

SUMMER 2014

QUARTERLY MEETINGS

Friday, February 14: 11:00 A.M.— 1:15 P.M

Friday, May 9: 11:00 A.M.— 2:00 P.M.

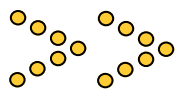
Friday, September 12: 11:00 A.M.—2:00 P.M.
(Conference Call Only)

Thursday, November 6: Annual Conference

Conference Call number for September 12th meeting:

1-201-479-4595

If prompted enter Mtg. number 24427935#



MICHIGAN HEALTH CARE SAFETY ASSOCIATION

Advocating for Safety in Health Care

NEWSLETTER

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Violence Prevention in the Healthcare Workplace Seminar Registration Form

2013-2014 MHCSA Board

President: Ken Smith

Planning/Education Committee: Ken Smith, Pierre Gonyon (Saint Joseph Mercy Hospital)

Vice President: Janice Homola (Coverys)

Membership/Marketing: Ken Smith, Pierre Gonyon (Saint Joseph Mercy Hospital),

Treasurer: Sandy Allen (Coverys)

Past President: John Bolde (Munson Medical Center)

Secretary: Terry Fisk (CHE Trinity Health)



LETTER FROM THE PRESIDENT

HELLO MHCSA MEMBERS!!!

We hope everyone had a great summer (how can summer not be GREAT??). Speaking of great, we have two very important announcements; PLEASE NOTE:

The **September 12, 2014** meeting will be a **conference call** with our main agenda consisting of a member round table discussion key safety issues including workplace

violence, pharmacy waste, needle sticks, flu vaccination, RCA/accident investigation, regulatory issues, ergonomic issues (e.g. foot pedals), slip, trip and fall prevention, and PCB's.

The MHCSA Board has prepared a really valuable educational seminar on November 6th with two main event presentations from:
A. Steve Wilder and
B. The St. Joseph Mercy Ann Arbor Canine Team.

The Healthcare Violence in the Workplace Prevention Seminar will be held at St. Joseph Mercy Ann Arbor, Towsley Building Café, 5301 E Huron River Dr. Ann Arbor, MI 48197

Steve Wilder, President of Sorensen, Wilder & Associates and co-author of the book "The Essentials of Aggression Management in Healthcare" will look at the unique challenges facing hospitals and health systems as violence in healthcare continues to capture the headlines. Topics to be covered include violence risk assessments; active shooter scenarios; de-escalation techniques; training concepts; planning, response, mitigation and recovery; crisis management teams, and much more.

Attention: Additional information and the registration for the seminar is provided in this newsletter.

Kenneth D. Smith

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

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

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



FOOT PEDALS— ERGONOMIC DESIGN CONSIDERATIONS

Foot-operated pedals leave the hands free to do other work. In hospitals foot pedals used in patient movement are often used to raise or lower equipment (e.g. stretcher). This type of pedal is referred to as an operating pedal and uses the whole foot with the ankle in a fairly neutral position and utilizes the stronger leg muscles to perform the task. For this type of pedal force should not exceed 90 lbf and in some cases should be less than 20 lbf. The allowable force will depend on minimizing the degree of ankle deviation from neutral posture; counter pressures; frequency of use; and pedal design.

Pedals used for this purpose may have tension adjustments that can be set to minimize the forces. If two pedals are provided on each side of the equipment it may be possible to use two people to perform the task.

A switching pedal is very different from an operating pedal. The pedal stroke on a switching pedal is usually accomplished with the front of the foot and the smaller leg muscles and requires much smaller forces (<9.8 lbf). Allowable force will depend on the design of the pedal; vertical displacement range for ankle flexion (e.g. heel on the floor in operating the pedal) and for whole leg movement and maximum height of the pedal above the heel rest and lower leg vertical.

The best answer perhaps to minimize pedal forces and associated injuries is to use an electric stretcher with a hand control. This will allow for finer control and smoother operation of the task.



PATIENT REPOSITIONING AND TRANSFER SYSTEMS

Frequent turning and positioning in bed is essential for immobilized patients to increase comfort; maintain skin integrity; enhance healing and achieve care outcomes. However this necessary repositioning activity can increase both the patients' and caregivers' risk for injury.

The most commonly used method for turning patients is to use a draw sheet and pillows to hold to the patient in place. Various repositioning systems have become available ranging from disposable slings that can be used for both horizontal and vertical movement (attachment to a ceiling lift) to durable and disposable friction reducing devices.

