

Group 4 Health & Safety Committee
April 28, 2009
9:00 a.m. - 10:30 a.m.
T 269, Health Sciences Building
Meeting Minutes

Present: **Lisa Anderson, Hall Health**
 Jim Angelosante, HS Admin, ExOfficio
 Ann Anmann, UWMC
 Rita Bellanca, WNRPC
 Paul Bentson, WFSE
 Siobhan Brown, SOM
 Ed Farnham, HS Administration
 Gail Colfax, Social Work
 Liz Kindred, HMC
 Brendon Lee, Nursing
 Rich Lee, Dentistry
 Dima Long, Pharmacy
 Kathy Maher, HMC
 Suzanne Mason, Hall Health
 Michael Merrill, EH&S
 Cindy Moore, Health Services, ExOfficio
 Phil Numoto, EH&S
 Nikki Peters, HS Administration and Ex-Officio
 Chuck Treser, Public Health, Elected
 Marti Tinkham, Guest
 Kathryn Waddell, HS Admin, Guest
 Melinda Young, WaNPRC

ABSENT: **Laura Campbell, Comp Medicine**
 Daniel Chan, Dentistry
 Retha Hay, Employee Health
 Patricia Hedtke, Pharmacy
 Charlene Karr-May, Comparative Medicine
 Rene Lucas, Public Health
 Mamadou Sambou, UWMC
 Joyce Tsuji, Nursing

Meeting was called to order at 9:05 pm by chair Barbara Lovseth; no quorum was present so minutes were postponed.

1. Kathryn Waddell was introduced. She is the Executive Director of Health Sciences Administrator. Environmental Health and Safety reports to Kathryn and therefore she is interested in the activities of the EH&S committees.

2. Kathy Maher from Harborview Staff will presented her annual 2008 Accidents/Incident report. Total is based on all incidents reported-not reflective of all that actually occurred. Now have standardized Definitions such as Harm scores : A-C no harm-near miss, D and above carry reportable conditions and require action, and F or greater-hospitalization-very serious. There were a total of 714 reported incidents with the large majority of incidents involved lifts/moves or trips and falls. Goal is to reduce all reports to no more than 2 injuries per year per

category. Reporting has led to a lot of investigating, meeting with supervisors, staff, to improve/investigate/educate/train all personnel

Trends Noted:

--Lifting patients-on a sharper downward trend than indicated despite more incidents (severity decreasing as issues are now addressed at weekly review meeting with actions taken where indicated (necessary).

--Better recording of such incidents; more lift equipment is being installed in patients room's. More staff are being educated BUT many do not call for the second person to assist them or use the equipment (properly) because they perceive that they can lift/move themselves. Injuries occurring from even lifting a ---120 pound person as deadweight is too much strain for just one person to move safely

--70 reports of injury to nursing staff of such incidents

--Motorized bed-800 pounds of moving mechanism; need more education on proper mechanics and need to call for assistance; cannot always manage this big bed by oneself, navigating through hallways, people, etc. Injury reduction strategy for a safe move for the patient; construct a new employee obstacle course have to master driving a motorized bed.

3. Marti Tinkham, a graduate nursing student in Occupational and Environmental health did a research study on Hazard Assessment and Educational Intervention for custodial staff at Harborview. Perception: Quality of care associated with the cleanliness of the hospital. Hospital custodial staff have a cartful of chemical cleaners and were these being properly used per written directions (mixed, applied) by the custodial staff (individuals for whom English is a 2nd language). The objective was to determine a strategy on how to educate the custodial staff on proper chemical use of these cleaners? The workers must successfully pass an English reading test before being hired. This basic test does not allow them however to be able to read and comprehend the chemical ingredients on the product labels nor being able to dilute them correctly. Solution: to create and display picture posters showing the chemicals in their bottles and correct dilution with water. Posters showed correct and not correct mixing amounts on them. These posters were presented and are now being displayed to 3-4 focus groups both in the storage closet where products are mixed plus displayed on the cart as well. Will measure the results, and let us know if successful.

Children's report that they already have such a program but with little observable effect. Chemicals are not 'basic' English. Necessary to remind people after the initial training is completed with language and feedback. Recommends all staff and supervisors take this training so they are aware also of the proper chemical usage of cleaning products. Rich asked that all service people be advised if this change/training is effective so they can use a similar type visual aids in their training programs. Kathy Maher asked nursing also be notified if successful results were obtained.

