AGENDA

1. Introductions & Welcome (Zoom mute) (3:00 – 3:05 p.m.) Michael Livingston

2. Old Business
   A. Heads Up! Yard sign update (3:05 – 3:10 p.m.) Jody Wood
   B. Other Old Business (3:10 – 3:15 p.m.)

3. New Business
   A. Emergency planning & preparedness (3:15 – 3:20 p.m.) Mark Robertson
   B. Resource (3:20 – 3:50 p.m.) Kyle Hansen
   C. Other new business (3:50 – 3:55 p.m.)

4. Injury Incidents 4th Quarter 2022 (3:55 – 4:00 p.m.) Aaron Araiza

5. Adjourn (3:55 – 4:00 p.m.) Michael Livingston

Meeting Schedule (EHS training room, Warehouse 1, East Campus and Zoom)

- September 20, 2022
- November 15, 2022 - (Injury/Illness & Safety Audit reports July-Sept 2022)
- January 17, 2023- (Injury/Illness & Safety Audit reports Oct-Dec 2022)
- March 21, 2023 (not spring break)
- May 16, 2023- (Injury/Illness & Safety Audit reports Jan-Mar 2023)
- July 18, 2023- (Injury/Illness & Safety Audit reports April-June 2023)

Goal FY 2022-2023:

Develop, review, maintain lines of safety communication with the purpose of engaging the campus community, in particular by encouraging all to recognize and report “near misses” or potentially unsafe practices with this information to be used for educational purposes university wide.
The meeting was convened at 3:00 p.m. by Chair, Michael Livingston.

INTRODUCTIONS

All attendees provided the name of the department/facility they represent.

Members In Attendance: Martha Morton (Chemistry), Ron Bacon (Custodial Services), Rick Campos (Facilities, Planning & Capital Programs), Eileen Bergt (Landscape Services), Jon Shields (Nebraska Unions), Sandra Christofferson (Ag Research Project Manager), Alan Boldt (BSE), Lynn Doser (Sheldon Museum of Art), Stacie Ray (School of Education & Human Sciences), Jacob Sharrer (Utility Services), Kyle Hansen (CREC), Rick Campos (Facilities, Planning and Capital Programs), Tony Delaney (Nutrition & Health Sciences), Sara Quinn (Research Compliance Services), Brent Morgan (Libraries), Brenda Osthus (EHS) Aaron Araiza (EHS injury reporting), and Elizabeth (Betsy) Howe (EHS support).

Safety Committee Chairs: Jaimie Mayer (ENREC), Kyle Broderick (Plant Pathology) and Kees Uiterwaal (Physics).

OLD BUSINESS

Heads Up! Yard Signs. Jody Wood provided the following information by email:

Graphics to make into yard signs have been selected. When submitted, Printing Services said the size was not correct for this purpose. Jody has contacted UCOMM for assistance with graphics to meet the parameters necessary for production by Printing Services. The target for distribution of yard signs is when classes start.

Other Old Business

There was no other old business.

NEW BUSINESS

Emergency Planning & Preparedness

Mark Robertson was unable to attend due to a prior commitment and submitted the following email update:

- Indoor Voice Amplified System/Alertus
  - Voice amplified tornado warnings are not active in most buildings
This capability was lost with the loss of University Operators
There is a project that is ongoing to use Alertus Beacons to set off the Voice Amplified System
  - A Facilities building is online and working properly
  - Facilities had planned to have an outage in January and February, the project has taken much longer than expected.
    - Lines are being pulled
    - Beacons are being installed
    - An outside contractor has been brought in to speed the process
  - The good news: there are many other ways to receive tornado warnings other than the amplified voice system
    - Nebraska App
    - Text Messages
    - Email
    - Digital Signage
    - Computer Pop-ups
    - UComm webpages

Safety landing page by UComm is active: safety.unl.edu – if you go to emergency.unl.edu you are sent to this landing page

UNL Alert VOIP phone testing
  - Project is underway to add UNL Alerts to screen on VOIP phones
  - This is in a testing phase, and it has worked well – it is part of Alertus installation

Potential impacts regarding UNL’s move from copper lines to network lines for public safety systems
  - UNLPD has been approached about copper line redundancy to fire and security panels being removed
  - UNLPD has recommended that redundancy remain
  - There may be solutions that could be passed on to colleges and departments
  - I will keep the group updated on any decisions with this potential risk

There was quite a bit of discussion with concerns raised related to “UNL Alert VOIP” plan and “Potential impacts regarding UNL move from copper lines to network lines for public safety systems” given issues that arose when the entire university network was down. The group would like more information from Mark on these topics at the next meeting.

Resource

Kyle Hansen spoke to the CUSC about some annual staff training. The training is in the format of scenarios (document provided) to encourage staff to think about risk
management and response to emergencies. Using the scenarios as a guide, senior staff play the role of patient or victim, and newer staff are the responders. At the end of each scenario there is a debrief. At the end of the exercise employees break into small groups to review what was done correctly, what was done incorrectly and how to make a change. In addition to the “simulations” exercise, Campus Rec conducts a simulated fire drill, typically during an All-Staff Meeting.

New Business

Calendars

Betsy Howe informed the group that she will be sending Outlook email invitation within the next two weeks for meetings September 2022 through January 2023. These meetings will also be added to the UNL Calendar.

There was no other new business.

Injury Incident Report

Aaron Araiza gave a brief review of items in the Injury Incident Report Overview covering injury incidents occurring in the quarter April 1, 2022 – June 30, 2022. This report as well as information on OSHA-Recordable incidents was provided prior to the meeting to membership.

