

WINTER 2012

General Membership Meetings

Fri, Feb 10

Fri, May 4

Thurs, Sept 27 – conference

Fri, Nov 9

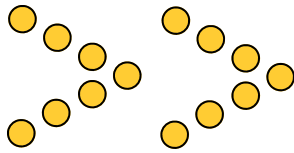
Location:

MHA Building

6215 W. St. Joseph Highway

Lansing, Michigan

Map: www.mha.org/mha/aboutmha/locationmap.jsp



MICHIGAN HEALTH CARE SAFETY ASSOCIATION

Advocating for Safety in Health Care

QUARTERLY NEWSLETTER

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- Slips, Trips & Falls Inspection Checklist
- Nov Meeting Minutes

MHCSA Board

President: John Bolde (Munson Medical Center)	Webmaster: Russ Kolski (Baldwin Family Health Care)
Vice President: Ken Smith (Marsh Consulting)	Planning/Education Committee: Betty Biron (Henry Ford Hospital) and Penny Rodriguez (Ingham Regional Medical Center)
Treasurer: Sandy Allen (Fincor Solutions)	Membership/Marketing: Jeff Kay (Sparrow Health System)
Secretary: Sara Stephens (U-M Hospitals & Health Centers)	Past President: Russ Kolski (Baldwin Family Health)



LETTER FROM THE PRESIDENT

As safety professionals working in healthcare facilities we spend a great deal of our time striving to stay ahead of countless

regulations that govern the settings in which we work. MIOSHA compliance requirements are numerous and include blood borne pathogens training, workplace violence prevention, and needle-stick and ergonomic injury prevention programs. The

Joint Commission challenges us to comply with well over 400 elements of performance in the areas of Life Safety, Environment of Care, Emergency Management, Safety and Security Management, Utilities and Medical Equipment Management. *Continued on page 2*

MHCSA CONFERENCE TO FOCUS ON SAFETY CULTURE: SEPT 27, 2012

How many times have you heard someone say: "it's just the way things are around here". But is it—and does it have to be?

Mark your calendars for the MHCSA bi-annual conference on September 27, 2012 at Henry Ford

Health System in Detroit.

The theme of the conference will be **safety culture**. Speakers and content will be chosen that complement this complex topic.

Participants will walk away

with a better understanding of how we, as safety professionals, can leverage best practices to improve our safety programs. This conference promises to be engaging and thought-provoking!

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





MICHIGAN HEALTH CARE SAFETY ASSOCIATION



QUARTERLY NEWSLETTER

WINTER 2012

LETTER FROM THE PRESIDENT (CONTINUED FROM PG. 1)

The Centers for Medicare and Medicaid keep us on our toes with in depth fire safety regulations, and deeper dives into our EOC's and the interface between infection prevention and safety. And that's just the tip of the iceberg.

The biggest challenge we face is driving the culture of safety to sustainable levels at each of our organizations.

Collectively, we are continuously educating, training, and raising awareness to keep safety in the forefront of hundreds of thousands of employees for their benefit, our organizations' benefit, and, in support of our patients and their safety. We've been talking about this important theme of

Culture of Safety at MHCSA's quarterly meetings. We've heard about proactive programs that support doing the right thing for the right reasons in the interest of safety.

MHCSA members have shared their education programs that engage employees from date of hire through orientation guiding them toward safe responsible practices.

We've heard about innovative thinking and progressive ideas that align safety initiatives with key organizational strategies, and continuous compliance efforts that increase staff and management accountability. Our discussions have been informative and lively. Our members are generous in sharing best practices and

are open and willing to offer ideas and suggestions when other members ask for help.

Our Board members recently shared a couple of interesting articles about the importance of building strong safety cultures:

29 miner deaths 'entirely preventable' — root cause is 'corporate culture'
[http://
preview.tinyurl.com/7zgdwwe](http://preview.tinyurl.com/7zgdwwe)

Driving Toward "0": Best Practices in Corporate Safety & Health
[http://
preview.tinyurl.com/2gaxwfk](http://preview.tinyurl.com/2gaxwfk)

I hope you find these articles helpful. Let us know if you come across others that we can all learn from.

How do you impact the culture of safety in your organization?

We've decided that this topic will be one of the focal points of our healthcare safety conference on September 27th at Henry Ford Health System in Detroit (save the date!), and, we're certain that this topic will continue to get attention at our quarterly meetings.

