

HAZMATTERS NEWSLETTER

MONTHLY NEWSLETTER

“THINGS HAPPEN – THAT’S WHAT WE’RE HERE FOR”
DECEMBER EDITION - 2006

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NEWS YOU CAN USE



HOW MUCH DO YOU REALLY KNOW??

MSDS = Material Safety Data Sheets

Remember:

You have the right and responsibility to know about chemicals used in your working environment

University Hospitals recognize that even a small spill of a dangerous chemical can result in a harmful exposure and that it is much better to be overly cautious when responding to a spill rather than risk lives.

FREQUENTLY ASKED QUESTIONS

Where can I find Material Safety Data Sheets??

A link to Online MSDS forms is located on the left navigation bar of the OneNet

Who do I call if I can't find the MSDS I need??

If you cannot locate the a MSDS form for the chemical you are researching you may contact the Environmental Health & Safety Department

What information is on a MSDS??

Online MSDS information is provided in several sections, which describe all aspects of a chemical. See further information below.

Typical information provided on the MSDS

Section I - Product Identification

- Name and contact information of the manufacturer and distributor

Section II - Hazardous Ingredients/Identity Information

- Ingredient components
- Exposure limits

Section III - Physical Data

- Appearance, Odor, Specific Gravity, Vapor Pressure, Percent Volatile by Volume, Solubility in Water, Vapor Density, Freezing Point, Boiling Point, pH, Evaporation Rate, VOC, Theoretical VOC.

Section IV - Fire and Explosion Information

- Flash Point, Flammable Limits, Extinguishing Media, Special Firefighting Procedures, Unusual Fire and Explosion Hazards

Section V - Health Hazard Data

- Primary route of entry (skin contact, inhalation, eye contact, ingestion)
- Signs & Symptoms of Exposure
- Effects of Acute Exposure
- First Aid Procedures
- Skin Exposure Procedures
- Eye Exposure Procedures
- Ingestion Exposure Procedures
- Medical conditions generally recognized as being aggravated by exposure

Section VI - Reactivity Data

- Stability
- Stability (conditions to avoid)
- Incompatibility
- Hazards Decomposition Products
- Hazardous Polymerization
- Hazardous Polymerization (conditions to avoid)

Section VII - Spill or Leak Procedures

- Steps to be taken in case of a spill or accidental release
- Waste Disposal

Section VIII - Special Protection Information

- Respiratory Protection
- Ventilation
- Protective Gloves
- Eye Protection
- Other Protective Measures

Section IX - Special Precautions

- Other Handling and Storage Conditions

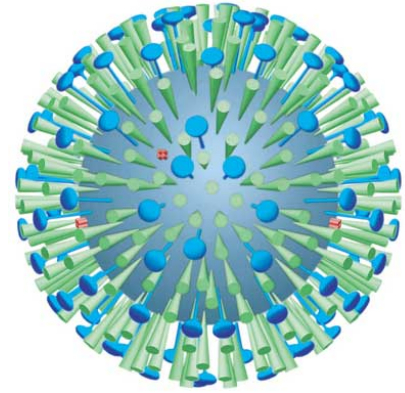
Section XI - Transportation Information

- Department of Transportation Class and other information

Section XII - Regulatory Information

- Information about regulatory rules associated with this chemical

Bug Bytes



INFLUENZA VIRUS

Key Facts about Influenza and the Influenza Vaccine

(Information from Fact Sheets provided by CDC)

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu **vaccination** each year.

Every year in the United States, on average:

- 5% to 20% of the population gets the flu;
- more than 200,000 people are hospitalized from flu complications, and;
- about 36,000 people die from flu.

Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

Symptoms of Flu

Symptoms of flu include:

- fever (usually high)
- headache
- extreme tiredness
- dry cough
- sore throat
- runny or stuffy nose
- muscle aches
- Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults

Complications of Flu

Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

How Flu Spreads

Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 days **after** becoming sick. **That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.**

Preventing the Flu: Get Vaccinated

The single best way to prevent the flu is to get a flu vaccination each year. There are two types of vaccines:

- The "flu shot" – an inactivated vaccine (containing killed virus) that is given with a needle. **The flu shot** is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions.
- The nasal-spray flu vaccine – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for “Live Attenuated Influenza Vaccine”). LAIV is approved for use in healthy people 5 years to 49 years of age who are not pregnant.

About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against flu-like illnesses caused by non-influenza viruses.

When to Get Vaccinated

October or November is the best time to get vaccinated, but getting vaccinated in December or even later can still be beneficial since most influenza activity occurs in January or later in most years. Though it varies, flu season can last as late as May.

Who Should Get Vaccinated?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year either because they are at high risk of having serious flu-related complications or because they live with or care for high risk persons. During flu seasons when vaccine supplies are limited or delayed, the Advisory Committee on Immunization Practices (ACIP) makes recommendations regarding priority groups for vaccination

People who should get vaccinated each year are:

1. People at high risk for complications from the flu, including:

- Children aged 6 months until their 5th birthday,
- Pregnant women,
- People 50 years of age and older,
- People of any age with certain chronic medical conditions, and
- People who live in nursing homes and other long term care facilities.

2. People who live with or care for those at high risk for complications from flu, including:

- Household contacts of persons at high risk for complications from the flu (see above)
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)
- Health care workers.

3. Anyone who wants to decrease their risk of influenza.

Use of the Nasal Spray Flu Vaccine

Vaccination with the nasal-spray flu vaccine is an option for healthy persons aged 5-49 years who are not pregnant, even healthy persons who live with or care for those in a high risk group. The one exception is healthy persons who care for persons with severely weakened immune systems who require a protected environment; these healthy persons should get the inactivated vaccine.

Who Should Not Be Vaccinated

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillain-Barre Syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.
- Children less than 6 months of age (influenza vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

COMPARTMENTATION FOR LIFE SAFETY

Article by Ted West, Assistant Director, EH&S

University Hospitals St. Paul and Zale Lipshy are built with fire resistive construction and are protected throughout by automatic fire alarm and sprinkler systems, thereby allowing patients to be protected from smoke and fire by “defending in place” without relying on building evacuation, which is generally not an option for hospitals. The basic premise of the “defend in place” strategy is to use compartmentation and automatic fire detection and suppression equipment to ensure life safety. This strategy recognizes that the best way to protect patients from the effects of fire is to leave them in their room with doors and windows closed, provided there is no smoke in the room. There are basically four (4) levels of compartmentation available to protect patients and staff from smoke and fire:

1. The *1st Compartment* is formed by the patient room walls and doors, which are required to resist the passage of smoke
2. The *2nd Compartment* is formed by smoke barrier walls and doors which separate a floor into two or more “smoke compartments”.
3. The *3rd Compartment* is formed by fire and smoke resistive floor assemblies, which separate one floor from another.
4. The *4th Compartment* is formed by fire and smoke resistive exits, which provide a protected route to other floors or the outside

Each compartment creates an obstacle, or barrier, to prevent the fire and smoke from spreading. First the fire and smoke will be contained to the room of fire origin. If this barrier is compromised, then the fire and smoke will be contained to the smoke compartment of fire origin. If this barrier is compromised, then the fire and smoke will be contained to the floor of fire origin. In a fully sprinklered building, it is very rare for a fire to progress beyond this point, however, should evacuation be necessary, it will be kept to a minimum, either evacuating a smoke compartment or a floor. The evacuation of the entire building is not practical in a healthcare occupancy.



The winner of our “Name the Newsletter” contest is Christina Lizaso, Manager of Volunteer Services.
Thank you Christina for the catchy title!!