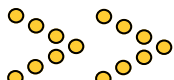


# SPRING 2015

## QUARTERLY MEETINGS

\*Thursday, June 11th, 11:00 A.M.— 2:00 P.M.  
Friday, September 11th, 11:00 A.M.—2:00 P.M.  
Thursday, December 10th 11:00 A.M—2:00 P.M.



MICHIGAN HEALTH CARE SAFETY ASSOCIATION

*Advocating for Safety in Health Care*

## NEWSLETTER

Conference Call for business portion of meeting:  
1-855-749-4750

Attendee access code: 279 890 20

A web link will be provided prior to meetings that are using a webinar for the educational session.

\*In Person Meeting, see pg. 4 for details.

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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 (CHE Trinity Health)	



### LETTER FROM THE PRESIDENT

What a lively discussion we had in our March MHCSA meeting. We actually had to cut it short in order to start our presentation! Then in our MHCSA education session, our guest speaker from MIOSHA explained, in addition to other regulatory changes, the expanded reporting requirements currently in effect for states under OSHA, with MIOSHA rule updates to be effective as of July 1<sup>st</sup>, 2015. These updates have not yet been posted on MIOSHA's website. Certainly, we have been provided a head start to prepare!

While there are additional reporting requirements soon to come, as safety professionals we realize that many employee injuries are never reported, yet still have a negative ripple effect throughout our health care communities. Injuries often unreported include strains from moving patients and needle sticks, which can impact quality of care, productivity, and morale. These injuries are also often paid for by employers through the use of sick time and health insurance. There are many reasons employees do not report, and a few are covered in the poem on page two, written to honor our "unknown injured".

As we look ahead, be sure to mark your calendar as our June 11 MHCSA session is coming up soon. We will have great discussions, and

Connie Morbach, MS, CHMM, CIE, Safety and Environment of Care Manager from McLaren will be sharing her experiences, with a session called **Keeping Your Hospital Healthy: Response to Water Damage**. June's meeting is not only offered online, but will be held at Coverys to provide us with an opportunity to network, as well. We look forward to having you join us!

Sincerely,  
**Janice Homola, ARM**  
MHCSA President  
Senior Risk Consultant  
Workers' Compensation Services  
Coverys

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MHCSA website: <http://mhcsa.org>

**MHCSA MISSION:** To promote and maintain "safety" as a primary function in the delivery of quality health care services.





## ODE TO THE UNKNOWN INJURED BY JANICE HOMOLA, ARM

“Report it, you say? It will go away!”  
I don’t want to be labeled, “injured.”  
Besides, I cried, “Who has the time?  
I’m on the company’s dime,  
And I am a good employee.”

“Report it, you say? It will go away!”  
The injury seems to worsen.  
The hazard’s still there,  
I won’t make others aware,  
Because I am a good employee.

“Report it, you say? It will go away!”  
I grow weak as I stumble around.  
I do not like to call in  
But now I’m bedridden,  
Still, I am a good employee.

Report it, you say? It will go away!”  
Today is the day I passed on.  
My job received word  
I will no longer be heard,  
I am no longer a good employee.



## MARCH 13TH MEETING- CHANGES TO PART 11 AND PART 554

### Educational Session

The educational session at the March 13 MHCSA Quarterly meeting included discussion of changes to MIOSHA Part 554 Bloodborne Infectious Diseases Standard effective October, 2014 and upcoming changes to Part 11 Recording & Reporting of Occupational Injuries & Illnesses for 2015. The Part 11 changes include a new list of Exempt Industries. Michigan has a six month window to make the changes effective and requires a sponsor to move forward. It should also be noted that in Michigan the Occupational Disease reporting will remain in effect.

Link to the current MIOSHA Part 554 Bloodborne Infectious Diseases Standard: [www.michigan.gov/documents/CIS\\_WSH\\_part554\\_35632\\_7.pdf](http://www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf)

### Presenter

Jenelle K. Thelen  
Senior Industrial Hygienist, Michigan Department of Licensing & Regulatory Affairs, Michigan Occupational Safety & Health Administration, Consultation Education & Training Division, Phone: (313) 580-9803, [thelenj10@michigan.gov](mailto:thelenj10@michigan.gov)  
[www.michigan.gov/miosha](http://www.michigan.gov/miosha)

Jenelle Thelen’s slide deck and a strike/bold draft of the Bloodborne Infectious Diseases Standard is posted to the MHCSA website ([mhcsa-list@mhcsa.org](mailto:mhcsa-list@mhcsa.org)) and is available to all MHCSA members.