Disposable slide sheets have become very popular do to low cost; high friction reduction; ease of use; ease of access (point of use distribution) and enhanced patient comfort.

Additional studies are still needed to validate the effectiveness of any particular system. Each system selected regardless of cost will need to be part of a more comprehensive strategy and protocol for the safe execution of progressive mobility care plans.



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OCCUPATIONAL EXPOSURE TO ANESTHETIC GASES

Waste anesthetic gases are small amounts of volatile anesthetic gases that leak from the patient's anesthetic breathing circuit into the air of operating rooms during delivery of anesthesia. These gases may also be exhaled by patients recovering from anesthesia. Anesthetic gases include both nitrous oxide and halogenated anesthetics vapors such as halothane, enflurane, isoflurane, desflurane, sevoflurane, and methoxyflurane (no longer used in the United States). The halogenated anesthetics are often administered in combination with nitrous oxide.

Nitrous oxide and some of the halogenated anesthetics may pose an occupational hazard to hospital workers. The following hospital workers may be exposed to waste anesthetic gases:

- Anesthesiologists
- Dentists
- Nurse anesthetists
- Operating-room nurses
- Operating-room technicians
- Other operating-room personnel
- Recovery-room nurses
- Other recovery-room personnel
- Surgeons

Exposure to high concentrations of anesthetic gases and vapors may cause headache, irritability, fatigue, nausea, drowsiness and difficulties with judgment and coordination. It should be noted that nitrous oxide and many of the halogenated anesthetics have no odor and may not be detected until the concentrations are >100 times higher than the recommended occupational exposure limits (OEL's). Long term exposure to low concentrations have been linked to reproductive effects and cancer among operating room workers.

Employers can reduce exposures to anesthetic

Gases and vapors by taking the following steps:

- Establish a hazard communication program:
 - ⇒ Develop and implement a safety and health plan that includes information about exposure hazards and methods to control them.
 - ⇒ Label cylinders containing anesthetic agents.
 - ⇒ Make safety data sheets (SDSs) available.
 - ⇒ Train workers as required by the Occupational Safety and Health Administration (OSHA) hazard communication standard [29 CFR† 1910.1200].
- Install a scavenging system with the anesthesia delivery system to remove anesthetic gases and vapors from the operating room. Place the exhaust in an area where anesthetic gases and vapors will not be reintroduced into the supply air.
- Install a ventilation system that circulates and replenishes the air in operating rooms (at least 15 air changes per hour, with a minimum of 3 air changes of fresh air per hour). Install a ventilation system that circulates and replenishes the air in recovery rooms (at least 6 air changes per hour, with a minimum of 2 air changes of fresh air per hour) to prevent exposure to anesthetic gases and vapors exhaled by patients.
- Properly use and maintain anesthesia machines, breathing circuits, and waste-gas scavenging systems to minimize leaks of anesthetic gases into the operating rooms.
- Develop a monitoring program supervised by a knowledgeable person in every operating facility. This should consist of quantitatively evaluating the effectiveness of waste-gas control systems and periodic personal exposure monitoring.

There is currently no OSHA Permissible Exposure Limit (PEL) for nitrous oxide. NIOSH has had a long standing Recommended Exposure Limit (REL) of 25 ppm (TWA) and ACGIH has a Threshold Limit Value (TLV) of 50 ppm based on an eight hour time weighted average.

Reference: Waste Anesthetic Gases: Occupational Hazards in Hospitals (NIOSH)

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REGULATORY AND INFORMATION UPDATES

Violence in Hospitals a Growing Public Health Concern

Violence is an everyday reality in today's world, whether you're on a college campus like UCSB where three victims were shot and three were stabbed, or even in a hospital setting like the renown Regional Medical Center in Reno, NV, where a suicidal gunman shot three people, killing one, then killing himself.

Article: <http://www.fsmmag.com/Articles/2014/06/Violence-in-hospitals-a-Growing-Public-Health-Concern.html> Full Survey: <http://ihssf.org/PDF/crimesurvey2014.pdf>

UAB Hospital Becomes "Evacuation Ready"

After receiving a grant through the Alabama Hospital Association (AHA) to enhance its emergency evacuation plans, UAB Hospital recently approved full funding for Med Sled Evacuation Sleds to make the hospital fully evacuation ready.

