

Health & Safety

HEALTH & SAFETY NEWSLETTER

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This issue will spotlight Proactive & Preventive Safety Strategies...

Evaluating Preparedness for Ebola

An **Infectious Disease Steering Committee** was established in October to evaluate the School's preparedness for the Ebola Virus Disease (EVD), and the flu virus. Steering Committee members are Rolf Christianson, Frank Roberts, Susan Coldwell, Steve Steinberg, Jean Garber and Sandy Phillips. A 2009 policy developed to address SARS, MRSA and other infectious diseases is being updated. Risk assessments for patients seeking routine care vs. urgent care resulted in increased additional preparedness for the DUCC.

To date the Committee has: Established a working relationship with the UW Medical Center ambulatory service and Harborview Medical Center; developed a screening survey to assess patient symptoms; drafted a protocol for escorting patients to a holding area, (B 229 next to the Urgent Care Clinic) where patients can be further evaluated; and ordered Infectious Disease Awareness signs (for reception and treatment areas), additional hand sanitizing dispensers, and specialized PPE patient transport kits.

The Committee recommendations include: Educating faculty/students on signs/symptoms of early EVD; making thermometers easily available in all clinics to take patients' temperatures when indicated (patient showing signs/symptoms of any infection including the flu); issuing reminders school-wide about proper donning of PPE; Providing additional training in the use of PPE, including a buddy system in which health-care providers are observed and coached in proper use of PPE and infection control techniques; reminding all students and faculty to ask patients about changes in health history and recent travel history at every visit; and if emergent care must be provided to an EVD-symptomatic patient, it should be done only by fully trained faculty and staff, not students. Please direct any questions to Sandy Phillips at sandyp@uw.edu



QUOTE OF THE MONTH:

"To learn about eye protection, ask someone who has one."

-Author Unknown

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Did You Know? Fun Facts



SCHOOL OF DENTISTRY

On the Job: Oct-Nov

- ⇒ **October: 5 bloodborne pathogens exposures** were reported: Three were procedure-related; one was from improper storage of an instrument and one was needles stick-related.
- ⇒ **5 injury incidents** were reported: an injury while moving office furniture; a burn from a torch in the D-1 Lab; a back injury while bending/lifting; a poke from a sterile syringe harpoon; and an injury from movement of a patient during a procedure.
- ⇒ **November:** There were **8 bloodborne pathogens exposures** reported: two from improperly stored burs; 2 were procedure-related; 2 were related to the way instruments/sharps were handled; one was unknown (provider discovered cut only after treatment when gloves were removed); and one was from a needle poke during research.
- ⇒ There were **5 injury incidents** reported: One cut from an instrument sticking out of a cassette in sterilization; a slip on water that had overflowed onto the clinic floor; a back injury from pushing bariatric patient in a wheelchair; a slip on debris outside; and a medical emergency while working.
- ⇒ Do you have a **work practice safety tip** from your clinic you would like to share? Please send tips to healthandsafety@dental.washington.edu



Monthly amount of sharps waste generated from Magnuson Health Sciences building: 2-5 tons/month

Time to fill 10-20 yard container: 1-2 months

Disposal cost per ton: \$504 or \$1,200 average per shipment

Ouch! Sharps Contaminated Trash



On Nov. 19th, a waste compactor in the Health Sciences J/K dock became contaminated by “sharps” garbage and had to be shut down for cleaning, an event which according to Emily Newcomer, Assist. Director at UW Recycling & Solid Waste, occurs 2 -3 times a year at one of the building’s loading docks. So far her staff has been able to catch contaminated waste onsite and avoid fines of hundreds or thousands of dollars, should contamination be detected off-site. **Sharps waste is regulated by state law and must not be disposed of in the regular waste stream.** The term “Sharps” refers to any items used to puncture or cut body parts and that, in a waste container, can cause punctures or cuts to waste handlers. Ouch! There is often confusion about what qualifies as a “sharp” (e.g. lab glass?) so a **brand NEW poster** is now available at http://www.ehs.washington.edu/rbsresplan/poster_sharps_labglass.pdf Please post a copy for your lab or clinic.

The 2-5 tons of sharps generated each month from health sciences clinics and labs are deposited in bright red disposal containers which are labeled with location and transported by janitorial staff to a lidded/locked 10-20 yd. shipping container in the AA dock. Left un-compacted and shipped by rail to landfills near Roosevelt in Eastern WA or Arlington, Oregon, the hazardous waste is buried in a designated section of the land fill.

You can help protect janitorial staff from injury, reduce the likelihood of fines, and be an environmental steward by following Sharps protocols <http://www.ehs.washington.edu/rbsresplan/sharp.shtm>. For questions call EH&S, (206)543-7262.



Mark Your Calendars for H&S Events

- ⇒ **12/18 Health Care Provider CPR Certification Skills Validation Test**
Thursday, Dec. 18th, 3:00-5:00 PM, D-1 Lab, Rm D165. Faculty and staff may register by calling Continuing Dental Education, (206) 543-5449. Those wishing to enroll for the test must first complete the American Heart Association’s on-line BLS Healthcare Provider CPR training at <http://www.onlineaha.org/>
- ⇒ Missed Frank Robert’s Oct. 10th Bloodborne Pathogens training? you can still take complete your annual requirement by doing the online version at www.dental.washington.edu/health-and-safety/training/
- ⇒ Those who were unable to make the Nov. 12th training on the new Global Harmonizing System (GHS) which is replacing the MSDS system can train online at: <http://www.ehs.washington.edu/psotrain/>



Did You Know?



- ◆ Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5-7 days **after** becoming sick according to the Centers for Disease Control and Prevention.
- ◆ The common practice of putting a cap on a toothbrush is actually more detrimental. The moisture entrapped in the cap favors bacterial growth.
- ◆ An obscure Mexican super plant called Lippa dulcis is 1,000 times sweeter than table sugar, doesn’t cause tooth decay and could ultimately serve as a low calorie sweetener
- ◆ Tooth enamel is weakened just as much by diet sodas as by regular sodas.
- ◆ Cows do not have upper front teeth and their lower bottom ones grow continuously.

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