**MHCSA list serve email address: [mhcsa-list@mhcsa.org](mailto:mhcsa-list@mhcsa.org)**  
**MHCSA website: <http://mhcsa.org>**

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## THE USE OF STABILITY BALLS IN THE OFFICE ENVIRONMENT

Several questions have come up with reference to the use of stability balls being used in an office setting.

- ◆ Should a stability ball or a stability ball chair be permitted in an office environment or other work area and if so under what circumstances?
- ◆ If allowed, could you ask an employee to sign a waiver to minimize liability if an injury should occur?

Stability balls, also known as balance balls or Swiss balls are considered to be exercise equipment for the purposes of increasing core balance and abdominal fitness. This equipment is typically not intended for a professional office setting even if it is set in a chair frame. The quality of these stability balls vary and injuries (e.g. fractures and bruises) have been reported from faulty stability balls (US Consumer Product Safety Commission).

In terms of waivers, while releases can and often are used to preclude a negligent claim in various activities (sports, etc.) those releases do not typically apply to workers compensation claims and would not preclude an individual from pursuing worker's compensation benefits.

If a physician or physical therapist recommends the use of a stability ball for treatment or as an accommodation for a qualified disability, the employer will need to consider all of the applicable laws and work closely with their Legal and HR departments.

The potential health consequences (e.g. heart disease, diabetes) of sitting for extended periods is documented. The use of stability balls is one consideration. Perhaps frequent standing and/or a structured process for the utilization of sit-to-stand workstations offer a safer alternative.



## QUARTERLY MEETING— THURSDAY, JUNE 11TH

Educational Session:  
*Keeping Your Hospital Healthy: Response to Water Damage"*

Presenter:  
Connie Morbach, M.S., CHMM, CIE  
Safety and Environment of Care Manager  
McLaren Greater Lansing

MHCSA Spring Meeting 11am - 12:45pm  
Join in person, at Coverys  
Mackinac Island Conference Room (2nd Floor,  
Through double glass doors, on left)  
3100 West Road, Bldg. 1, Ste. 200  
East Lansing, MI 48823

Lunch will be provided for onsite members!  
**Please send an RSVP to Sandy Allen by June 4, at 1-517-886-7952 or [smallen@coverys.com](mailto:smallen@coverys.com).**

If you are unable to join us in person, celebrate by bringing a delicious lunch to your desk on Thursday.

### Directions

From 496, take 127 North, R (East) on Lake Lansing Road , First L onto West Road service drive, towards Burger King, L on West Road  
R to Coverys, 3100 West Road, East Lansing MI 48823  
Michelle Fredrick, at the 2nd floor front desk will let you in. If you have questions or need directions en route, call Michelle at 1-517-886-7988.

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MICHIGAN HEALTH CARE SAFETY ASSOCIATION



# QUARTERLY NEWSLETTER SPRING 2015

## NEW MEMBER ORIENTATION

We have added many new members since our meeting last fall. We hope that you will find that MHCSA membership is rich and rewarding. We have made several enhancements to our meetings, communication with members and networking over the past several years. The following is a summary of several processes that we hope you will find helpful.

### Quarterly Meetings and Educational Sessions

Four times a year, we meet online to talk about new developments, and ask for your input in the various discussions. One of those meetings will also include a face-to-face networking opportunity. The meeting location is shared on our website at <http://mhcsa.org/>. After our business discussion, we wrap up the first portion with what many members find to be the most beneficial part of the day — we have 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 share how they may have overcome a particular challenge, and we all benefit. No written notes of the candid discussions are kept.

Second, in keeping with our mission to provide educational opportunities, we provide a teaching session in an online, webinar format. There is a separate log-in and access code for this portion in order to keep the first section of our meeting separate and confidential to MHCSA members only, without our guest speakers or others attending.

### List Serve

As a member, you have the opportunity to participate in our MHCSA List Serve, which includes only other members. If you have a pressing question, this is a forum where you can ask your colleagues for input. To use, simply send your email to our list serve address, and all members will receive your message.

Our MHCSA list serve address is: **Mhcsa-list@mhcsa.org**

### MHCSA Website

This website is your resource for: your MHCSA presentations, shared resources, previous newsletters, and meeting minutes. Please take a few minutes and give yourself a tour! To start, you have been given a user name and temporary password. Please change your temporary password as soon as possible.

Website: <http://mhcsa.org/>

### To Change Your Password

Once you sign in to the MHCSA website:

1. Click on the MHCSA in the upper left corner of the website.
2. Click on “Profile” on the left side of the screen
3. Scroll down to “New Password”
4. Enter your new password
5. Click “Update Profile”

### Electronic Newsletters

Three to four times a year, an electronic newsletter filled with helpful, pertinent safety information is published and shared with our members. This resource is also kept on our website for future access.