Aaron noted that during the 4th quarter of fiscal year 2021-2022 there were fifty-one First Reports of Injury (FRIs). Seventeen of these incidents, or 33%, were classified as OSHA-Recordable, considered more serious injury incidents. While there were more FRIs than last quarter, the number of OSHA-Recordable incidents decreased. Eight of the OSHA-Recordable incidents required workers be off work or have their work duties restricted.

There was one question about the category “Assaults and Violent Acts (animals and humans)”. Aaron clarified that these were all injuries to those who use horses as part of their work. Aaron reminded the group that he can be contacted if questions on the reporting arise after the meeting.

CLOSING REMARKS

Michael Livingston, Chair, adjourned the meeting at 3:40 pm. The next meeting will be on September 20, 2022.
CUSIC Workers Compensation Incident Report (April-June 2022)

As of June 30, 2022, fifty-one (51) FRIs were received for injuries occurring between April 1 and June 30, 2022.

- Twenty-two (22) or 43% were “report only” (no medical treatment sought)
- Twelve (12) or 23% were not OSHA recordable, meaning they were minor in nature (requiring only one visit to the clinic without prescription medication).
- Seventeen (17) or 33% were classified as OSHA recordable and are considered potentially more serious. Eight (8) or 16% of the OSHA recordables are “lost time” incidents that require the employee to be away from work or have restricted work.

Severity (Total : 51)
Start Date: 4/1/2022 - Stop Date: 6/30/2022

- Not Compensable (0.0%)
- Near-Miss (0.0%)
- Unknown (0.0%)
- Report Only (43.1%)
- OSHA Recordable (Lost Time) (15.7%)
- OSHA Recordable (Medical Beyond First Aid) (17.6%)
- Not OSHA Recordable (23.5%)
Set the Scene
During these scenarios you will be acting as the Center Manager who is currently on shift in the building. These scenarios are setup in a way that makes them seem real, meaning someone will just come grab you at the desk and tell you what happened – it's then your job to respond. Keep in mind these are just practice scenarios and you shouldn't make actual 911 or IPC calls. However, if there is a time in which you believe a call should be made, be sure to indicate that during your scenario.

***Get in a line in the hub and as situations come to the desk; one of you go respond!

Members of the leadership team may around to assist as an additional staff member, or will just observe if not needed.

**You are done when you fill out/write down: Worksheet to fill out/ write down you thoughts (will share back with the large group)**
- Situation Assessment
- Immediate Actions
- Decisions you made
- What paper work/ process did you do after the "situation" was resolved?

The Scenarios
Group #1 - 3 people
- Patient
- CW staff-did not see the event
- CM

Climbing Wall (Exit Row) - patient did not clip into auto belay and fell ~30’...(Patient lay on side or face down). A climbing wall staff member comes up to front desk to tell CM that a climber fell. Patient is unresponsive and not breathing until they are rolled over. After being rolled over, patient is still not breathing, no heart beat after they check. (CPR mannequin will be at the scene - allow CM to complete at least 3 cycles of CPR)

Group #2 - 3 people
- Patient
- ER Staff
- CM

ER staff tells CM the other ER staff (patient) fell off a trailer while loading boats (facedown/on their side/head down toward chest. Once the patient hears voices they start to sit up. If there are no voices/ people trying to talk to the patient…the is patient lying unconscious and breathing.

Group #3 - 2 people
- Patient
- CM

Bike staff (patient) decided to take apart a front fork for fun and something splashed into their eyes. Now they cannot see or open their eyes and says it is burning really, really, really bad.

Group #4 - 3 people
- Patient
- Other participant
- CM

A person just collapsed in the classroom (Patient lay on side or face down) - someone comes out to get a Center Manager from the classroom. Patient is unresponsive and not breathing until they are rolled
over. After being rolled over, the patient still isn't breathing but a weak pulse can be felt. (CPR mannequin will be at the scene)

**Group #5 - 2 people**
- Patient 1
- CM
- Active Shooter - coming through OAC with a nerf gun

**Group #6 - 2 people**
- Patient 1
- CM

Climber (patient) fell from the bouldering wall and heard a pop when they fell. There is already bruising on ankle and they cannot put any weight on their leg.

**Group #7 - 4 people (two stage thingy)**
- Patient 1 climbing gear and lead rope
- Patient 2 climbing gear and lead rope
- CW staff did not see the event
- CM

*Climber (patient 1) was dropped while lead climbing on Rope 30. They fell and landed on their belayer (patient 2). CW staff comes on to scene - they were by the bouldering area and did not see what happened. Climber (patient 1): When asked what hurts they say they are just kind of tingling everywhere. Belayer (patient 2): Laying on their side and not breathing. When they are rolled onto their back they are unconscious but still breathing.*

**Individual Group Debrief**
Scenario Summary…
- What went well?
- What would you change next time?

You are done when:

- Worksheet to fill out/write down your thoughts (will share with the large group)
  - Situation Assessment - Scene Size Up
  - Immediate Actions
  - Decisions you made
  - What paper work/process did you do after the "situation" was resolved?

**Full Group Debrief & Discussion**
Group discussion about each scenario

- Individual CPR practice with mannequins

Who to Contact & When
- 911
  - Unresponsive
  - Severe injury
  - IPC
  - You’ve called 911 (unresponsive, severe injury)
• Minor injury
  Jordan/ Kyle

• Any time you sit down to complete an accident or injury report (call or text based on severity)
  Coordinating Group (Bright Lights, OLLI, COGS, etc.)

• Any time you sit down to complete an accident or injury report for one of their participants

Connect 2 for Incident/ Accidents
These are professional documents that can be used if someone takes legal action against us for the accident/injury. Include observations (things you hear, saw, said, and did) and avoid assumptions. Be thorough and include dates, times, names, what you or witnesses heard, saw, actions taken, etc.