UNIVERSITY-WIDE HEALTH AND SAFETY COMMITTEE
MEETING MINUTES

November 14, 2007 1:00-2:30 pm
University of Washington Club, Lower Level

Membership:

Group 1
- Robin Wood
- Jon Organ

Group 2
- Ron Fouty
- Mickey Galbreth

Group 3
- Diane Hanks
- Paul Zuchowski

Group 4
- Gwen Rikansrud ★
- Stephanie Steppe
- Ann Aumann
- Julie Worlein ★

Group 5
- Peter Rackers

Group 6
- Sheri Huber
- Tracy Harvey

Group 7
- Deborah Conley Staerk
- Clay Horton

Group 8
- Joe Chynoweth

Group 9
- Jack Herndon
- Tracy Erbeck

Group 10
- Neal Bonham for David Zuckerman
- Margery Cooper

Group 11
- Laurie Bryan
- Kathleen Newell
- Charlotte Boynton

SEIU 925, AFL-CIO
- Larry Sommers

Ex-Officio:
- Elizabeth Dahl -- Attorney General’s Office
- Anne Guthrie -- Facilities Services
- Dave Weaver -- Risk Management

Other Attendees:
- Denis Sapiro -- Environmental Health & Safety
1. **Call to order**

Chair Robin Wood, back from her vacation in Europe, brought the meeting to order.

2. **Minutes**

Since a quorum was present, the Committee was able to approve past Minutes for May, July, and October.

3. **Presentation: Thoughts about Campus Safety**

Police Chief, Vicky Stormo, announced that she had 51 days left until her official retirement (but who’s counting). She already retired once, in 1999, after 20 years in Albuquerque - thinking the UW job would be a nice quiet retirement job. Since then, the UW has experienced WTO, Y2K, the Nisqually earthquake, 9/11, 2 murder-suicides, and other events.

The University has changed some of the ways it “does business” as a result of these events.

- The Law School and other locations have begun restricting entry to buildings.
- New technology is being directed to improving mass notification in an emergency.
- Methods of self-protection are being promoted to combat ID theft, stalking, etc.

However, there’s no real answer to violence. Universities and colleges across the US need to pay more attention to public safety. Typical higher education policy fails to provide funding and fails to use common sense, with each campus developing its own unique (complex) system of handling and tracking violence.

Vicky considers that one important area of concern, especially since this April’s murder, is law enforcement versus security. In April the police role was to stop the threat at
Gould Hall. But this event, and the one at Virginia Tech, helped the UW realize the importance of security for the rest of campus. In order to achieve the right balance, new programs are being designed to reach all of campus with a multifaceted approach.

Some positive results:

- The Violence Prevention and Response Program has been established within Human Resources.
- Violence training is now mandatory for faculty supervisors, promoting good debate with academia.
- The NightRide Program was started - and is much more used than it’s predecessor - but most night class students still aren’t aware of this or other programs such as Husky NightWalk, which is available for trips at night to such places as parking garages.
- Battery jump-starts by the UWPD are also helping to get folks safety on their way.

A lot of effort is going into making communication more effective in an emergency. Previously, mass notification by e-mail had to be done in batches so as not to crash the computer. The new UW Alert requires registration but can handle the job much better. (When the University of Maryland initiated a program like this, thousands of people signed up.) There are some drawbacks, though - use of cell phones and laptops is often restricted in classrooms. Another program involves blue emergency phone location. Original blue phones were placed “aesthetically” rather than where they would function best. This will be different in the future.

Vicky worries about the high expectation for improvements to campus security. It takes time to make improvements. A related worry concerns the King Co. emergency response system which, in her opinion, is poorly organized because “everyone wants their own program.”

Q: “Why isn’t there a statewide emergency response system?”
A: Databases have the challenge of confidentiality/privacy. Maintenance is also an issue.

Q: “We just had a new fire alarm system installed in our building but don’t have access to the PA function.”
A: It hasn’t been worked out yet who will have access and who can send messages. We do know they will be “boiler plate” messages.

