What’s Your Safety Story?
Victor Means, MBA, CSP - Director of Safety & Emergency Management Coordinator

Most of us have a safety story to tell. There may have been a time when something you did (or maybe didn’t do) affected your safety or the safety of others. There may have been a good outcome, or bad. But you know that if you had done things differently, the outcome might have been different – either good or bad.

I’ll share a couple of safety stories from my experience – one with a bad outcome – one with a good outcome.

In the late Spring of 1984, I was working for a construction company building apartments in the North Dallas area. Many of the contractors used by this company were local, small companies. One such contractor was the roofing company used for this job – essentially two brothers with a helper or two.

Many of the apartment buildings were three-story structures – so figure the roof to be about 30+ feet above ground. The day was particularly windy, and one of the brothers was working on a building adjacent to the construction office/trailer. For whatever reason (A gust of wind? Loss of balance?), the man fell from the roof, landed on his head, and sustained a fatal injury. Other workers responded to him and began CPR, however, the man died a few days later.

Was this preventable? In my opinion, yes. He had no fall protection. He maybe shouldn’t have gone up on the roof anyway due to high winds. The contractor made the choice to go up on the roof and to not use fall protection. The consequences of those choices cost him his life.

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In August of 1995, I was traveling from Midland to Snyder in my “company” car – a 1992 Ford Crown Victoria (pretty big car, right?). As I was leaving Big Spring, I approached an intersection I had driven through a hundred times before. Speed Limit 55. Blinking yellow light my way. Blinking red light and stop signs for cross-traffic. As I neared the intersection, I recall an 18-wheeler in front of me, and a “dually” pickup pulling a large gooseneck trailer approaching from the right. In the time it took to ascertain the situation with the other two vehicles, a car came across in front of me from the left. I barely had time to get my foot on the brake – much less try to use it – and my vehicle struck the vehicle that had crossed in front of me. I will never forget the look of terror on the face of the woman sitting in the passenger seat of that vehicle.

When I regained my senses, I realized I was sitting in my car in the middle of the intersection, and the other vehicle was nowhere in sight. My airbag had deployed. I wanted out of the car – right then! When I got out, I checked for any obvious injuries (a slight abrasion on my left forearm from the airbag; a bruise on my left shoulder from the seatbelt) and suspected that my car was probably a total loss. I then became concerned about the occupants in the other vehicle (a 1994 Oldsmobile station wagon), which had been pushed a considerable distance away from the intersection due to the force of the impact. The occupants were a man, his wife, and their two-year-old son. All were relatively unscathed – the wife had to have a few stitches in her head after bumping the door post – but there were no life-threatening injuries to any of them. Their car was not equipped with airbags.

I believe the good outcome of this accident was largely due to the fact that all occupants chose to use their seat belts that day, and the two-year-old son was secured in a properly-installed child safety seat. We are constantly reminded to use seatbelts. In my opinion, there’s no excuse not to (airbags are designed to work with the seatbelts, and may not adequately protect you without them). All too often we see news reports of folks ejected from vehicles and killed. I’ll take my chances in the car!

Do you have a safety story? We’d like to hear from you and want to share your experiences. You may send your story to maria.garza@ttuhsc.edu.
Having to Work Late (or Early)?

Renee Witherspoon, MS, CSP, CIH, CHMM - Environmental/Occupational Manager

Do you have to arrive to work before sunrise or leave after sunset? If you do, do not forget that the Texas Tech Police Department can provide an escort to or from your vehicle. While at the Lubbock campus you can call 806.743.1300 to contact our Police dispatch and one of our officers or guards will be able to assist you.

Safety Services would like to thank the following personnel of the Texas Tech PD for their service and quick response to the needs of our faculty, staff, students and visitors:

- **David Babcock**, Police Officer II
- **Jim Bullmore**, Sr. Guard
- **Boyd Clay**, Guard
- **Larry Clendenning**, Operations Captain
- **Michael Ellsasser**, Guard
- **Kenny Evans**, Assistant Chief of Police
- **Maria Flores**, Guard
- **Ruben Garcia**, Guard
- **James Jenkins**, Guard
- **Cindy Maynes**, Guard
- **Maureen Pair**, Police Officer II
- **Ricky Prieto**, Guard
- **Clyde Reams**, Guard
- **Robert Steele**, Sergeant
- **Joseph Thompson**, Guard
- **Bobby Valdez**, Guard
- **Isaac Velasquez**, Guard

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Dehydration When It’s Cold?