Our work doesn't get any easier. Many of our cohorts are finding our quarterly meetings to be energizing, supportive, and informative, offering great opportunities for networking and education. I hope you'll consider joining us in person or through conference call. Our next meeting is on February 10th, 11am at MHA in Lansing. Respectfully,
John Bolde
Director, Loss Prevention:
Safety and Security
Munson Medical Center
jbolde@mhc.net

MICHIGAN SAFETY CONFERENCE: APRIL 17-18, 2012



Mark your calendar for the upcoming Michigan Safety Conference April 17-18 in Grand Rapids. As in previous years, MHCSA will be providing a select number of scholarships for conference registration and

lodging. February 1st is deadline for submitting MHCSA membership dues to be entered into the drawing.

<http://www.michsafetyconference.org/>

HEALTH CARE PHARMACEUTICAL WASTE WORKSHOP: JAN 26, 2012

Registration for the Pharmaceutical Waste Workshop is still open! Five nursing and

pharmacy continuing education credits will be provided.
<http://preview.tinyurl.com/6rkdvbo>



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MEDICAL EQUIPMENT MANAGEMENT COMMITTEES: TIPS FOR SUCCESS BY JEFF KAY



Have you ever thought of creating a Medical Equipment Management Committee to manage the various processes involved with your medical equipment program?

The Joint Commission has specific requirements related to Medical Equipment

management that may be found in EC.02.04.01, EC.02.04.03, and EC.04.01.01. There are numerous elements of performance that are found within these requirements including maintenance, equipment selection, incident reporting, testing, and recall management.

When creating a Medical Equipment Management Committee, it is recommended to have a diverse group of participants, which should include representatives from Safety, Clinical Engineering, Risk Management, Infection Prevention, Supply Chain Management, Radiology, Laboratory, Surgery, Nursing, etc.

The Committee will focus on many activities which should include: creation and maintenance of policies that address the various elements of performance from the Joint Commission, management of the Safe Medical Device Act processes, equipment selection and procurement (to allow for standardization), performance improvement initiatives related to medical equipment, and compliance with maintenance and testing criteria, to name a few.

As new equipment is added, and existing equipment is upgraded, the members of this committee can function as a steering committee that will allow the training to be standardized and delivered in an appropriate and timely manner.

A significant problem in many healthcare organizations is that various models of equipment may be purchased through many different departments, for example infusion pumps. Because there are so many different types of equipment, clinical engineering has difficulty maintaining an adequate supply of parts to maintain the equipment. In addition, the clinical engineering technicians must maintain current certifications for many different types of units instead of just a single unit.

The training that must occur for staff that uses these units cannot be standardized because of the different types of units which are in use. As staff rotates to work in different departments, they must be trained on the equipment specific to that department. The Medical Equipment Management Committee is able to eliminate these types of scenarios as they manage the medical equipment program across the organization. This produces a more streamlined approach to all areas, which ultimately results in cost savings and fewer patient safety concerns.

Jeff Kay
Safety Administrator
Sparrow Health System
Jeffrey.kay@sparrow.org



MAKE A NOTE: NEW MHCSA LIST SERV ADDRESS!

In August, the MHCSA list serve email address changed to:

mhcsa-list@mhcsa.org

Be sure to make a note of the new address in your records. Email sent to the old list serve address will NOT be delivered.





MICHIGAN HEALTH CARE SAFETY ASSOCIATION



QUARTERLY NEWSLETTER WINTER 2012

RECENT OSHA MOVEMENT REGARDING VIOLENCE IN HEALTH CARE BY SANDY ALLEN



Effective September 8, 2011, OSHA published enforcement procedures for investigating or inspecting workplace violence incidents. The scope would be when responding to a complaint, referral, fatality or catastrophic event and when conducting a programmed inspection where workplace violence is identified as an issue. The Enforcement document specifies high-risk industries which include healthcare and social service settings. You will find the procedure at: <http://preview.tinyurl.com/875nvvq>

At the time this article was written, MIOSHA has not yet taken any steps regarding these procedures. They stated that when and if they do, they will post them on their website under Memos. The latest instruction that MIOSHA has is from April 2007. During the November Michigan Health Care Safety Association meeting, one of the members mentioned that when MIOSHA came on-site at their facility, they did look into how the facility handled violence and spent a good amount of time looking at their program.

