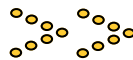


WINTER 2016



2016 QUARTERLY MEETINGS

Friday, March 11th 11:00 A.M.—1:00 P.M. EST
 Thursday, June 16th 11:00 A.M.—1:00 P.M. EST
 Friday, September 16th 11:00 A.M.—1:00 P.M. EST
 Friday, November 4th— MHCSA Conference,
 Location (TBD)
 Call in information and Web Ex link for the March
 11th MHCSA Membership meeting is provided on
 pages 4 & 5.

MICHIGAN HEALTH CARE SAFETY ASSOCIATION

Advocating for Safety in Health Care

NEWSLETTER

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2015-2016 MHCSA Board

President: Janice Homola (Coverys)	Planning/Education Committee: Pierre Gonyon (Saint Joseph Mercy Hospital)) and Dean Hartenburg (Sparrow Clinton Hospital)
Vice President: Pierre Gonyon (Saint Joseph Mercy Hospital)	Membership/Marketing: TBD
Treasurer: Sandy Allen (Coverys)	Past President: Ken Smith
Secretary: Terry Fisk (Trinity Health)	

LETTER FROM THE PRESIDENT



March greetings to you, MHCSA Members!

As we move towards spring, many of us feel our work lives are continuing to grow busier as we juggle meetings, employee injury prevention initiatives, regulatory requirements, and a host of other responsibilities. Yet, according to Henry David Thoreau, **“It is not enough to be busy, so are the ants. The question is: What are we busy about ?”**

(www.goodreads.com) Do you spend time examining your purpose alongside your daily actions? Creating clear

goals and priorities that align with your purpose can help keep you from becoming sidetracked in ant-style busyness. And, by sharing what you are working on at the MHCSA quarterly meetings, you might find insight and support from your colleagues, as discussions can help with forethought, planning, best practice, and purpose.

With purpose in mind, your MHCSA board reexamined the objectives in representing you. With our member’s busy schedules, we realized that a shorter session would better serve. Our newly streamlined, shorter sessions from 11:00 am to 1:00 pm are the result! And what a line-up we have this month in the March 11 quarterly meeting. First, I know we all look forward to hearing firsthand from peers about pressing issues in their organizations, and participating in the lively discussions that often

ensue. Second, by membership request, we are bringing in Bart Pickleman, CIH, MIOSHA Deputy Director to talk about OSHA’s recently released [“Inspection Guidance for Inpatient Healthcare Settings.”](#) and how that will be applied in Michigan. Bart heads up the inspection part of MIOSHA. I look forward to having you join us on March 11!

Sincerely,
Janice Homola, ARM
 MHCSA President

Senior Risk Consultant
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 Coverys
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PREVENTING COLD-RELATED DISORDERS

Despite the moderate temperatures in much of the country this winter, cold temperatures may still occur and affect healthcare workers who need to work outside or in areas without heat.

Cold-related disorders include hypothermia, frostbite, trench foot and chilblains (ulcers resulting from damaged small blood vessels in the skin caused by repeated exposure to cold temperatures).

There are many ways to prevent cold-related disorders including:

- Monitoring workers who are at risk for cold stress.
- Providing cold stress training
- Wearing appropriate clothing:
 - ⇒ Several layers of loose clothing for proper insulation.
 - ⇒ Tight clothing reduces blood circulation

to the extremities and may result in a hazardous situation.

- Protecting the ears, face, hands and feet in extremely cold or wet weather.
 - ⇒ Boots should be waterproof and insulated.
 - ⇒ Wear a hat to reduce the loss of body heat from the head.
- Moving into warm locations during breaks and limiting the amount of time outside.
- Carrying extra dry socks, gloves, hats, jacket, blankets, a change of clothes, chemical hot packs and a thermos of hot liquid.

For more information refer to the NIOSH website www.cdc.gov/niosh and search NIOSH cold stress.



