CPPD Health and Safety Newsletter

Date:September 1st, 2014 *Volume: #1, Issue #2*

The CPPD Health and Safety Office is located on the 1st floor of the Peterson Service Building Rooms 116 and 118. Contact John Summersett or Randall Routt

2014 Safety Committee Members

Area	Representative
Accounting	Melissa Dunlap
Renovation	Stephen Tyner-Wilson
Building Operators	Ronnie Stinnett
Heating	Aaron Marshall
Cooling	Chris Keely
Custodial Services	Elaine Greene
Grounds	Pierre Smith
Garage	Matthew Burton
Staff Assistants	Elece McMullen
Health and Safety	John Summersett
Health and Safety	Randall Routt
Trucking	Jennifer Williams
Projects Group	Pat McAlister
Services Group	Joey Cornett
	Chuck Gallagher

For information related to health and safety within CPPD please visit our web page at www.ppd.uky.edu/safety/

CPPD H&S First Aid Training is coming soon!

Starting in September Red Cross certifications will be available to any CPPD employee interested. There will be two available courses:

- First Aid/CPR/AED(approx. 5-6 hours)
- CPR/AED(approx. 3-4hours)

Everyone should consider signing up for one of the courses. First Aid CPR/AED training is not just something that can be used at work. You could possibly save a life or give someone a chance at surviving a medical emergency anywhere. We have 5 CPPD employees that are certified Red Cross Trainers.

Contact Randall Routt (7-4144) if you are interested in acquiring a certification.

American Red Cross

Contact the CPPD Health and Safety office to get registered for a course and get certified.

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An Experience I Never Thought I Would Go Through

By, Bill Ballard

When you are sitting in first-aid/CPR class you always think, "Will we ever need to use this and if so how would I react. Well a few weeks back my thoughts came true. When I arrived home like I do on most days and stepped out of my vehicle I would glance up to my retired neighbor/friend and wave or salute since his wife had passed several months back. I always made it a point to speak to him and even go over and check on him. Most days he was sitting on his couch in the garage watching the neighborhood.

As I gathered my bags from my truck and started walking toward the garage that's when I noticed that my neighbor had collapsed onto his couch he was standing near which was unusual to me. Then I heard a cry for help from someone walking their dog in front of his house. She said it looked like he had passed out.

So I dropped my bags and ran over to his garage. My FA/CPR training kicked in and fortunately everything you're trained to do, you remember for the most part, even the things they stated would happen during the CPR happened; the individuals that are trying to help but aren't sure what to do, the person coming up screaming his name, and you're trying to conduct CPR and push them back/away and continue CPR, while making sure the individual you told to call 911 is still in contact with them.

With all that going on, I still took control of the situation like I hoped I would and continued CPR until a paramedic tapped me on the shoulder. It felt like ten minutes but really it was about 3-5 minutes later, after the phone call. He said, "We got this sir." And then I stepped away. I was out of breath, I turned and walked away. Knowing I never got a pulse but had tried everything I could and thought, "Did I do it right?"

I glanced at all my neighbors and people just looking on and saw all the emergency vehicles that you did not even hear pull up. After everything settled down, I walked back to my house with tears in my eyes thinking did I do everything I needed to do to try and save him and thought to myself with all those people around you were the only one who knew CPR.

Later that evening I found out my neighbor didn't make it and died of a massive heart attack, which I think was a broken heart. See this man was married to his wife that passed away for over 25 plus years and for the last 10yrs he took her every Tues/Thurs to Dialysis and waited on her hand and foot and loved her dearly until the day she died.

First-aid and CPR are things you need to learn. It could save a life.

All of the job injuries and motor vehicle accidents need to be reported within 24 hours. The following is a summary of the OJI's and MVA's this year compared to the same time last year.

On the job injuries:

2013- 16
2014- 28

Motor Vehicle Accidents:

2013- 5
2014- 14

These numbers reflect the number of MVA and OJIs through the month of June.