Sandy Allen, CHSP
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HIGHLIGHTS FROM OUR LAST MEMBERSHIP MEETING

During the November 11, 2011 membership meeting, Ken Smith, Senior Vice President for Marsh Risk Consulting, and MHCSA Vice President, spoke about Industrial Hygiene (IH) in Health Care. Ken's presentation included informative and timely information about when/where IH monitoring should be performed, what is required by regulatory agencies, how testing should be performed (including equipment), and who is qualified to do the testing.



FEB 10 EDUCATIONAL SESSION: WATCHING YOUR WASTE — CHALLENGES AND OPPORTUNITIES FOR 2012

Join us for the February 10th MHCSA Membership Meeting. Cathy Semer, Environmental Programs Manager for Henry Ford Hospital, will talk about health care waste streams.

Hidden hazards, expanding regulations and mountains of trash are just a few of the challenges we face this year. This session will highlight some **perplexing hazards in your hospital**, ranging from managing dry ice to disposing of highly hazardous research chemicals. Opportunities for improvement will also be covered, including recycling, waste reduction, and hospital "greening".

As a reminder, meetings are held from 11:00 a.m. to 2:00 p.m. in the MHA building in Lansing. Meetings include lunch, dynamic round-table discussions, and educational sessions relevant to healthcare safety.

HAZARDOUS WASTE	
<small>FEDERAL LAW PROHIBITS UNPROPER DISPOSAL OF HAZARDOUS CONTACT THE NEAREST POLICE OR PUBLIC SAFETY AGENCY, OR THE U.S. ENVIRONMENTAL PROTECTION AGENCY</small>	
Accumulation Start Date:	
Chemical Description (Do Not Abbreviate)	
DOT Shipping Name / Waste Code(s)	
Contact Information	
NAME:	PHONE:
ROOM:	
BUILDING: University Hospital	
EPA ID Number: MI000001784	
Manifest Document Number:	
The University of Michigan	
<small>DEPT. OF OCCUPATIONAL SAFETY AND HEALTH</small>	<small>IN CASE OF EMERGENCY CONTACT</small>
<small>1000 Owen Rd</small>	<small>Public Safety (24 Hours) (734)763-1111</small>
<small>400 W. Main St. Health 2100</small>	<small>Customs (24 Hours) (800) 368-5858</small>
<small>(734)763-4866</small>	<small>HANDLE WITH CARE</small>

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



SLIP AND FALL PREVENTION PLAN BY KEN D. SMITH



Without overstating the obvious, there is not a silver bullet approach to preventing slips and falls on snow and ice. However, there are several effective measures an organization can take to greatly reduce the risk. By developing a more aggressive and proactive plan and taking the extra steps to improve snow and ice safety, a facility can prevent slips and falls during the most slippery time of the year.

Even very modest improvements/investments can yield significant potential savings in the thousands of dollars, not to mention the many benefits of preventing a worker injury.

Please consider the following eight tips as part of your overall plan to help keep workers safe from winter slips and falls at your workplace:

1. Create your winter Slip and Fall task force team.

Although winter has been around for a while, now is a great time to appoint some employees to develop an aggressive slip and fall prevention plan for the remaining winter and for the upcoming year. This team can begin immediately monitoring and communicating the weather conditions in your area. It is important to get people started now while the entire experience is fresh in everyone's minds.

Suggested team members include: 1. Nursing; 2. Operations and Maintenance; 3. Environmental Services; 4. Outside snow removal service representative; 5. City snow removal service representative; 6. Risk Management-champion; 7. Safety; 8. Construction (if applicable); 9-10 other.

Start by having a brainstorming session with your slip and fall team. With them, you should review your snow removal plan or snow safety plan for the workplace. Encourage them to make improvements on these plans, especially if they were created last year or before. Whatever you come up with, make sure you provide each worker of the organization with information about these plans and other related updates.

2. Get regular winter updates.

Pick one person in your team to update a specific officer in the management hierarchy about the latest weather conditions. They should immediately relay storm warnings and weather updates to the officer, especially when the conditions become potentially dangerous. This will help expedite an immediate and thorough response from the appropriate resources and raise the awareness level of all staff.

3. Try anti-slip footwear.

There are companies that can provide professional slip resistant footwear very appropriate for the healthcare environment. Experience has taught us that most employees do not wear anti-slip overshoes and/or ice walkers, but are more likely to wear slip resistant shoes that have been professionally tested and reviewed by staff representatives. Therefore, start with a pilot group to test the products for further adjustments/decisions. Make sure you prioritize the needs of employees who frequently come and go from your work site. Educate and communicate with all staff NOT to wear healed boots, sneakers, leather shoes and plastic-soled shoes when walking in/out of your facility. Progress of the pilot group and staff should be monitored regularly.