ZIKA VIRUS OUTBREAK

The Zika virus is a mosquito-borne flavivirus transmitted primarily by *Aedes aegypti* mosquitos, the same mosquitos that transmit dengue and chikungunya. About one in five people infected with the Zika virus become ill and the most common symptoms include fever, rash, joint pain and headache.

Zika virus infections have also been confirmed in infants with microcephaly, and in the current outbreak in Brazil, a marked increase in the number of infants born with microcephaly has been reported. Since there is no vaccine nor prophylactic medications available to prevent Zika virus infection, the CDC recommends that all pregnant women consider postponing travel to areas where Zika virus transmission is ongoing.

Mosquitos that spread Zika virus bite both indoors and outdoors, mostly during the daytime. Prevention strategies include wearing long-sleeved shirts and long pants; using Environmental Protection Agency (EPA) registered insect repellents; using permethrin-treated clothing and gear and staying/sleeping in screened-in or air-conditioned rooms.

Pregnant women who have traveled to an area with ongoing Zika virus transmission should be evaluated for Zika virus infection and tested in accordance with CDC guidelines. For additional information, visit (1) www.cdc.gov/zika/symptoms & (2) www.cdc.gov/mmwr/volumes/65/wr/mm6503e1.htm

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MICHIGAN HEALTH CARE SAFETY ASSOCIATION



QUARTERLY NEWSLETTER WINTER 2016

SAFE PATIENT HANDLING AND OSHA UPDATE

On December 10, 2015, following the MHCSA business meeting there was a special educational session. The title of the session was “ Safe Patient Handling, An OSHA Update from Region V’s Federal Enforcement Program Unit”. The speaker was Mark Knezovich, M.S., Industrial Hygienist, US DOL-OSHA, Enforcement Programs-Region V.

The following is a summary of some of the information provided during the educational session.

In June 2015, OSHA established Inspection Guidance for Inpatient Healthcare Settings (NAICS 622-Hospitals and NAICS 623-Nursing and residential care facilities). Healthcare inspections (both programmed and un-programmed) will include musculoskeletal disorders (MSDs) as one of the focus areas. In the evaluation of MSDs OSHA will typically begin by looking at the DART rates for these injuries. Key program elements include program management, program implementation and staff training. Mr. Knezovich

stated that training must be effective and include a hands on component. OSHA is also looking for a process for the early reporting and treatment of work-related MSDs and a process that includes restricted or accommodated work assignments.

If the Region V OSHA inspector determines that safe patient handling efforts are insufficient but do not clearly violate the general duty clause, the inspector will issue an Ergonomic Hazard Alert Letter (EHAL). While this is not a citation, Region V OSHA is following up to determine compliance. In instances where compliance is non-existent or insufficient, citations will be issued.

Under ideal patient lifting conditions the Maximum Recommended Weight Limit (RWL) of 35 lbs. derived from the NIOSH lifting equation is used as a maximum level and trigger for OSHA inspection outcomes.

Ultimately the ANA and others support that in order to establish a safe environment of care for nurses and patients that actions and policies **must** result in the elimination of manual patient handling.

2016 MHCSA MEMBERSHIP RENEWAL

Membership renewals were sent out in January and are due February 29th. Renewal applications will be accepted through March. This year we are providing you with an opportunity to pay your membership via PayPal. You must submit a new membership form no matter what the method of payment. We use the contact information from

this form to provide you with access to our listserv, newsletters and notifications.

Please contact Sandy Allen (smallen@coverys.com) if you have any questions or visit our website at www.mhcsa.org. Questions can also be directed to info@mhcsa.org.

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MICHIGAN HEALTH CARE SAFETY ASSOCIATION



QUARTERLY NEWSLETTER
WINTER 2016

MHCSA MEMBERSHIP MEETINGS

Michigan Health Care Safety Association Meeting

How our meetings work

This interactive meeting consists of two parts, starting with a meeting and interactive discussion, followed up by an educational session. The sign-in information is located below.

