"There are risks and costs to a program of action, but they are far less than the long-range risks and cost of comfortable inaction." *President John F. Kennedy*

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PARKING LOTS CONTINUE TO BE THE SCENE OF CRASHES

52% of the vehicle collisions recorded by our universities over the past four and a half years have occurred when we either backed into another vehicle or struck a parked vehicle. It's safe to speculate that the scene of most crashes, if not all, was a parking lot of some sort. The following information is offered by CNA Insurance Company in an effort to address this trend.

Wherever motor vehicle and pedestrian traffic must mix, accidents seem to be inevitable, but the number of parking lot accidents just doesn't seem to make sense.

Vehicle operators need to remember that the restricted lanes and spaces in a parking lot allow no room for evasive action if speed is too high for instant stopping when impact is imminent.

Very slow driving and constant alertness is imperative wherever people are walking.

When you park your vehicle and become a pedestrian, you too must keep in mind that you should stay on walkways and not walk where you please or dart into traffic. It's hard to tell whether cowboy drivers or heedless pedestrians are the worst offenders in parking lot accidents, but we know that the combination can provide plenty of headaches.

Other accident cases that give us grief result from blind corners that often exist where aisles empty into traffic lanes and the countless incidents where thoughtless handling causes one vehicle to scrape another in narrow parking spaces.

About the only recourse is a continuous campaign to remind every employee of the hazards that exist in parking lots of all kinds.

The parking lot is the most common transition point for a switch in personalities. The driver becomes a pedestrian, and vice versa.

After getting out of the car, some people seem to forget that they are no longer behind the wheel. After parking, they dart out in traffic as if to make up time for being late for an appointment. As a driver, you are aiming tons of steel directly at that darting pedestrian. Can you stop in time? If your vehicle hits that pedestrian, the individual may be dead, but you too are in big trouble.

Many people are forgetful and must be reminded of the rules of safe conduct in parking lots, whether walking or driving, again and again, until the proper performance becomes second nature.

If you keep reminding yourself that proper parking lot conduct is expected – that continuous caution and concern for safety of others is the only right way – you will finally get the message.

If there is something radically wrong about the layout of the parking lot, you should report it. Changes may cut down on accidents and actually expedite the smooth flow of traffic in the lot.

Where there are a great number of parking lot accidents, however, you won't likely be able to put the blame on defective lot layout. Most often such mishaps are caused by self-centeredness – the old human tendency for individuals to be so engrossed in their own affairs that they become oblivious to everything around them. They forget the hazards of parking lots in a rush to get their business done.

The second most common type of accident within the IHL system is rear-ending the car in front which makes up 10% of our crashes.

VEHICLE HEADRESTS - THEY LITERALLY SAVE YOUR NECK

Most people understand how to properly use automobile safety devices like safety belts, airbags and car seats, but statistics suggest the majority of drivers are clueless when it comes to the proper positioning of headrests.

"Headrests can go a long way toward reducing neck injuries in the event of a rear-end collision," stated Buzz Rodland, chairman of the American International Automobile Dealers Association in Alexandria, VA. "But they're only effective when positioned correctly relative to the driver's head."

Because rear-end collisions are more likely to occur in slippery road conditions, now is a good time to ensure that your headrest is properly positioned.

According to research conducted by the National Highway Traffic Safety Administration, a correctly positioned headrest should meet two criteria:

Headrests should ideally be positioned two inches or less from the rear of the driver's head, and never more than four inches.

When adjusting for height, the bulk of the headrest should stand directly behind the driver's head, at ear level. In the event of whiplash, the headrest should contact your head first, not the neck.

"Automakers are doing a much better job of designing safe headrests, but it's still very important that motorists take the time to manually adjust them," Rodland said. "Far too many people are driving with headrests in the lowest possible position, and as a result, they aren't getting any of the safety benefits."

For more information on proper headrest adjustment, or to learn about your vehicle's headrest safety rating, visit www.aiada.org/headrestsafety.

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DID YOU KNOW?

Since 2002, 237 University / IHL drivers have been involved in job related vehicle collisions.

Our drivers struck a parked vehicle 71 times.

Our drivers backed into another vehicle 53 times.

Our drivers rear-ended the vehicle in front of them 24 times.

That's 62.5% of all collisions! Paying attention may have prevented most!

WHAT IS A GFCI AND WHY DO YOU NEED ONE?

