

MINUTES
LABORATORY AND CHEMICAL SAFETY COMMITTEE
Wednesday, October 24, 2007 (2101-G McGavran-Greenberg)

Members Present: Lorraine Alexander, Bruna Brylawski, Kimberlie Burns, Howard Fried, Katherine Hamil, Jeff Johnson, Carolyn Bishop, Ray Hackney, James Gilbert, Brent Webber

Members Absent: Kirby Zeman, Rihe Liu, Bonnie Taylor-Blake, Susan Cheek, Rita Fuchs-Lokensgard, Liska Lackey

Others Present: Dr. John Beres (UNC Chemistry), Jonathan D. Moore (EHS)

Meeting commenced at 3:00pm. Minutes from the meeting of July 25, 2007 were reviewed and approved.

The CASH group (Chemistry Alliance for Safety and Health)

Beres gave a talk about the CASH group within the Department of Chemistry at UNC-Chapel Hill, as an example of an effective ground-up departmental safety committee, and a potential model for other departments. CASH consists primarily of graduate research assistants within each lab group, who meet on a monthly basis to eat lunch and discuss relevant safety and health topics. Frequently, there will be an invited speaker from EHS, Public Safety, or other agencies. Other times, the discussion topic is the results of lab self-audits. Technicians, teaching assistants, and post-doctoral fellows are welcome to represent their labs in CASH, but at the moment almost all reps are graduate research assistants. The CASH group has been a tremendous success, with large attendance and improved safety awareness for all researchers in Chemistry.

Ten Years of the Collaborative Laboratory Inspection Program (CLIP)

Moore gave a brief presentation, excerpted from a talk at CSHEMA, about CLIP at the 10-year mark. The initial purpose of the CLIP inspections with cross-trained inspectors was to create a "one-step" inspection procedure, with referrals to EHS "specialists" performed as necessary. After the presentation, Moore asked for feedback about the CLIP program. All agreed that a few additional "key indicators" might be helpful. Hamil stated that the inspection process has improved in many ways with CLIP, but sometimes advice from different inspectors is inconsistent. Fried noted the apparent increase in effort by the inspectors to communicate their findings with the affected personnel, rather than simply inspect and disappear. Brylawski stated that being able to correct items on-site, without having to send in abatement paperwork, was a great thing.

Use of Lab Sinks & Fixtures for Drinking Water or Dishwashing

Gilbert led a discussion on this topic, first noting that there are some labs where "lab sinks" and "food sinks" are both located in the same room. Many lab personnel do not have access to a breakroom, and thus must create a "food item area" in their lab spaces, and convert lab sinks to food sinks. Even though food sinks are in a designated food area, intentionally separated from lab work areas, they still might not be appropriate for dishwashing, coffee-making, etc. Lab water sinks might not have the proper check valves which prevent back-contamination to other sinks in the lab, including "food" sinks. Also, fixtures in sinks located in laboratories might contain a higher-lead brass. The Committee agreed to consider this issue, but did not wish at this time to prohibit the establishment and use of "food sinks" in laboratory spaces.

Injuries and Incidents, July-September 2007

The Committee reviewed the log of injuries and incidents for the 3rd Quarter 2007. Due to time constraints, specific injuries and incidents were not discussed.

INJURY TYPE	DESCRIPTION
BURN OR SCALD, HEAT OR COLD: CHEMICALS (e.g., picked up battery, got acid on hand)	Research Assistant removed bottle of phenol/chloroform/water from -20 freezer and placed in hood for several to thaw. When the employee opened the bottle between 7-8 pm the release of pressure caused material to spray and she received a splash to the forearm. Employee was treated at ED and seen in Burn Clinic.
CUT, PUNCTURE, SCRAPE: OBJECT BEING LIFTED OR HANDLED	Research Technician pricked finger with needle used to inject mouse with folic acid after mouse moved. Tetanus booster was nine years ago.
CUT, PUNCTURE, SCRAPE: OBJECT BEING LIFTED OR HANDLED	Assistant Professor pricked thumb with needle during submandibular bleed of mouse. Employee did not put down needle while repositioning mouse.
MISC: BLOOD EXPOSURE -	Research Analyst was performing lung lavage on tularemia infected

NEEDLESTICK	mouse and reached for syringe. Needle punctured left thumb. Employee states her regular glasses were broken and she was wearing an old prescription. Prescribed doxycycline for two weeks.
MISC: BLOOD EXPOSURE - SCALPEL, OTHER EQUIPMENT, ETC.	A part-time lab assistant was putting a new scalpel blade on a holder and cut knuckle. Employee was concerned because gloves were contaminated.
MISC: BLOOD EXPOSURE - SCALPEL, OTHER EQUIPMENT, ETC.	Employee was picking up biohazardous waste bag and was punctured by broken pipet on left hand below thumb. Potential exposure to lentivirus or retrovirus. Employee complained of immediate swelling, redness, itching, and stinging
MISC: BLOOD EXPOSURE - SCALPEL, OTHER EQUIPMENT, ETC.	Research Assistant dropped Bluetooth phone in biohazard box and cut right hand while retrieving it. Did not report until one (1) month later, because they did not think about it.
MISC: FOREIGN MATTER IN EYE	Research Technician was transferring sephacryl beads to a column with a pipet and splashed face and hands. Upon subsequent eye irritation employee went to UEHC and was referred to eye clinic. Eye was red, sore to touch, and sensitive to light. Prescribed vigamox.
MISC: FOREIGN MATTER IN EYE	Graduate student was using syringe to transfer corrosive chemical. Chemical sprayed from the end of the syringe and small amount went in right eye. Regular glasses were worn.
MISC: OTHER, MISC., NOC	Research Technician was mounting samples for x-ray analysis while x-ray beam was on. EHS investigation concluded that dose to fingers in the beam was below that of erythema.
MISC: OTHER, MISC., NOC	Graduate student in BSL-3 laboratory (tularemia) was working at computer station. Employee wears powered air-purifying respirator (PAPR) and became concerned that there was a failure when they started smelling odors from autoclave. Filters were loose and employees reminded to check filters as well as other indicators of respiratory protection.
STRAIN: REPETITIVE MOTION (carpal tunnel syndrome)	Research Associate Professor complained of pain in right hand at base of thumb from prolonged work with PC keyboard and mouse. Uses thumb operated track ball. Received ergonomic evaluation and is pain free.
STRAIN: REPETITIVE MOTION (carpal tunnel syndrome)	Research Assistant Professor complained of numbness in the right forearm and the right fourth and fifth fingers. He has recently been at the computer for long periods of time completing a manuscript. UEHC assessment was right cubital tunnel syndrome. Ergonomic analysis declined.
STRUCK OR INJURED BY: ANIMAL OR INSECT (bee sting)	Research Specialist was drawing blood from mouse and the mouse bit little finger of left hand.
STRUCK OR INJURED BY: ANIMAL OR INSECT (bee sting)	Research Specialist attempted to capture cat that was being returned to its cage after procedure. Employee did not get a good grip on neck of animal and it turned and bit right arm and scratched employee with back foot. Follow-up at UEHC did not necessitate TB booster.
STRUCK OR INJURED BY: ANIMAL OR INSECT (bee sting)	On first day of job, grad student was learning how to handle mice. Mouse in hand was not grasped firmly and it turned and bit right index finger.

For incidents, there were 10 spills (6 of them mercury), 14 odor calls, three gas leaks, one lost radiation source, and one miscellaneous incident.

Meeting adjourned 4:05 pm.