The costs of MVAs last year at the end of June was approx. $2000 in comparison to this year at approx.. $23000.

Contact Us

If you know of any employees that bring to your attention a potential hazardous condition or prevent an injury, please inform the CPPD Health and Safety office and they can be recognized. We are located on the 1st floor of the Peterson Service building and our contact info is to the left.

John's info:

257-9377

JSummers@email.uky.edu

Randall's info:

257-4144

Rlrout2@email.uky.edu

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A New Aerial Lifts Operation Program

Procedures

Prior to operating an aerial lift the assigned operator will familiarize himself with the unit. An inspection will be conducted using the laminated inspection card. If any defects are noted the operator will place an out of service tag on the unit, and contact the supervisor for repairs. Once the repairs are made the authorized repair person can remove the tag, notify the supervisor and put the unit back in service.

Any time an individual is in the basket of an aerial lift, prior to movement of the basket or unit in any direction, the individual will be required to be properly wearing a body harness with a short lanyard attached at the proper point in the basket. (Safety belts will not be allowed.)

The operator will know the load limit of the lift and verify this limit is not exceeded with either individuals, materials or both. At no time shall more than the acceptable weight limit be permitted.

Prior to movement of the basket the operator will verify the access gates or openings are properly closed. All occupants of the basket will stand firmly on the floor of the basket. Climbing or leaning over the guardrails is strictly prohibited.

The use of an aerial lift is permitted for individuals to exit or enter the basket which rests on or adjacent to an elevated surface more than 6 feet above the surface if there are guardrails or a fall arrest system is used while moving between the lift and the working surface. "During entry to and egress from the lift, a worker may tie-off to the lift (if the lift is designed to withstand the vertical and lateral loads imposed by the employee's movement itself or by the arrested fall) or to an appropriate nearby structure.

Responsibility

In assigning an individual to operate an aerial lift, the supervisor will be responsible to verify the person has received the necessary training including hands-on. A listing of those qualified will be maintained on the CPPD Health and Safety web site.

The operator of the aerial lift will be solely responsible for the safe operation of the unit.

Aerial Lift Inspection Checklist

1 – Pre Start-up Walk-around		3 – Workplace Inspection	
Wheels, tires, and axles – condition. Inflation		Drop-offs or holes	
Hydraulic components – condition/leaks		Bumps and floor/ground obstructions	
Data plate – accurate/legible		Debris	
Annual inspection certification – valid/legible		Overhead obstructions	
Battery tray – opens/closes, easily, latches shut		Energized power lines	
Counterweight		Hazardous locations	
Cover panels – open/close easily, latch/lock shut		Ground surface and support conditions	
Engine – fluids/filters/belts/hoses		Pedestrian /vehicle traffic	
Fuel tank/level		Wind and weather conditions	
Hydraulic oil level		Other possible hazards	
Lights & strobes		4 – Operation	
Repair Placards/labels/decals		Operator currently trained	
Boom valley/under platform- leaks/debris		Establish work zone area	
Accessory plugs and cables		Ensure access gates or openings are closed	
Boom/lift arms – general condition/wear		Everyone stand firm on floor	
Power track – lines/hoses		Do not stand or lean over guardrails or lift platform	
Platform – guard rails/toe board/anchorages		Fall protection worn by all occupants	
Weather- resistant storage compartment – appropriate manuals		Load capacity within allowable limits	
All controls – clearly marked/hold-to-run		Do not use aerial lift as crane	
Personal protective devices (No signs of damage)		Do not carry objects larger than platform	
Guardrail systems		Do not drive with the lift platform raised (unless the	
		Do not operate lower level controls unless permission is obtained	
2 – Powered Check		Do not operate in high winds	
		Do not override hydraulic, mechanical or electrical safety devices.	
Battery – charge level		Be aware of overhead clearance and objects, including ceiling	
Gauges and instruments – hour meter/warning lights		Do not position aerial lift between overhead hazards, if possible.	
Ground and platform controls:		Treat all overhead power lines and communication cables as	
Boom/Lift arms – raise/lower/extend/retract		Ensure power utility or power line workers de-energize power	
• Turret rotate		If exiting from basket are guard rails available or fall protection	
• Drive – forward and reverse			
• Steer – left and right		DO NOT OPERATE AERIAL LIFT IF ANY OF THESE COMPONENTS ARE DEFECTIVE. IT MUST BE REPAIRED BY A QUALIFIED PERSON WHO WILL SIGN AND DATE THIS FORM.	
• Platform – tilt/rotate/extend			
• Horn, gauges and backup alarm			
• Outriggers/stabilizers/pothole protection			
• Extendable axles			
• Function-enable (deadman) device		THIS INSPECTION NEEDS TO BE CONDUCTED AT THE BEGINNING OF EACH DAY'S USE AND WHENEVER THERE IS A NEW OPERTOR.	
• Manual/auxiliary controls			
Safety interlocks			
Other:			