Q: “In the new campus being planned, will the relevant department be “Police” or “Security?”
A: Since liability and training requirements go way up for “police” – and therefore costs – it’s better for small organizations to stay at the “security” level.

Q: “Federal legislation has been proposed regarding response systems and programs for higher education. Will there be a decision this year?”
A: The effort to force higher educational institutions is not realistic – there isn’t enough funding. Six campuses still have to put together a “talking paper.” However, individual common sense may be called upon in an emergency. For example, when cops entered
Gould Hall in “shooters’ position”, students didn’t react and leave the building. To review how to coach students at the start of each quarter, see the online protocol “Instructor Classroom Responsibilities.” Go to the Office of Emergency Management home page, http://www.washington.edu/admin/business/oem/, and click on “Faculty / Staff” in the left column under “Information For.” The problem is getting people to do it.

Q: “Have you considered a “smaller subset” for notification in an emergency?”
A: We are developing multiple tools. Building Coordinators are key.

Q: “Have you considered expanding emergency training for specific job functions?”
A: It’s already being done.

Comment: “Sexual harassment wasn’t included in my student orientation.”

4. Presentation: MRSA

Jean Haulman introduced her discussion of MRSA (Methicillin-Resistant Staphylococcus aureus) by describing its recent portrayal in the media as a “superbug.” She emphasized that it is important for students, staff, faculty and administrators to know that statistics based on hospitalized patients may be out of context for healthy non-hospitalized persons. The UWMC will be addressing heightened concerns about MRSA skin infections by setting procedural standards. The Advisory Committee on Communicable Diseases (ACCD) will meet next week to work on this.

MRSA has resulted from:

- Overuse of antibiotics in our society. This is why providers resist giving antibiotics for the common cold or other viral diseases.
- Antibiotics in our food and water due to giving unnecessary antibiotics to animals. This is why many consumers look for the “no antibiotic use” label on animal and dairy products.
- Bacteria mutation. Bacteria are very adaptable, and for survival change in ways that prevent common antibiotics from killing them.

MRSA is a concern because:

- MRSA is considered an emerging bacterial infection.
- It is often classified as health care-associated (hospital and clinics) or community-associated (no health care contact).
- Both health care-associated (HCA) and community-associated (CA) MRSA infections have been increasing over the last decade.
- Neither HCA nor CA is a **new disease and the majority of community-associated disease is not serious invasive disease.**
- Hospitalized patients with MRSA are at greater risk for serious disease (tissue damage, pneumonia, widespread infection) than healthy outpatients who have a skin infection with MRSA.
- The proportion of health care-associated staphylococcal infections in intensive-care units due to MRSA has been increasing:
  - 1974: 2%
  - 1995: 22%
MRSA statistics: Assuming a current US population of 301,139,947, then:
- 32% (96.3 million persons) of US population is colonized with S. aureus.
- 0.8% (2.4 millions persons) of the population is colonized with MRSA.
- 292,000 hospitalizations are estimated to occur each year with a diagnosis of S. aureus infection.
- Approximately 126,000 hospitalizations are related to MRSA.

More MRSA statistics:
- From 2001 to 2003, there were 12 million outpatient visits for suspected S. aureus skin and soft tissue infections (SSTIs)
- In 2004, approximately 76% of pus-containing skin and soft tissue infections (SSTIs) treated in emergency departments (ED) were caused by S. aureus.
- 78% were due to MRSA
- MRSA accounted for 59% of all SSTIs treated in EDs
- Only 7% of all MRSA infections result in serious invasive disease.

An article in the Journal of the American Medical Association (JAMA) focused on serious infections:
- Serious invasive MRSA infections occur in 94,000 persons annually, associated with 19,000 deaths (.006% of US population)
  - 86% are health care-associated
- 14% are community-associated (.0008% of population)

Media interpretation of the data (PI newspaper):
- Thursday, 10/18/07: “Deadly superbug is here — why isn't it tracked?”
- Friday, 11/2/07: “Staph infection prompts closure of Port Townsend High School’s athletic facilities.”
- Monday, 11/5/07: “2nd staph infection confirmed at Port Townsend school (causing closure of pre-school).”
- Thursday, 11/8/07: “MRSA fears close Edmonds school.”
- Saturday, 11/10/07: “Kent schools take different approach to MRSA cases.”

