MINUTES
OCCUPATIONAL HEALTH and CLINICAL SAFETY COMMITTEE
September 20, 2018

Members Present: Matthew Hawkins, Dr. James Hill, Mary Beth Koza, Benny Burton, Debra Bergman, Sarah Olejar, Jennifer Rees, Jane Kerwin, Abby Fisher

Guests: Neah Tucker and James Potts

1. Review and approval of minutes from June 14, 2018 meeting.

2. Matt Hawkins lead a discussion on the Influenza season and the SOM expectations and key dates.

3. Ms. Tucker and Mr. Potts provided a presentation and questions and answer session on Hazard Management Plan for Clinical Laboratories.

4. Sarah Olejar, Occupational Health Nurse from UEOHC lead an in-depth presentation on bloodborne pathogen exposures for employees working in the clinical areas.

5. Debra Bergman provided a report on general injuries and illnesses for employees working in the clinic environment.


7. Discussion concerning academic yearly goals

8. Opportunity to introduce any business or comments from USSC and Occupational Health and Clinic subcommittee.

Next meeting scheduled for January 10, 2019

Meeting adjourned at 2:20 pm
Clinical Hazard Inspection Program

Neah Tucker, Erika England, Jim Potts

9/20/2018
Need for Program?

- Implement the clinical laboratory inspection program to ensure a safe work environment for employees working in clinical laboratory areas.
- EHS has received multiple emergency response (ER) calls to blood spills or other hazardous events in locations that do not fall under the current inspection programs: Hazardous Management Plan (HMP) and Collaborative Laboratory Inspection Program (CLIP).
- These ER calls identified areas that were not approved or appropriate for the work being done and a deficiency in personnel training.
Current Programs

- CLIP: Principal Investigators and lab workers complete a lab safety plan
- HMP: Facilities’ shop supervisors complete the online hazard management program
- Clinical spaces: Will be tracked through CHIP, which will be an addition to the CLIP
Completed Items for CHIP

- Identify locations of clinical spaces on campus
  - We found over 20 spaces: Dental School Clinics, IRB Protocols, CTRC
- Identify users of these locations
- Create an inspection process to evaluate and track clinical research
- Create an online database of clinical areas
  - Add new schedule (J) to the online lab safety plan
Future Implementation Steps

- Collaborate with ITS for updating the lab safety plan application
  - Updating worker registration form, trainings, and add schedule J
- Rigorously test the online system prior to campus-wide roll out
- Provide helpful information for new users to the lab safety plan application
Conclusion

• CHIP will incorporate a new schedule to the lab safety plan to identify the clinical spaces not being tracked.

• This online system will be able to track clinical users, training, and spaces on campus in online resources that are currently available.
Bloodborne Pathogen Exposures
Numbers (through September 17th, 2018)

- 77 total exposures
  - 62 needlesticks
  - 11 splashes
  - 4 listed as other; other encompasses those that aren’t true exposures but were reported anyways

- Location
  - 59 occurred on UNC Main Campus
  - 10 occurred at UNC Hillsborough
  - 8 occurred at offsite locations, such as the dermatology clinic in Burlington

- 8 employees were stuck by devices being held by someone else
Exposures by Department

BBP Exposures by Department

- Urology
- Surgery: Urology
- Surgery: Pediatrics
- Surgery: Ophthalmology
- Surgery: OB/GYN Oncology
- Surgery: Nurosurgery
- Surgery: Gastrointestinal
- Surgery: ENT Neurosience
- Surgery: Cardiothoracic
- SOO Research
- Radiology
- Psychiatry Research
- Peds Critical Care
- Pediatric Cardiology
- Ophthalmology
- Gastroenterology
- Endocrinology
- Dermatology
- Anesthesia
Safety Devices

• Of the 62 needlesticks, only 10 reported the device they were stuck by had a safety device
  • 7 times the employee stuck themselves before the safety device could be engaged
  • In one event the safety device has to be removed for the device to be used (drain trocar)
  • 2 times it’s unclear if the safety device failed or was not used

• One event was a used lancet that was put in a glove because a home health nurse didn’t have a sharps container with her; it’s unclear if the safety device wasn’t engaged or failed
Safety Devices, continued

What devices with safety mechanisms are causing needlesticks?
- Butterfly needles are the most common, with IM needles, lancets, and colonoscopy scope needles being other devices

What devices without safety mechanisms are causing needlesticks?
- 22 of the needlesticks were caused by suture needles, by far the most common
- Other causes were bovies (4 instances), k-wires (2 instances), dental instruments (3 instances), scalpels (2 instances), and orthopedic surgical instruments (2 instances)
Eyewear PPE Use

In one third of splashes eyewear PPE was not being used at all.

When unclear, the CRM states the employee got blood or body fluids in the eyes, but that goggles or other eyewear was being utilized, etc.

In cases of over/under, employees usually state that in the future they will use goggles for such cases.
### Clinic Type of Injury # of Incidents

<table>
<thead>
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<th>Clinic Type of Injury</th>
<th># of Incidents</th>
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<tbody>
<tr>
<td>BURNS</td>
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<tr>
<td>CUTS</td>
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<tr>
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<td>STRIKING AGAINST/STRUCK BY</td>
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<td>EXPOSURES: CONT. DISEASES</td>
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<tr>
<td><strong>Total</strong></td>
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**EXPOSURES: CONT DISEASES:**  
TB  
PERTUSSIS  
M BOVIS