Conference call - First, we have an interactive conference call, with a very short business portion immediately followed by confidential, candid discussions in a “round table” format, where members share what is happening in their organization, and what challenges or successes they may have. Other members might share how they may have overcome a particular challenge, and we all benefit. No written notes of the candid discussions are kept. **This is also your opportunity to share topics you’d like to learn about in the one-day, 2016 fall seminar.**

Webinars - Second, in keeping with our mission to provide educational opportunities, we provide a teaching session in an online, webinar format.

I. MHCSA Membership Meeting: March 11th (11 am - 11:50 am)

MHCSA Quarterly Meeting – Conference Call

11:00 am | Eastern | 50 min

[Join WebEx meeting](#)

Meeting number: 647 324 322

Join by phone

+1-415-655-0001 US TOLL

Access code: 647 324 322

[Add this meeting](#) to your calendar. (Cannot add from mobile devices.)

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MICHIGAN HEALTH CARE SAFETY ASSOCIATION



QUARTERLY NEWSLETTER
WINTER 2016

MHCSA MEMBERSHIP MEETINGS

II. MHCSA Education Session: March 11th (12 Noon – 1 pm)

MIOSHA Update for Inpatient Healthcare Settings – Online

12:00 pm | Eastern | 1 hour

Speaker: **Barton G. Pickleman, CIH, MIOSHA Deputy Director**
Michigan Department of Licensing & Regulatory Affairs

[Join WebEx meeting](#)

Meeting number:

Join by phone

+1-415-655-0001 US TOLL

Access code: 646 119 227

[Add this meeting](#) to your calendar. (Cannot add from mobile devices.)

Michigan Health Care Safety Association Meeting: June 16th (12 Noon-1 pm)

The educational session for our June 16th meeting will be on Hazardous Drugs. The presenter will be Jenelle Thelen, MIOSHA-CET division.

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REGULATION AND INFORMATION UPDATES

Changes To The MIOSHA Standards Webpage

For the last several years, MIOSHA has a separate webpage dedicated to the status of the revisions to their standards based on the Office of Regulatory Reinvention's (ORR) Workplace Safety Advisory Committee's recommendations. Since that work wrapped up in 2015, MIOSHA has now condensed and streamlined that information onto their regular standards webpage by listing the revised standards, along with the "implementation strategy" for standards incorporated in the far right hand column. This will allow users to find all applicable information in one location.

www.michigan.gov/mioshastandards

MIOSHA Issues Compliance Instructions: Hazard Communication Standard

These instruction establishes policies and procedures for uniform enforcement of the hazard communication standard. These instructions apply to the Construction Safety and Health Division (CSHD), General Industry Safety and Health Division (GISHD), and the Consultation Education and Training (CET) Division.

January 4, 2016 – [Hazard Communication Standards – Inspection Procedures](#)

MIOSHA Issues Compliance Instructions: Tuberculosis

These instructions provide policies and procedures for conducting inspections related to occupational exposure to tuberculosis. These instructions apply to the General Industry Safety and Health Division (GISHD).

January 27, 2016 – [Enforcement Policy and Procedures for Evaluating Occupational Exposure to Tuberculosis \(TB\)](#)

Lab Tests Show that Some N95 Respirators Are Fluid-Resistant

In addition to protecting against inhalation of harmful airborne particles, sample units from four models of N95 filtering-face piece respirators (FFRs) were found to be resistant to fluid penetration by synthetic blood in laboratory tests by the National Institute for Occupational Safety and Health (NIOSH) and an independent testing laboratory. These findings indicate that the NIOSH-approved FFRs likely would meet fluid-resistance requirements that the Food and Drug Administration (FDA) sets for medical masks and surgical N95 respirators. Ultimately, that could increase the supply of respirators for healthcare workers who need protection from occupational exposure to sprays and splashes of blood and other potentially infectious body fluids in public health emergencies like large-scale flu outbreaks.

Source: NIOSH Research Rounds February 2016

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