

Safety Committee Meeting Minutes

DATE: December 11, 2017

OPERATIONAL BUSINESS

Topic:	Attendance				
Members Present:	🖾 (C) Betty Lunceford	☑ (C) Betty Lunceford ☑ Cecilia Jimenez ☑ Hisham Othman			
	🖾 (NT) Maria Ales	(NT) Maria Ales 🛛 Kerry Kakigi 🖓 Adam Russell			
	Chuck Davis] Chuck Davis 🛛 Theryn Kigvamasudvashti 🗌 Shiro Vance			
	🖾 Eric Davis	🛛 Eric Davis 🛛 🗆 Frank Mestemacher 🖾 Tracey Yorker			
	🖾 Dave Ernevad	🗆 Krystal Nash			
	🛛 Michael Faucette	🗆 Erik Oberholtzer	Quorum Attained*		
Meetings Type:	Conference Call	e Call 🛛 In Person: BE 4180A			
Guests:					

* Quorum is attained at 6 members – at least 1 employer-selected AND an equal or greater number of employees to students.

Topic:	Call to Order	
Discussion:	Betty Lunceford welcomed everyone and brought the meeting to order at	
	approximately 2:00pm.	

Topic:	Approval of Minutes – November 13, 2017			
Discussion:	Members unanimously approved the minutes.			
Referred to:				
Status:	🗌 Open	🖾 Closed	🗌 Tabled	

STANDING AGENDA

Topic:	Standing Agenda Items		
Discussion:	1. Review health and safety inspection reports to help correct hazards.		
	 Discussion on CPR Training – for employees 		
	- Betty L reported that Sue Holmes was contracted to teach CPR to some of Chris		
	Sullivan's staff. Her rate is \$25.00 per person for CPR certifications. Any Allied		
	Health faculty available to teach CPR would be paid off the PTF contract salary schedule.		
	2. Evaluate incident and hazard reports/investigations conducted since last meeting		
	and determine if the cause(s) of the unsafe situation(s) was identified and		
	corrected.		
	 Review statistics and reporting 		
	 Review how students report. Concern that faculty are reporting and 		
	statistically report is categorized as a faculty report.		
	 Request an anonymous column on the report. 		
	3. Evaluate Employee Health and Safety Plan and discuss recommendations for		
	improvement, if needed. This includes the discussion of department and campus-		
	specific safety plans.		
	 Defer update until next meeting for Krystal to update 		
	 Proposal to have Krystal do presentation for our group 		
	- Discussion to have this plan adopted District wide.		
Action:			



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Referred to:			
Status:	🛛 Open	□ Closed	🗌 Tabled

UPDATES

Topic:	Updates – Policy Rules Update			
Discussion:	Update action item from November 13 th meeting.			
	- Policy needs board approval			
	Discussion around SMA policy to post Federal Policies. SMA posts Federal policies.			
Action:	Betty L confirmed that campus policy/procedure changes can be made by campuses			
	and don't require BoT approval.			
Referred to:				
Status:	🗌 Open	🖾 Closed	🗌 Tabled	

Topic:	Updates – By-Laws				
Discussion:	How Safety Committee members are elected				
	- Mandated staff representation from Facilities, Security and Environmental				
	Health required members. These members may not chair committee				
	- Preferred language to be added. 'Chair should be from Central Campus or one				
	of the satellite sites'				
Action:	Motion made and approved to approve By-laws with the clarification to the role of				
	who can be Chair of Committee.				
Referred to:					
Status:	□ Open				

Topic:	Updates – OSHA/WISHA Update				
Discussion:	How are they different				
	 Washington State law trumps Federal law Typically state law is stricter then federal law 				
	Discussion – Not all states have Health laws. Federal is in place to fill this gap.				
Action:					
Referred to:					
Status:	🗆 Open	Closed	🛛 Tabled		

NEW & CONTINUED BUSINESS

Topic:	New Business – AED Locations		
Discussion:	AED in 1112 (Disability Support Services)		
	- When office is closed the AED is not accessible		
	 Posted notifications are not correct. 		
	Locations		
	- Maritime has 5 (2 are on vessels)		
	- SVI only 1		
	Adding devices		
	- No current plan		
	- Discussion regarding a full AED planning budget. (replacement costs are		
	between \$1250 - \$2500 depending on contract or not)		



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Action:	 Correct the signage where AED was outside of 1113/1112. Map and plan AED placement. Identify gaps and recommend replacements and additions. 			
Referred to:	eferred to:			
Status:	☐ Open			

OPERATIONAL BUSINESS CONTINUED

Topic:	Closing & Adjournment	
Discussion:	The committee concluded discussion.	
Action:	The meeting adjourned at approximately 2:46pm.	
Next Meeting:	The next meeting is scheduled for Monday, January 22, 2018 at 2:00pm in 4180A.	