4. Mark potentially "highly vulnerable" areas.

Employees will naturally take the most direct and quickest route even if it means developing a "new" path in fresh snow. Therefore, determine walkways and other areas employees typically take that may be now covered up with snow or ice. Then, mark these areas with a highly visible pole or a similar marker. While installing markers, check outdoor work areas or walkways for low spots and cracks. By repairing these spots or cracks, you can prevent snow and ice from accumulating in these areas. Once the snow and ice melts, your organization can better review the options available to





SLIP AND FALL PREVENTION PLAN BY KEN D. SMITH

Continued on page 6

you for installing a more permanent walkway or effective obstruction designs to divert staff to the desired pathway. By having a local governmental representative on your task force you may be in a better position to obtain a necessary permit/variance for a renovation of your area(s).

5. Get help from floor mats and “Wet Floor” signs.

During the time of precipitation monitor the effectiveness of floor mats at entrances to reduce tracking in of ice and snow and replace them as quickly and often as necessary. By closely monitoring this process you will find there are probably only a few key entrances of high risk and can therefore better manage the entire process by priority. Furthermore, a different type or style of mat may be considered in high risk areas or just a larger mat. As for “Wet Floor” signs, just place them in OUTDOOR areas that may cause slipping or falling.

6. Let employees help by doing some of their own sprinkling.

Start by placing drums of rock salt/sand near entrances, parking lots and common walkways so that employees can conveniently take care of outdoor spots covered with ice or snow. You may want to substitute potassium-based de-icers for salt as the latter can damage lawns, concrete, carpets and floors that may get some salt debris when workers walk inside. Make sure that the content is checked and resupplied regularly. It is also important to periodically ask employees if the drums are located in the most convenient place and if there is an adequate supply.

7. Ask for Certificates of insurance and public assistance.

Ask for certificates of insurance when you hire private contractors to remove snow in your workplace. Make them acutely aware of your intentions to hold them strictly accountable for injuries caused by their negligence. Include performance based contract services for snow and ice removal where payment is withheld for poor performance and bonuses can be recognized for outstanding service.

Ask for public assistance. Use your healthcare status to remind high ranking public officials that the clientele that you AND THEY EQUALLY service are older and often have injuries and illnesses that make them much more vulnerable to slips and falls. Review all of the options available to you by your community service providers. DO NOT hesitate to ask for more assistance when/where necessary, but be very prescriptive and make your request in writing from your CEO to the City Mayor/manager.

8. Develop and implement a very aggressive slip and fall prevention campaign.

Organize an attractive slip and fall prevention campaign. Communicate frequently and very deliberately. Information should include education for prevention as well as instruction on “how to” protect yourself in poor walking conditions. Encourage staff to plan ahead and always be very well prepared. Remember that it’s all about anticipation. Encourage staff to report unsafe conditions immediately. Response sources should be timely and obvious to staff (staff will stop reporting if they perceive there is not a timely/effective response). Strongly encourage staff to immediately report actual slips and falls (without negative consequences). Include an incident investigation in your response and identify key conditions to assist in the evaluation for program/process improvement.

Resources:

Slip, Trip and Fall Prevention For Health Care Workers <http://www.cdc.gov/niosh/docs/2011-123/pdfs/2011-123.pdf>
Slip Tips & Safety Inspection Checklist (MHCSA Winter 2012 Newsletter addendum)

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Slip Tips

An internal publication from Marsh's Risk Consulting Practice

Perspectives on Slip-Resistant Footwear - How to be a More Informed Buyer

A colleague known for his objective big-picture thinking asked, "Are there any standards for slip-resistant shoes? How do I know Brand X is the best just because someone says it's so? How do I know when vendors are being truthful in their advertisements?"

The answer is somewhere between yes and no, which, I guess, makes it a maybe. Much of the following comes from Steven Di Pilla's new book, "Slip and Fall Prevention: A Practical Handbook," plus a good dose of experience.



