This summer Raquel and Matthew from Safety Management Services will start auditing Department-Specific Hazard Communication Programs. This program details the process used in each department for managing the hazardous chemicals used in the work area or by the staff. It covers all employees of the University of Michigan Hospitals & Health Centers (UMHHHC) who use or are exposed to hazardous chemicals during their work activities or a foreseeable emergency. These employees must receive the information, training and equipment necessary to protect themselves from these hazards and be instructed in the proper use and management of these chemicals.

The UMHHC Hazardous Materials Management Policy details the responsibility of each department to protect employees from chemical hazards in the work environment and maintain compliance with federal and state law.

Raquel or Matthew will meet with the department manager and review the:
- 2014 chemical inventory
- Staff knowledge of Safety Data Sheets
- Proper secondary container labeling
- Specific Instructions for each job or task using hazardous chemicals
- Proper type and use of personal protective equipment
- Disposal procedures
- Spill response procedure
- Need for and availability of first aid equipment (i.e. eyewashes)
- Training process

Any gaps or improvements will be documented and they will assist the department manager in creating an action plan for improvement. They will continue to work with the department to address any additional issues that arise.

Don’t want to wait? You can schedule a review by e-mailing SMS.
If you’re like most people, you come into your building the same way every day, day after day, and you leave the same way. In fact, you can (and sometimes do) walk the route in your sleep. The average full time employee works about 178 days per year, so that’s 356 times you travel that path each year, in and out.

Now, imagine your work area is filling with smoke. Fire alarms and strobe lights are going off. It’s getting hard to breathe. People are yelling. You are trying hard not to panic. Your feet, realizing that you need to get out, start taking you the only way they know of. As you near the exit, your eyes see the fire. Your eyes tell your brain, Stop the feet! Stop the feet!. Your feet stop, confused. Now what? We need to get out of here. Which way do we go? The brain has no immediate answer and starts to think. It’s getting hard to breathe, your heart is racing. This is what panic feels like.

Suddenly, a colleague grabs you and starts dragging you backward. “This way”, he says. At first your feet aren’t sure, but your brain tells them to listen and they do. In fact, they take off at a run and before you know it, you are outside in the fresh air. Your coworker has saved your life.

You thank your coworker profusely. What would you have done without him? You imagine the headline, ‘Fire Breaks Out in Hospital Clinic. One Killed’. Inside you is conflict, your feet are very angry at your brain. You should have known there was another way out! Your brain is angry with itself for not making the feet walk all the routes out of the building, no matter how much they complained. Your eyes are too busy crying to be involved in the discussion.

“How did you know the other way?” you ask your coworker. “I always walk all the exit routes of every building I work in,” he answers, “and I look for exit signs whenever I’m in a new building or in a public space like a restaurant, hotel or movie theater. Even at home. I always want to know at least two ways out.”

Two ways out. Did you hear that?, your brain asks your feet. Two ways out and no complaining you hurt or that it’s a waste of time!. We won’t, we promise!, the feet reply. And we’ll be looking for the exit signs, say the eyes.

“From now on, I’ll do the same”, your mouth says, “Two ways out!”

Review the Fire Response Plan posted on your unit Fire and Safety Tackboard. The plan provides unit-specific information for horizontal and vertical relocation and total building evacuation routes and refuge sites. Walk your routes and encourage your coworkers to walk them as well, discuss them during a staff meeting or huddle, and contact Safety Management Services for in-service education.

REMINDER!
Off-site Emergency Management Exercises should have been completed by June 30th

Ask Yourself...

1. Do I know where my Fire and Safety Information Tackboard is located within my department?
2. Do I know alterative routes in and out of the building where I work?
MiChart Ergonomic Problem and Solutions

As a result of MiChart, some of the physical demands of data entry have changed. The biggest challenge for the medical professional is to face the patient while simultaneously entering health information on the computer. The Safety Management Department Ergonomics Team has been requested to come into the exam rooms of many departments to investigate comfortable alternatives to this issue.

