 3 work or which involve hazards such as naked flames, use of radioactive open sources, hazardous chemicals, electricity etc. Access and supervision in bio facilities must also be considered.

It should be remembered that the Department is a place of work and members should be fit for work on attendance.

TRAVEL

Travel on behalf of departmental business during the working day (but not travel to and from work at the start/end of the day) is a work activity and must be risk assessed to identify risks and possible training/awareness needs.

Travel around the site is largely by foot or may be by bicycle so the main considerations are risks to those persons from site traffic and building/maintenance work. The Department expects all members to take due care and apply the principles of the Highway Code where required.

Travelling off site will involve many other issues, including insurance, competence, equipment and comprehension of the requirements of the Highway Code.

Cycling and car use will involve risks to others as well as those travelling; the provisions of the Highway Code are the minimum standard expected (see www.highwaycode.gov.uk/index.htm).

Refer to the Safety Office website for further information/guidance or consult the CSSO.
Declaration

PLEASE COMPLETE AND RETURN TO THE DEPARTMENTAL SAFETY OFFICER

I have received the Safety Manual/Policy for the Department of the Office of Clinical Medicine.

The importance of understanding and following all departmental safety rules has been explained to me and I accept my responsibilities as indicated herein.

I understand that failure to comply may result in disciplinary action and may contravene national legislation.

Name: "D.R......CARDAME......COMPAN"

Signed: [Signature] ........................ Date: 4/10/16

Supervisor: .................................................................

Signed: ................................................................. Date: ........................................

DSO: "Jackie Hall"

Signed: [Signature] ........................ Date: 22/9/16