The evidence is clear and compelling. Selection and use of the most appropriate slip-resistant footwear for the work environment can have a dramatic effect on reducing slips/falls on walking surfaces. However, always keep in mind that safety footwear is just a form of personal

protective equipment (PPE) - the last defense in a hierarchy of controls that includes, in priority order: Engineering, Work Methods, Administrative Controls and finally PPE. If, after attending to higher-level controls, there remains a residual risk for slip, using footwear with slip-resistant properties can further reduce the potential for slips/falls on walking surfaces. Just what is a slip-resistant shoe, and how can you be certain it will meet your needs?

Manufacturers and suppliers of protective footwear play a key role in ensuring that suitable products are available to fit client needs, that their products are tested using recognized valid and unbiased methods, and that customers have accurate information to enable them to make the right choice. How do you separate subjective marketing hype from objective data? How do you differentiate one vendor's product

performance from another? Some knowledge on the following helps answer some of those questions.

- Standards for slip resistive performance of footwear
- Causes of slips/trips/falls and hazards specific to your working environment
- Tribometry (the measurement of walking surface slip resistance)

Assessing your hazards is a fundamental first step toward making an informed buying decision.

Caveat Emptor!

When purchasing slip-resistant footwear, select a shoe type that conforms to the product description, the standards cited, and more importantly, one that offers adequate slip resistance for the intended walking/working surface, the environment, and likely hazards or contaminants.

However, a buyer is at a disadvantage when confronted with a barrage of shoe choices, technical terms, unfamiliar acronyms, agencies or standards, performance data, and, of course, marketing hype and inducements. It all may seem confusing, yet look impressive and convincing, but is it valid?

Manufacturers and suppliers have a duty to provide accurate descriptions of their products, and not intentionally misrepresent the products or its performance. Such descriptions might include references to consensus, regulatory standards or guidelines such as those from ASTM, ANSI, OSHA, ADA or others. A word of advice to the buyer: Take time to do your homework.

Do not be afraid to ask tough questions, and do not accept as gospel everything written or spoken about the product's performance. Be skeptical, especially if data seems skewed to the advantage of one product over the competition. Confirm the testimonials, check references, the accuracy of the standards cited, the slip resistance performance data, and variety of footwear options. Do not be swayed or intimidated by statements such as: "OSHA requires..." "ADA mandates..." or "Our product exceeds ASTM C1028..." or some other reference to regulation.



Slip Tip Newsletter

There is, unfortunately, much misinformation and questionable data, unintentional perhaps, but nonetheless misleading for the uninitiated. Slip resistive performance of footwear conducted in a laboratory setting selected or managed by the vendor should automatically raise red “bias” flags. Slip resistive performance measured using a generic testing method or a laboratory device, may not perform the same in your real-world conditions. What type of measuring device (e.g. slip meter or tribometer) generated the data? What standard method was used and under what conditions (e.g. dry, wet, contaminated) and is the method or device valid for those conditions? What baseline determined pass/fail?

Slip Resistance Testing Standards

Most evaluations of slip-resistance, whether shoes or walking surfaces, contemplate clean, dry, liquid – free, floor conditions. Rarely do people slip on dry floors. Virtually all dry floors will meet or exceed consensus standards for slip resistance, and same goes for shoe performance on a dry surface. Critical knowledge for an informed buying decision is how the shoe performs on a wet or contaminated surface, and conversely, how a wet or contaminated shoe bottom performs on a dry surface.

The following are some of the commonly used test methods or standards.

- **ASTM F489** – Standard Test Method for Using the James Machine (a lab-based tribometer) is one of the most commonly performed and cited tests for footwear slip resistance, but it is only valid for testing on dry surface conditions and requires use of either a leather or Silastic™ (polyethylene) test foot. Tests performed on wet surfaces using materials other than leather or Silastic™ would invalidate the test method. ASTM withdrew F489-96 in 2004. A James Machine alternate standard is the ASTM D-2047 Standard Test Method for Static coefficient of friction on Polished-Coated Floor Surfaces. It has little relevance to slip resistant footwear, but sometimes is used.
- **SATRA STM 603** Slip Resistance Tester™, preferred by many footwear industry professionals, is used extensively in Europe and increasingly in the U.S. and worldwide. The ISO adopted this method as their ISO 13287:2007. There is no evidence that this meter has satisfied precision and bias criteria as defined by ASTM.