GFCI stands for Ground Fault Circuit Interrupter. It is a device that protects people from accidental shock or electrocution by acting to immediately shut off a circuit when it senses a drop in the current. This "fault" could mean the lost current is now running through you, turning you into the circuit's grounding devise! Knowing you don't want that, the GFCI shuts down the power to that outlet and any outlets "downstream" until the problem can be remedied. This can occur when the electrical appliance being used is coming in contact with a grounding device that is better than the one in the wiring, namely you standing on a wet surface, or some other source of water has come in contact with it, like water from a hose or sink.

GCFI outlets and breakers are set to trip when a ground fault of only 6 milli-amps is detected. This amount of current is well below the amount of current needed to send an average healthy adult's heart into fibrillation.

A standard circuit breaker, on the other hand, is not designed this way. It is designed to shut off current to an entire circuit when is senses an overloaded circuit or a short circuit. A leak in the circuit that is running through you may not be detected until it's too late!

GFCIs have been required by various codes since the mid-1970's. They are required in "wet" locations, and within six feet of a water source. They cost about $10.00 a piece an could save your life.

GFCI should be tested monthly by pressing the test button to see if power goes off, and pressing the reset button to see if power comes back on. If not, replace it.

Next month - Arc Fault Circuit Interrupters (AFCIs).

An alternative to a GFCI outlet is the **GFCI breaker**. While the outlet protects everything "downstream" from the outlet, the breaker guards the whole circuit. It has the standard "switch" for a tripped breaker, but also has a "reset button" for a detected ground fault.

AVIAN FLU, PANDEMIC & YOU - ARE YOU READY?

As if there was not enough to worry about, the current spread of avian flu and the potential for it developing into a worldwide pandemic is cause for concern. To help clarify the situation, it is important to understand that avian flu and pandemic flu are not one and the same. While many in the media use the terms interchangeably, they refer to completely different subjects.

According to the World Health Organization, **avian influenza** refers to a large group of different influenza viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. An influenza pandemic happens when a new subtype emerges that has not previously circulated in humans.

For this reason, avian H5N1 is a strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans. Once this adaptation occurs, it will no longer be a bird virus--it will be a human influenza virus. **Influenza pandemics** are caused by new influenza viruses that have adapted to humans.

So, that leads us to the next question: *What changes are needed for H5N1 or another avian influenza virus to cause a pandemic?* According to the Department of Health and Human Services:

Three conditions must be met for a pandemic to start:

1) a new influenza virus subtype must emerge;

2) it must infect humans and causes serious illness;

3) it must spread easily and sustainedly (continue without interruption) among humans.

The H5N1 virus in Asia and Europe meets the first two conditions: it is a new virus for humans (H5N1 viruses have never circulated widely among people), and it has infected more than 100 humans, killing over half of them.

However, the third condition, the establishment of efficient and sustained human-to-human transmission of the virus, has not occurred. For this to take place, the H5N1 virus would need to improve its transmissibility among humans. This could occur either by "re-assortment" or adaptive mutation.

Re-assortment occurs when genetic material is exchanged between human and avian viruses during co-infection (infection with both viruses at the same time) of a human or pig. The result could be a fully transmissible pandemic virus—that is, a virus that can spread easily and directly to humans. A more gradual process is adaptive mutation, where the capability of a virus to bind to human cells increases during infections of humans.

In the event of a flu pandemic, our universities will play a role in protecting the health and safety of students, employees and the community. Is your university ready? The Departments of HHS and CDC have developed a checklist to guide universities in preparing for the worst. It includes such things as identifying key personnel, coordination with other entities, continuity of student learning and core operations, infection control, and communications. **A PDF copy of the checklist follows this newsletter.** For additional information for clinics, hospital, individuals, and families, visit www.pandemicflu.gov or our State Department of Health at www.msdh.state.ms.us

SLIPS, TRIPS AND FALLS CONTINUE TO PLAGUE EMPLOYEES ACROSS THE STATE!

A recent look at job-related injuries that have occurred within our system indicated a common problem is still present. In a period of just 28 work days, **30 employees were injured** by slipping, tripping and/or falling while on the job.