Our collaborative MHCSA mission is to promote and maintain safety as a primary function in the delivery of quality of health care services. As a group, when we each share a little, we all gain a lot. Helen Keller put it this way, **“Alone we can do so little; together we can do so much.”** We look forward to hearing from you soon!

**MHCSA list serve email address: mhcsa-list@mhcsa.org**





## REGULATION AND INFORMATION UPDATES

### **General Industry Part 39 Design Safety Standards for Electrical Systems is amended, effective May 12, 2015.**

These standards give direction to employers and employees on protecting Michigan employees from health and safety hazards in the workplace when related to design safety standards for electrical systems. These rules are intended to create state specific versions of the recently revised federal regulation 29 C.F.R. §1910.399 'Electrical Definitions applicable to this subpart' in order to be as effective as Federal OSHA standards.

A copy of the revised standard is available on [MIOSHA Standards](#) website and below:

[GI Part 39 Design Safety Standards for Electrical Systems](#)

A copy of the strike-bold draft is available here:

[GI Part 39 Design Safety Standards for Electrical Systems Strike-Bold Draft](#)

### **Ebola and Infectious Disease Symposium held in Dallas/Fort-Worth Area**

The OSHA Education Center at The University of Texas at Arlington and OSHA Region VI co-sponsored an Ebola and Infectious Disease Symposium on March 12, 2015, to share best practices and lessons learned about the Ebola virus and other highly infectious diseases. A video recording of the symposium is available at: <https://www.youtube.com/watch?v=87yPqHv2yio>.

### **New NIOSH Ebola Documents**

NIOSH has released two new Ebola guidance documents: "Interim Guidance for U.S. Businesses, Employers, and Business Travelers to Prevent Exposures to Ebola" (<http://www.cdc.gov/vhf/ebola/business/business-travelers.html>) and "Guidance for Safe Handling of Human Remains of Ebola Patients in U. S. Hospitals and Mortuaries" (<http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/handling-human-remains.html>).

### **NIOSH Blog: Violence in Healthcare**

In 2013, healthcare workers reported an estimated 9,200 workplace violence incidents requiring time away from work to recover, with the majority of these perpetrated by patients or their family members. This represents 67% of all nonfatal violence-related injuries from an industry that only represents 11.5% of all workers. <http://blogs.cdc.gov/niosh-science-blog/2015/03/27/violence-in-healthcare/>

### **OSHA Guideline Updated: Violence in Healthcare**

In April 2015 OSHA updated their *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*, located here: <https://www.osha.gov/Publications/osh3148.pdf>

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# BLS STATISTICS FOR MUSCULOSKELETAL DISORDERS

Number, incidence rate, and median days away from work for nonfatal occupational injuries and illnesses involving days away from work and musculoskeletal disorders (MSDs) by selected worker occupation and ownership (2013). Nurses continue to be in the top five occupations for MSDs.

Occupation	Incidence Rate	Median Days Away from Work
<b>Nursing assistants</b>	<b>202.4</b>	6
Laborers and freight, stock, and material movers	113	10
Heavy and tractor-trailer truck drivers	103.3	22
Janitors and cleaners, except maids and housekeeping cleaners	67	8
<b>Registered nurses</b>	<b>56.2</b>	7
<b>All private industries</b>	<b>35.8</b>	11

<http://www.bls.gov/news.release/osh2.t18.htm>.

**Incidence rates represent the number of injuries and illnesses per 10,000 full-time workers** and were calculated as:  $(N/EH) \times 20,000,000$  where N = number of injuries and illnesses, EH = total hours worked by all employees during the calendar year. 20,000,000 = base for 10,000 equivalent full-time workers (working 40 hours per week, 50 weeks per year).

**Median days away from work** is the measure used to summarize the varying lengths of absences from work among the cases with days away from work. Half the cases involved more days and half involved less days than a specified median. Median days away from work are represented in actual values. [BLS]

**References**

US Dept. of Labor, Bureau of Labor Statistics. Press Release USDL-14-2246. *Nonfatal Occupational Injuries and Illnesses Requiring Days Away From Work*. 2013 . Dec. 2014. Taken on Jan 11, 2015 from

<http://www.bls.gov/news.release/pdf/osh2.pdf>

US Dept. of Labor, Bureau of Labor Statistics. Press Release USDL-14-2246. *Nonfatal Occupational Injuries and Illnesses Requiring Days Away From Work*. 2013 . Dec. 2014. Taken on Jan 11, 2015 from

<http://www.bls.gov/news.release/osh2.t18.htm>.