- **WTM 144-04** is a Wolverine Company test method identical to SATRA TM144:1999, using the SATRA STM 603 slip meter. The SATRA has yet to pass ASTM precision and bias criteria and may not provide valid readings on wet or contaminated surfaces.
- **EN 13287-04** (European standard BS EN ISO 13287:2004 – Personal Protective Equipment – Footwear – Test method for slip resistance) uses the SATRA STM 603 slip meter, and currently is specifically for safety footwear only. The EN safety test requires flat contact, forward slip, and heel strike test modes on EN ceramic tile that is wetted with a sodium lauryl sulphate soap solution. This method is the only accepted method for safety, protective and occupational footwear outsole slip resistant testing in Europe after January 2007. Footwear products once tested and certified are stamped with the CE mark.
- **ASTM F1677** – Portable Inclinable Articulated Strut Tester (also known as the Brungraber Mark II) is appropriate for wet testing, but its large test foot (3” x 3”) is prone to adhesion (“sticktion”) on the surface, artificially elevating wet slip resistance readings; an output convenient for shoe vendors promoting exceptional slip resistant performance. Dr. Brungraber modified the Mark II with a grooved test foot, significantly reducing the sticktion problem. The test method calls for either a Neolite™ or a Silastic™ test foot. Use of any other type of material could invalidate any findings because that new variable is not in conformance with the method. ASTM withdrew this standard method in 2008 due to it being a commercial (named) product. A companion standard method is the F1679 – Variable Incidence Tribometer (aka English XL). Both methods are valid for wet and contaminated conditions. ASTM also withdrew -1679 for the same reason. Shoes For Crews website describes independent slip resistance test results conducted by Precision Testing Laboratories, Inc. (PTL). Tests done on “worn, smooth, greasy/wet restaurant quarry tile, and coated with water and Crisco brand shortening using the Brungraber Mark II Slip Meter according to ASTM F1677,” and results showed their outsole product to have a slip resistance of 0.51 under those stated conditions, while the next closest competitor product was 0.21 and nine others were lower. Because of the extreme difference in performance, a prudent buyer should be intrigued by the results, but also skeptical enough to raise concerns and ask more questions. One test does not make good science. A copy of the PTL test protocol should be requested. Did its Mark II have a grooved test foot? Were all the sampled products prepared and mounted on the Mark II the same way? Was this truly an “apples to apples” comparison? Controlling the uniformity of a “worn, smooth, greasy/

Slip Tip Newsletter

wet restaurant quarry tile, and coated with water and Crisco brand shortening..." surface film across all tested samples could be a challenge, and potentially could introduce bias. Standard test methods usually specify distilled water. Also, be aware that "Coefficient of Friction" by definition only applies to dry surfaces.

Truth in Advertising

It should be evident by now that exercising caution is the prudent course when evaluating product claims for slip resistant footwear. In some cases, vendors have cited wet or contaminated test results using a dry-only test method such as the F-489, which usually yields unrealistically higher results due to the sticktion phenomenon. Vendors have implied that there were government standards (OSHA, ADA) where none existed. Often referenced is the ADA guideline for walking surfaces to have a CoF of 0.60 and 0.80 for ramps. That was merely a guideline, repealed in 1995 because of no validity or testing to support the thresholds. Similarly, OSHA has no requirement for a specific target CoF on walking surfaces or for shoe slip resistance.

For example, Shoes for Crews™ website does accurately advise that not all slip resistant shoes are created equal. "Different sole compounds and tread designs create different coefficients of

friction." True not only for differing compounds, but also for different floor surfaces. No shoe sole is 100% "slip-proof" or "non-slip." Terms such as those should raise red flags. It is essential to combine slip-resistant footwear with proper floor surface design, proper floor maintenance, and other controls.

Choosing the most suitable slip-resistant footwear for a particular environment/ work activity can be problematic. It is advisable not to select footwear based only on vendor brochure descriptions or laboratory test results. Descriptions of slip resistance given in brochures include terminology ranging from 'improving the grip performance' to 'excellent multi-directional slip-resistance'. Another is, "restaurant tested and approved," which is too vague to serve as a valid endorsement. Often, the brochures do not describe the work environments for which the footwear are, or are not, suitable. Greater certainty comes with testing and trial in your environment under probable or worst-case conditions. The final choice most often is a compromise of factors, costs and risks/benefits. The validation comes from a measured, statistically valid, reduction in slip/fall incidents after implementation of a slip-resistant shoe program.