Causes include:

- Spilled grease & wet surfaces
- Ice & snow
- Uneven sidewalks
- Hurrying on stairs
- Loss of balance

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College & University Pandemic Influenza Planning Checklist

In the event of a flu pandemic, colleges and universities will play an integral role in protecting the health and safety of students, employees and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist as a framework to assist colleges and universities to develop and/or improve plans to prepare for and respond to an influenza pandemic. Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
☐	☐	☐	Identify a pandemic coordinator and response team (including campus health services and mental health staff, student housing personnel, security, communications staff, physical plant staff, food services director and student representatives) with defined roles and responsibilities for preparedness, response and recovery planning.
☐	☐	☐	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
☐	☐	☐	Incorporate into the pandemic plan scenarios that address college/university functioning based upon having various levels of illness in students and employees and different types of community containment interventions. Issues to consider include: ▪ cancellation of classes and/or public events; ▪ closure of campus, student housing, and/or public transportation; ▪ assessment of the suitability of student housing for quarantine of exposed and/or ill students. (Refer to the HHS Pandemic Influenza Plan, www.hhs.gov/pandemicflu/plan); ▪ contingency plans for students who depend on student housing and food services (e.g., international students); and ▪ contingency plans for maintaining research laboratories, particularly those using animals.
☐	☐	☐	Work with local public health authorities to identify legal authority, decision makers, trigger points, and thresholds to institute community containment measures such as closing (and re-opening) the college/university.
☐	☐	☐	Ensure that pandemic influenza planning is consistent with any existing college/university emergency operations plan, and is coordinated with the pandemic plan of the community and that of the state's higher education agency.
☐	☐	☐	Work with the local health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services in order to meet the needs of the college/university and community during and after a pandemic.
☐	☐	☐	Establish an emergency communication plan and revise regularly. This plan should identify key contacts with local and state public health officials as well as the state's higher education officials (including back-ups) and the chain of communications, including alternate mechanisms.
☐	☐	☐	Test the linkages between the college/university's Incident Command System and the Incident Command System of the local and/or state health department and the state's higher education agency.
☐	☐	☐	Implement an exercise/drill to test your plan, and revise it regularly.
☐	☐	☐	Participate in exercises of the community's pandemic plan.
☐	☐	☐	Share what you have learned from developing your preparedness and response plan with other colleges and universities to improve community response efforts.

continued

2. Continuity of Student Learning and Core Operations:

Completed	In Progress	Not Started	
☐	☐	☐	Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of college/university closures.
☐	☐	☐	Develop a continuity of operations plan for maintaining the essential operations of the college/university including payroll; ongoing communication with employees, students and families; security; maintenance; as well as housekeeping and food service for student housing.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
☐	☐	☐	Implement infection control policies and procedures that help limit the spread of influenza on campus (e.g. promotion of hand hygiene, coughing/sneezing etiquette). Make good hygiene a habit now in order to help protect employees and students from many infectious diseases such as influenza.
☐	☐	☐	Provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based/waterless hand hygiene products, tissues and receptacles for their disposal).
☐	☐	☐	Establish policies for employee and student sick-leave absences unique to pandemic influenza (e.g., non-punitive, liberal leave).
☐	☐	☐	Establish mandatory sick-leave policies for employees and students who are exposed to pandemic influenza, who are suspected to be ill, or who become ill on campus.
☐	☐	☐	Employees and students should not return to class until their symptoms resolve and they are physically ready to return.
☐	☐	☐	Establish a pandemic plan for campus-based health care facilities that addresses issues unique to health care settings. (Refer to the HHS Pandemic Influenza Plan www.hhs.gov/pandemicflu/plan. Ensure health services and clinics have identified critical supplies needed to support a surge in demand and take steps to have those supplies on hand.
☐	☐	☐	Adopt CDC travel recommendations (www.cdc.gov/travel) during an influenza pandemic. Recommendations may include restricting travel to and from affected domestic and international areas, recalling nonessential employees working in or near an affected area when an outbreak begins, and distributing health information to persons who are returning from affected areas.

4. Communications Planning:

Completed	In Progress	Not Started	
☐	☐	☐	Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, testing, and updating of communications plans.
☐	☐	☐	Develop a dissemination plan or communication with employees, students, and families, including lead spokespersons and links to other communication networks. Ensure language, culture and reading level appropriateness in communications.
☐	☐	☐	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, local radio or television) for communicating college/university response and actions to employees, students, and families.
☐	☐	☐	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
☐	☐	☐	Advise employees and students where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
☐	☐	☐	Disseminate information about the college/university's pandemic preparedness and response plan. This should include the potential impact of a pandemic on student housing closure, and the contingency plans for students who depend on student housing and campus food service, including how student safety will be maintained for those who remain in student housing.
☐	☐	☐	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, coughing /sneezing etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies, and the at-home care of ill students or employees and their family members.
☐	☐	☐	Anticipate and plan communications to address the potential fear and anxiety of employees, students, and families that may result from rumors or misinformation.