<http://www.fsmmag.com/Articles/2014/08/UAB-Hospital-Becomes-Evacuation-Ready.html>

OSHA: Brooklyn Health Care Facility Failed to Protect Workers from Violence

Employees of Brookdale University Hospital and Medical Center in Brooklyn, N.Y., were exposed to head, eye, face and groin injuries and intimidation and threats during routine interactions with patients and visitors, OSHA alleges. The medical center faces \$78,000 in fines for allegedly failing to implement safeguards against workplace violence after OSHA's Manhattan office launched an inspection in February.

<http://ehstoday.com/safety/osha-brooklyn-health-care-facility-failed-protect-workers-violence>

Leading Edge Advanced Practice Topic (LEAPT)

Culture of Safety: Integrating Worker and Patient Safety

50 pilot sites are leading the efforts across the United States with a bold aim of reducing injury rates by 10% to 25% by December 2014. Six of the pilots sites are in Michigan. Focus areas of employee safety are Safe Patient Handling and Mobility (SPHM), Workplace Violence (WPV) Prevention, (bullying, intentional harm, incivility), Slips, Trips and Falls (STF), Worker Safety Culture and Employee Resiliency.

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VIOLENCE PREVENTION IN THE HEALTHCARE WORKPLACE SEMINAR

Date/Time: November 6, 2014 from 8:30 AM—3:00 PM

WHERE:

***St. Joseph Mercy Ann Arbor
Towsley Senior Health Building Cafe
5361 McAuley Drive
Ypsilanti, MI 48197***



Presenters:

Steve Wilder, President of Sorensen, Wilder & Associates

It wasn't that long ago that violence in healthcare was narrowly focused to the basic areas of: Emergency Departments, Behavioral Health Units, and EMS. Today, the landscape has changed. Events in recent years have shown that no department at the hospital can be considered low risk, and every department must be prepared to deal with the unimaginable. Steve Wilder, President of Sorensen, Wilder & Associates and co-author of the book "The Essentials of Aggression Management in Healthcare" will look at the unique challenges facing hospitals and health systems as violence in healthcare continues to capture the headlines. Topics to be covered include Violence Risk Assessments; Active Shooter scenarios; de-escalation techniques; training concepts; planning, response, mitigation and recovery; crisis management teams, and much more.

St. Joseph Mercy Security K-9 Team

Members of St Joe Security K-9 Team will give an overview and history of the program and will provide a demonstration of aggression control techniques, K-9 training and how the K-9 team extends the capability of Security to prevent and control violent behavior.

Registration: Please fill out and return registration form and fee. Cost: \$75 Registration Fee. Includes: Hot Lunch and 2015 MHCSA Membership! (\$60/person for groups of 4 or more if all mailed in one submission)

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



Violence Prevention in the Healthcare Workplace Seminar Registration Form



MICHIGAN HEALTH CARE SAFETY ASSOCIATION

The Violence Prevention in the Healthcare Workplace Seminar is sponsored by the MHCSA and will provide real event solutions to your violence in the work place challenges!! This seminar is given by subject matter experts in Security Management and includes the specific workplace conflicts encountered by healthcare workers.

When: November 6, 2014 (8:30 a.m. - 3:00 p.m. ET)

Where: St. Joseph Mercy AA Towsley Senior Health Building Café, 5361 McAuley Drive, Ypsilanti, MI 48197

Who: Presenters: Steve Wilder of SWA and St. Joseph Mercy Ann Arbor Security K-9 Team

Cost: \$75 Registration Fee includes lunch and 2015 MHCSA membership!! \$60/person for groups of 4 or more if all mailed in one submission.

Meeting Information: Please see the enclosed flyer or visit our website for more information - www.mhcsa.org.

Seminar date: November 6, 2014: 8:30 a.m. - 3:00 p.m. ET

MHCSA website: www.mhcsa.org

Violence in the Workplace Prevention Seminar: Also includes free 2015 Membership for MHCSA Please remit by October 31, 2014	\$75.00
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Please make checks payable to: Michigan Health Care Safety Association

Mail to:	Sandy Allen 532 E. Polk Road Ithaca, MI 48847
Questions, please contact: Sandy Allen at (989) 875-8646 or saallen@coverys.com	

Contact Information

First Name:		Last Name:		
Organization:		Title:		
Street:		City:	State:	Zip:
Telephone (with area code):	E-mail address:			

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