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SLIPS, TRIPS AND FALLS SAFETY INSPECTION CHECKLIST

Location: _____

Inspection Date: _____

Person(s) Performing Inspection: _____

Specific Inspection Location: _____

1.0	FLOORING AND STAIRWAYS	YES	NO	N/A	ACTION REQUIRED	COMMENTS
1.1	Is flooring the appropriate type for the use? (ie: in food preparation areas - is it readily cleanable; in work areas is it oil/grease resistant; is there adequate traction provided?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	Are the floors well maintained (ie: are there holes, cracks or other damage to flooring or floor boarding or stairs or steps?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	Are there slopes or other changes in floor level? If so, are they obvious or highlighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Are the floor/stairs in good condition? (ie: slip resistant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Are any metal edging/joining strips damaged or insecure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6	Are stairs made of slip resistant materials? Is there signs of wear or low traction materials such as paint, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7	Do mats firmly adhere to flooring and are they in good condition (ie: no curled corners)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8	Do stairway landings have slip-proof mats or strips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.9	Are all stairs evenly spaced including landings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.10	Do elevated areas, stairs and ramps have securely fastened handrails? Toe boards in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.11	Are any floors known to be slippery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.12	Where hazards cannot be avoided or adequately reduced do you have sufficient warning signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.0	PROCEDURES	YES	NO	N/A	ACTION REQUIRED	COMMENTS
2.1	Are personnel instructed not to rush while moving about work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2	Are tools and equipment put away promptly after use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SLIPS, TRIPS AND FALLS SAFETY INSPECTION CHECKLIST

2.3	Is three-point contact maintained while on ramps and stairways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.0	WORKING AT HEIGHT	YES	NO	N/A	ACTION REQUIRED	COMMENTS
3.1	Are workers required to work at heights greater than 3 metres above ground level where edges are unguarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	Are adequate precautions in place to prevent workers from falling (ie: harnesses, fall arrest equipment, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	Where ladders are used: are they regularly checked for safety; are they tied to prevent slipping; are staff trained in their safe use; do the ladders used sufficiently project above the working platform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.0	LIGHTING /ELECTRICAL	YES	NO	N/A	ACTION REQUIRED	COMMENTS
4.1	Are all areas, including walkways, parking areas, steps, stores, cellars adequately illuminated during daylight hours and darkness and electricity failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2	Are there any electrical cables that may present a trip or electrical hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.0	SPILLAGES AND WET FLOORS	YES	NO	N/A	ACTION REQUIRED	COMMENTS
5.1	Are all spillages promptly removed, dried or otherwise appropriately treated (ie: absorbent materials) to eliminate the risk of slipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2	Where floors in dry areas become wet through contamination are they promptly dried to eliminate the risk of slipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3	When a spill occurs (grease/oil/water, etc.) are they investigated adequately to determine if the spill could have been prevented in the first place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Are signs erected to warn of the hazard presented by a spill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.5	Are all floor areas always kept clean and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.6	Is rubbish regularly removed and are access routes kept clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.7	Is sufficient and adequate matting provided at all entry points to the building and from any wet areas to dry areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.8	Are there any water or steam hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SLIPS, TRIPS AND FALLS SAFETY INSPECTION CHECKLIST

	that may present a trip hazard?					
6.0	CLEANING	YES	NO	N/A	ACTION REQUIRED	COMMENTS
6.1	Are appropriate cleaning products used for walking surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2	Are floors kept dry, clean and free from oily or slippery substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3	Are proper cleaning procedures being used for the right type of floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.0	PERSONAL PROTECTIVE EQUIPMENT	YES	NO	N/A	ACTION REQUIRED	COMMENTS
7.1	Do personnel wear suitable footwear appropriate for the type of work and the environmental conditions in which they work (ie: wet, icy, cold, chemicals, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2	Is the footwear in good condition (no worn treads/grips, adequate ankle support, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.0	DOCUMENTATION	YES	NO	N/A	ACTION REQUIRED	COMMENTS
8.1	Do Job Safety Analysis (JSA's) address slip, trip and fall hazards arising out of the work activities at the worksite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.2	Do you intend to produce an action plan/log to implement any outstanding measures identified in this inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.3	Do you intend to involve other appropriate personnel in the formulation of an action plan/log that is generated by this inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: _____

QUARTERLY MEETINGS

Friday, February 11; 11:00 A.M. —2:00 P.M.
Friday, May 13; 11:00 A.M. —2:00 P.M.
Friday, August 12; 11:00 A.M. —2:00 P.M.
Friday, November 11; 11:00 A.M. —2:00 P.M.