Monthly Incident Report

	Type of Report	Jan 2017 – 12/04/17	Employee	Student	Visitor
1	Contusion/Bump/Bruise	4	3	1	0
2	Cut/Laceration/Puncture	5	3	1	1
3	Burn/Sting/Bite	1	1	0	0
4	Lost Consciousness/Fainted/Seizure	0	0	0	0
5	Muscle Sprain/Strain	4	4	0	0
6	Ergonomics/RMI	0	0	0	0
7	Fracture or Broken Bone(s)	0	0	0	0
8	Needlestick/BBP/OPIM	0	0	0	0
9	Slip, Trip, Fall	4	4	0	0
10	Other Medical/Health	1	1	0	0
11	Foreign Object in Eye	0	0	0	0
12	Auto Damage – No Injury	0	0	0	0
13	Chest Pain	0	0	0	0
14	Over Exertion/Dehydration	0	0	0	0
15	Property Damage	1	1	0	0
16	Chemical Exposure	4	1	3	0
17	Allied Health Incident	0	0	0	0
18	Miscellaneous Incident	4	0	3	0
19	Workplace Hazard	14	8	0	0
	TOTAL	42	26	8	1

	Location of Incident/Reported Hazard			
1	Broadway Campus	40	Jan – 6	July – 5
2	Health Education Center	0	Feb – 3	Aug – 6
3	Seattle Maritime Academy	1	Mar – 3	Sept – 1
4	Seattle Vocational Institute	0	Apr – 8	Oct – 6
5	Wood Technology Center	0	May – 3	Nov – 1
6	Other Location – Off Site	1	June – 0	Dec – 0
	TOTAL	42		

Useful Definitions (taken from the Employee Health and Safety Plan):

- 1. Major Injury: an injury sustained that results in a fatality, in-patient hospitalization, amputation, or loss of eye(s).
- 2. Minor Injury: an injury sustained that requires emergency medical treatment that could include, but is not limited to, a bone break or fracture, burn, or laceration; <u>or</u> an injury that required a visit to an employee's personal doctor or an out-patient clinic.
- 3. Work-Related Illness: includes both acute and chronic illness due to a chemical or environmental exposure at work that could include, but is not limited to, skin disease, respiratory disorder, or poisoning.
- 4. Near-miss: an incident that could have resulted in injury <u>or</u> resulted in injury that either did not need medical treatment or could be self-treated with the contents of a workplace first aid kit.
- 5. Workplace Hazard: any condition or process identified by an individual that has either immediate or future potential to cause a workplace injury, illness, or near-miss.



	EHSP Classification	Description	
1	Workplace Hazard	Employee reported the HVAC was not working on the 3 rd floor of the SAM building.	
		Employee reported suffering a headache they believed was due to not having	
		ventilation in the lab workspace. The headache resolved about 30 minutes after HVAC	
		functionality was returned.	
		 Days between incident and report: 0 (Reported Same Day) 	
		- Facilities believes the service interruption was caused by a power protection	
		device on the 3 rd floor air handling unit. No monitoring software displayed an	
		error or faults at the time of the service disruption.	
		- Issue appears unrelated to high temperatures reported on SAM 3 rd floor	
		periodically (3-4 times) between June and September 2017.	

Follow-up/Resolution:

EHS has requested an Incident Report for the response to the BE flood but has not received documentation to date (approximately 9 weeks post-incident).

Workplace Hazard – Re: #2 on 11/13/2017 meeting report. SAM carpet hazard. There are rips and bubbles in the carpet that pose a trip hazard. New WOs have been submitted (2152 for SAM 101, 2153 for SAM 102, 2154 for SAM 103, 2155 for SAM 105) to tape the seams down. Carpet tape was purchased to minimize bubbling but will not be used. The bottom side of the carpet is too degraded for it to stick. EHS will assess the carpet after tape has been laid down to see if hazard still exists due to carpet bubbling and rippling.

Near-miss – Re: #3 on 11/13/2017 meeting report. Incident report has been submitted for scuffle with suspect. Employee has not missed work due to injury but the time between the incident and report was (approximately) 5 weeks.