In this picture, you see the physician twisting at the waist to face the patient to the right, while turning the upper part of her body to the left to use the keyboard and mouse. The result is awkward posture.

Potential Solutions:
1. Re-arranging the room to include facing patient with proper postures for documentation.
2. Adding a monitor arm to the monitor.
3. Adding a keyboard tray.
4. Ask the patient to sit in the chair next to the computer instead of on the exam table.

This is an example of a monitor arm and keyboard tray that can come away from the wall, to face patient.

UMHHC Policy 05-03-029 Radiation Monitoring Dosimeter has been revised as of April 2014.
The link to the policy is:
http://www.med.umich.edu/i/policies/umh/05-03-029.html

Tightening Biohazard Bucket Lids

Sounds like a small thing, but loose bucket lids cause many spills each day, exposing staff to infectious materials and hazardous wastes. To make sure the lid is absolutely sealed:

1. Place the bucket on a non-slip surface like a vinyl mat so it doesn’t slide around while you tighten the lid. If you can’t find a mat, have someone else hold the bucket while you turn the lid.
2. Turn the lid until it makes a clicking noise, keep turning until the clicking stops and the lid won’t tighten any more.
Investigating accidents and injuries is a key part of improving safety in the workplace. UMHHC policy 05-01-005, Accident Investigation and Reporting, describes the responsibility each manager or supervisor has in investigating accidents that have or could have caused injuries. Each week, Safety Management Services receives copies of the Illness or Injury Report Form that injured employees complete while at Occupational Health Services. Each form is reviewed and a small percentage is selected for investigation by our department. The criteria for selection are accidents or injuries that have the potential to happen in other departments doing similar work or using similar equipment, have resulted or could have resulted in severe injury, or involved equipment or circumstances that will likely cause a repeated incident.

Our investigation process is based on the same process MIOSHA uses. A typical SMS investigation begins with a phone call or e-mail to the injured employee’s supervisor to make sure the supervisor knows about the incident and determine what steps have already been taken. The investigator will schedule a meeting to discuss details of the injury, speak with the injured employee and any witnesses, and visit the area. The investigator will also review the job safety analysis, work methods and procedures, and the work environment. Documentation, such as procedures, equipment manuals, checklists, and training records may also be reviewed. If equipment failure is the cause of the injury, the investigator will review maintenance and repair records. The investigator will assess any changes already taken and provide recommendations, if any, on further actions.

**How You Can Help:**
- Respond to the investigator’s requests and maintain communication with them throughout the process. Communication may be through email, by phone or in person.
- Help them understand what happened and any issues that contributed to the incident.
- Work with them to identify solutions.
- Implement the recommendations. If additional problems arise, let the investigator know so they can help identify alternatives.

### Accident and Injury Investigations

| 1. What do you do within SMS? | An Environmental Health and Safety Representative, some of my duties include chemical hazard evaluation, the chemical inventory program, and indoor air quality evaluations. |
| 2. What year did you start in SMS? | 2008 |
| 3. What would you like for someone to know about your current position/job title? | I conduct personal exposure monitoring for various chemicals. For example, formaldehyde, xyylene, and ethyl ether. SMS liaison for the Department of Pathology. |
| 4. Degree? | I have a Bachelor of Science in Environmental Health and Safety from Ferris State University. |
| 5. What do you do when you are not at work? | I have two girls who are both in elementary school; they keep me very busy. |

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**Raquel Huffman**

Our Safety Staff—Featuring Raquel Huffman

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**Coming soon…**

2014 UMHS Safety Liaison Conference: “Closing the Loop on Safety”

September 10, 2014

Time: 8:00am – 11:30am

Location: Palmer Commons

For more information contact Monica Hickson at hicksonm@umich.edu

Safety Liaisons

Learning Corner

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**Raquel Huffman**

www.med.umich.edu/i/sms

734-764-4427