2012 MEMBERSHIP MEETINGS

Friday, February 10; 11:00 A.M.—2:00 P.M.
Friday, May 4; 11:00 A.M.—2:00 P.M.
Friday, November 9; 11:00 A.M.—2:00 P.M.

2012 CONFERENCE

Thursday, September 27
Henry Ford Hospital
Detroit, MI



MICHIGAN HEALTH CARE SAFETY ASSOCIATION

"Advocating for Safety in Health Care"

QUARTERLY MEETING MINUTES

November 11, 2011

LOCATION—MHA Building, 6215 W. St. Joseph Highway,
Lansing, Michigan

Map: www.mha.org/mha/aboutmha/locationmap.jsp

Website: www.mhcsa.org

MHCSA list serv email: listserv@mhcsa.org

MHCSA Board

President: John Bolde (Munson Medical Center)

Vice President: Ken Smith (Marsh Consulting)

Treasurer: Sandy Allen (Fincor Solutions)

Secretary: Sara Stephens (U-M Hospitals & Health Centers)

Webmaster: Russ Kolski (Baldwin Family Health Care)

Planning/Education Committee: Betty Biron (Henry Ford Hospital) and Penny Rodriguez (Ingham Regional Medical Center)

Membership/Marketing: Jeff Kay (Sparrow Health System)

Past President: Russ Kolski (Baldwin Family Health Care)

Recorder: Sara Stephens

Attendees: Mary Ann Northcote, Gary Schmekel, Jeff Kay, Ken Smith, Sandy Allen, Janice Homola, John Bolde, Dave Eilers, Penny Rodriguez

Phone Conference: Sandy Daignault, Russ Kolski, Sal Catanese, Betty Biron, Patricia Collins, Sara Stephens, Pierre Gonyon

Topic

Lead

Time

I. Introductions/Welcome

J. Bolde

11:00—11:05 a.m.

II. Review of Minutes from August Meeting

J. Bolde

11:05—11:10 a.m.

Approved as written

III. Treasurer's Report

S. Allen

11:10—11:15 a.m.

39 members in 2011; operating costs are in check. Treasurer's Report is available upon request.

IV. Planning/Education Committee Update

B. Biron/P. Rodriguez

11:15—11:20 a.m.

Feb 10: panel discussion waste management; May 4: best practices: panel discussion culture of safety; Aug 10: canceled—incorporate into conference on Sept 27; Nov 9: regulatory survey update panel discussion.

Conference planned for Sept 27 at Henry Ford.

MHCSA website: www.MHCSA.ORG

MHCSA list serv email:

listserv@mhcsa.org

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

Mailing Address: MHCSA, Traverse City Michigan, 49685 PO Box #0165

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V. Membership/Marketing Committee Update

J. Kay

11:20—11:25 a.m.

Membership invoices were sent out; Feb 1 is the deadline for collecting dues; a new item was added to collect information about the member's preferred contact method.

VI. Newsletter

S. Stephens

11:25—11:30 a.m.

- Board members must submit articles by **December 1**.
 - John: Letter from the President
 - Ken: Slip and fall prevention - include attachment
 - Sandy: aggression management in health care—copy of OSHA directive
 - Betty: educational topics for 2012; save the date for the conference
 - Sara: working on an idea! :)
 - Jeff: please let Sara know when you have an idea
- January 10—target release date, article ideas

VII. Website

R. Kolski

11:30—11:35 a.m.

Tabled until next Board meeting.

VIII. New Business/Agenda Items for Next Meeting

All

11:35—11:40 a.m.

None.

IX. Roundtable & Lunch

All

11:40 a.m.—1:00 p.m.

X. Educational Speaker: Ken Smith

1:00—2:00 p.m.

Ken Smith, Senior Vice President for Marsh Risk Consulting, and MHCSA Vice President, will be speaking about Industrial Hygiene (IH) in Health Care. This presentation will help health care facilities identify when/where IH monitoring should be performed, what is required by regulatory agencies, how testing should be performed (including equipment), and who is qualified to do the testing. Specific areas of discussion will include Laboratory, Surgery, Central Supply, Emergency Department and others. General indoor air quality and the control of mold growth will also be explained. The presentation agenda includes:

1. How to use IH monitoring to control hazard exposures to staff;
2. How to integrate IH in the Culture of safety rather than a regulatory compliance requirement; and
3. How to manage your IH program most cost effectively.