UW campus – reports have included:
- A school on campus disinfects all surfaces in a building due to one employee who may have MRSA on leg (that is covered by slacks).
- Another school wants decontamination for MRSA “contaminate.”
- Decontamination phone call is received from an employee who has a co-worker who has a child with a MRSA skin infection.
- UW population: estimation 60,000
- 19,200 persons are colonized with Staph. aureus
- 480 persons are colonized with MRSA.
- 0.5 persons die from community-associated MRSA.

Common sense regarding MRSA:
• MRSA in otherwise healthy non-hospitalized persons can be treated with a common antibiotic.
• In the outpatient setting MRSA is transmitted by skin to skin contact with an open skin wound infected with MRSA. Drainage from the wound is the presumed source of transmission.
• MRSA can also be transmitted by sharing towels, washcloths, clothing, razors, athletic uniforms (sweaty gym clothes) with a person who has an open wound infected with MRSA.

Preventing spread:
• A person with a covered MRSA wound is not a threat to co-workers.
• Persons with a MRSA skin infection should have the wound covered with a bandage until the wound has healed.
• If a wound infected with MRSA cannot be covered, then the infected person should not have direct contact with other persons until the wound is healed.
• Simple hand washing with soap and water for 15 seconds can prevent MRSA: WASH YOUR HANDS FREQUENTLY.
• Use of hand sanitizers is an alternative option for sanitation of non-soiled hands between patient visits.
• MRSA pneumonia is usually a disease of hospitalized patients. However MRSA pneumonia can occur when healthy persons get influenza (“the Flu’): GET YOUR INFLUENZA VACCINE.

Decontamination:
• Surfaces contaminated by a wound (not the person) can be cleaned with a disinfectant (such as 1 Tbsp bleach in 1 quart of water).
  o This recommendation comes from Public Health – Seattle King County (PH-SKC).
  o The disinfectant should not be used on the wound or on a person.
  o PH-SKC FAQs can be found at http://www.metrokc.gov/health/prevcont/mrsa.pdf
  o Building and office decontamination is NOT necessary unless the infected, uncovered, open wound has come in direct contact with shared workplace equipment. The example given by PH-SKC is athletic equipment.
• If necessary, the “contaminated” office equipment can be cleaned with a disinfectant (bleach solution previously recommended)

Conclusions:
• For healthy persons who are not hospitalized, MRSA is a concern, but not the killer bug that the media has portrayed.
• Wash your hands frequently to prevent skin spread of MRSA
• Get your influenza vaccine to prevent MRSA pneumonia
• When faced with a co-worker, family member, or patient with MRSA, first use common sense.
• Covered wounds are not at risk for spreading MRSA unless a co-worker is helping to change the dressing.
• Decontamination of surfaces is necessary only if the open wound has come in contact with the surfaces.
• Hall Health’s website will update information as necessary.
  http://hallhealth.washington.edu
University-Wide Health & Safety Committee  
November 14, 2007

Q. I've noticed that Purell hand sanitizer just seems to “smear around” dirt – does it really do anything?
A. Since it is alcohol-based, it at least shortens the life of germs if it doesn't kill them.

5. EH&S and L&I Reports

Denis Sapiro reported concern whether custodial staff are being exposed to asbestos during floor care. This is currently being investigated. L&I is issuing a citation and assessment which has not yet been received. Issues include training, housekeeping and negative exposure monitoring.

A new L&I compliance inspection has begun at HMC for public safety officer hazards. An opening conference has been held.

A student was seriously injured playing capture the flag on Saturday night, 10/27/07. He fell approximately 18-20 feet from in front of Roberts Hall to the plaza of Mueller Hall.

6. Adjournment

As there was not enough time for group reports, Robin postponed them until the next meeting in December. The meeting was adjourned.