4. Bob Ennes: Update on Health Science placing equipment in hallways. Equipment is now allowed in hallways throughout health science building. The process for approval of what is safe to store in a hallway is still be reviewed. Recommendations for the Health Sciences should be forthcoming within the next few months.

5. Pau Bentson: As a follow-up to our March meeting, Paul showed videos of arc flashes (google 'arc flash' if interested in viewing). The question was raised once again about what is being done regarding recommendations for assessment. The issue was also brought to UWide. Barbara Lovseth agreed to follow-up with Denis Sapiro on the status of the AdHoc group put together (see letter attached to minutes from Denis Sapiro in response to query). Questions

were asked about what specific steps were being taken to address the problem and a possible timeline to implement the assessment. Paul reported meantime that all over campus the workers were being told to work without an assessment being done. Difficult to work in level 4 PPE for very long as clothing is very hot and badly dehydrates person wearing it. Paul stressed this was not an issue to ignore-it will cost lives if somebody does not intervene in this very unsafe, dangerous practice. Rick asked for a demo of level 3 & 4 PPE at our next meeting so committee has a better idea of what is being asked of the workers. Paul said he would provide the PPE at our next meeting. Note-Barbara-ACTION item to place on Agenda

6. Rich Lee: UWIDE report

--Agenda was training records, progress on training for supervisors for review. There were 4 pages of required supervisor training but still no easy way to determine whom needs what training as new supervisor/employee or even when. New supervisor training coming from EH&S. The paper copy was a vast improvement over what had been listed previously as 'required supervisor training'. Should be a better way to link MyChem to training also so every employee/supervisor knows what chemicals are in what labs. Good first step; better than what is currently used but still a first step-long ways to go.

--I&O reports were covered quickly with group 4 having the most, per usual.

--Larry Summer SUI 925 passed away.

7. Michael Merrill: EH&S-asbestos training revised. On-line version has more in-depth explanations for the answers were added to current training. The questions were revised also. Chuck Treser announced that 100% compliance was needed; training being offered on a rolling 12 month basis/deadline.

8. Incident/Accident Reports

Non-UWMC/HMC, Rita Bellanca: 1) Letter has been drafted to send to supervisors when inadequate information provided in investigating/responding to an incident. Draft letter to be reviewed at May Group 4 meeting. 2) March 24 incidents reported.

Due to lack of time not able to review UWMC/HMC incidents for March, 2009/. This will occur at May 2009 meeting.

Respectfully submitted
Cindy Moore

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April 8, 2009

TO: University Washington U Wide Health & Safety Committee

FROM: Denis Sapiro, Manager

SUBJECT: Electrical Safety Issues Continued

In response to member Paul Bentson's question at the end of the February 2009 meeting and continued concern expressed at Group 4 meeting in March 2009, the following document has been developed. The University of Washington practices electrical safety based on the following:

- Hiring good electrical professionals;
- Compliance with UW policies and procedures;
- Compliance with various WAC sections including but not limited to 296-800-280, 296-24 Part L, and 296-45;
- Compliance the National Electric Code, NEC 70 2008

Facilities Services Seattle Campus has convened an Electrical Safety Advisory Team which has met twice. The Team is discussing current NEC requirements, NFPA 70E standards and application to shop trades, issues associated with electrical safety for FS trade staff, lock out tag out program, and consistency regarding how electrical work is accomplished across all trade shops in FS. They are to make recommendations for an appropriate level of protective clothing to be provided to all electricians in M&A, review and assess methods of compliance with NFPA 70 E and review electrical safety, NEC requirements and NFPA 70E standards and application of the same within FS trade shops.

Harborview Engineering maintenance and renovation divisions have been provided protective clothing and training. If an electrician determines they are not safe or that they cannot perform a task safely they have been instructed to STOP, contact their supervisor or manager. If a safe method for proceeding cannot be determined, then an outside contractor will be hired. Working with live electrical circuits is a last resort and should be limited in scope and preformed under a permit system. This practice has been clarified within the past month to HMC staff.

EH&S is in the process of getting a formal consultation on various electrical safety issues from the Division of Occupational Safety & Health at Labor and Industries.

EH&S is drafting a University wide electrical safety program that will be reviewed by stakeholders. Each work unit will determine how they will comply with this University electrical safety program.

Any specific electrical safety problems should be addressed at the local work unit. These managers and supervisors know they can contact EH&S for assistance. Various safety issues are being handled in this method. No electrical work should be proceeding unless the electrician determines that it is safe to do.