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Thunderstorms can provoke asthma! Suzanne Levingston, Washington Post

Allergy sufferers often wish for rain, hoping it will wash away all the pollens and molds that stuff up their noses. While rain can indeed provide relief, a violent thunderstorm may have just the opposite effect: An unlucky few may experience a little-known threat called thunderstorm-related asthma.

Not fully understood by scientists, thunderstorm asthma can cause labored breathing for those with asthma and with allergies – including some who have never had breathing difficulties before.

“The phenomenon exists … it’s not entirely predictable,” said Elizabeth Matsui, an associate professor of pediatrics, epidemiology and environmental health sciences at the Johns Hopkins Children’s Center in Baltimore. Not every thunderstorm increases emergency room visits or cases of asthma, Matsui said. It’s rare, she said, and most who may be vulnerable will not experience it.

Experts are not certain about the exact mechanics of thunderstorm asthma. They hypothesize that heavy thunderstorm winds create updrafts that lift pollen and mold particles from the ground. Beating rain saturates and bursts the particles into tiny pieces. A downdraft then spreads those small particles into the air we breathe. Some think that the electrical charge of the storm may make these tiny particles more likely to stick in the lungs when inhaled.

“There’s a lot of small respirable particles floating around that folks can inhale and (that) contain those allergens that cause them to react,” said Susan Kosisky, chief microbiologist with the U.S. Army Centralized Allergen Extract Lab in Silver Spring, Maryland.

Some of the main allergen culprits behind thunderstorm asthma are thought to be grains of pollen, especially grasses and weeds, and mold spores, according to Kosisky.

Thunderstorms’ ability to set off asthma attacks has been shown by increased emergency room visits and ambulance calls around the world, according to an overview published in 2012 in the British journal QJM. The authors noted that thunderstorm asthma is an uncommon event: Their review of medical research found only 35 publications. The phenomenon has been followed particularly in Australia, the United Kingdom and Italy.

Since thunderstorms are local, fleeting events, it is a challenge to organize research around them. “The thing about these studies,” Matsui said, “is that they are very hard to do; that they’re all retrospective means that it’s very hard to extrapolate any information about one particular study to all thunderstorm asthma.”

Experts think some of the upsurge in ER visits related to thunderstorm asthma can be traced to the fact that people with mild asthma or hay fever may not carry rescue inhalers and are therefore unprepared for the impact of the storm.

Joe Turbyville, an allergist in Louisville, first got interested in the phenomenon when he was chief of allergy, immunology and immunizations at the Fort Knox Army installation. He recalled an instance when several of his patients had more severe reactions than normal to their allergy shots on a day of huge thunderstorms.

Turbyville knew that the risk factors for such reactions are similar to those for asthma, and he wondered whether there was a connection between reactions to allergy shots and thunderstorms. Now he’s working on a study on that possible link.