Robblyn Gentry - Instructional Designer, Education and Training

We’ve all heard of hypothermia and frostbite in the cold, but dehydration? During the cold months it is very easy to become dehydrated. We lose fluids from sweating, shivering, and even breathing. We also tend to be less thirsty and drink less when we are cold. Thirst, of course, is the most obvious symptom of dehydration, but our body which triggers the need for fluid in warmer weather eludes the same response in colder weather. The brain will try and maintain the body’s core temperature by signaling the kidneys to conserve the warm fluid, and the thirst sensation is reduced by up to 40 percent. Over time the loss of fluid in the body will cause the sodium levels in the blood to increase which causes the kidneys to slow down their production of fluid output.

Treatment for dehydration is simple, don’t let it happen.

* Have easy access to fluid.
* Drink even if you don’t feel thirsty.
* Drink non-carbonated fluids like sport drinks that replace electrolytes.
* Monitor urine output especially with children and elderly.
Are You Prepared to Respond to Sudden Cadiac Arrest?

Renee Witherspoon, MS, CSP, CIH, CHMM - Environmental/Occupational Manager

Sudden cardiac arrest (SCA) is a condition in where the heart unexpectedly stops beating. If this happens, blood flow stops to vital organs including the brain. If Cardio Pulmonary Resuscitation (CPR) and life-saving defibrillation does not occur within 4 to 6 minutes, many victims could die.

Time-to-treatment is critical to survival of SCA. At the Lubbock’s main campus Automatic External Defibrillators (AED’s) are available but are located in a limited number of public areas. Soon each floor will have at least one of the new fully automatic Zoll AED Defibrillators. These new Zoll units will also be placed on our other campus locations.

These Zoll AEDs are fully automatic and very user friendly. What is fully automatic? When sensors are applied and a shockable heart rhythm is detected, the machine will deliver the shock on its own, without the assistance of the rescuer. There is no need to push a button to deliver the shock. The machine will do it for you. Since CPR is also recommended when responding to SCA, the Zoll AED’s will also provide feedback to the rescuer on the quality of their chest compressions.

**THE HEART RHYTHM SOCIETY ADVISES THE FOLLOWING ACTIONS IN RESPONSE TO A POTENTIAL SCA EMERGENCY:**

1. **KNOW THE SIGNS OF SCA IN ORDER TO REACT QUICKLY.**
2. **CALL 911 AS SOON AS POSSIBLE**
3. **START CPR AS QUICKLY AS POSSIBLE. Bystanders should provide high-quality chest compressions by pushing hard and fast (approximately 100 beats per minute) in the middle of the victim’s chest, with minimal interruptions.**
4. **USE AN AED**

Once the new Zoll units are installed we will have two types of AED on site, the Zoll Plus and the Philips Heartstart FRx AED. Learn how easy it is to save a life, familiarize yourself with the locations of these units, and be trained in CPR.

To learn more about how to use the Zoll Plus AED or the Philips Heartstart FRx you can view their training videos at the following links:


Philips Heartstart - [http://www.youtube.com/watch?v=dkv2BrgLKa4](http://www.youtube.com/watch?v=dkv2BrgLKa4)

The Zoll Automated External Defibrillator (AED) unit on the right is equipped with new technology that is user friendly.
If It Smells, Report It!

Bruce MacNair, MS - Senior Safety Officer, Occupational Safety

If you notice a strange odor in your work area - report it to your Safety Services department.

In Lubbock on February 20, 2014, we had a situation where a contractor was installing millwork in a small office. To clean the surface of the cabinetry he was using a strong organic solvent.

Safety Services got a call about this odor that was reportedly “making people dizzy.” We asked the contractor what chemical he was using and he pointed to a five-gallon can of lacquer thinner and you’ll never guess what was on the label:

DANGER! FLAMMABLE LIQUID AND VAPOR. HARMFUL OR FATAL IF SWALLOWED. VAPOR HARMFUL CONTAINS: TOLUENE, MIBK, ISOPROPA NOL AND ACETONE. VAPOR HARMFUL. MAY AFFECT THE BRAIN OR NERVOUS SYSTEM CAUSING DIZZINESS, HEADACHE OR NAUSEA. CAUSES EYE, SKIN, NOSE AND THROAT IRRITATION.

A bit further down the label we read; Use only with adequate ventilation. Do not breathe vapors or spray mist. Ensure fresh air entry during application and drying… You can probably guess the rest.

We contacted Plant Operations and Environmental Control (POEC) and they quickly responded and began pushing fresh air into that area to evacuate the odor and its effects. Later we discovered that the contractor began his work about five-and-a-half hours before we were even notified there was a nuisance odor.

Remember, if there is a smell that doesn’t belong in your work area – Report It! Call Safety Services immediately.

Happy Breathing!

ATTENTION TTUHSC Permian Basin

Art May, MS, CHMM, COHC, CSS - Permian Basin Campus Safety Manager

The TTUHSC Permian Basin now has a Nationally and State Certified X-Ray Technologist, Tabitha Flippin, at the Odessa facility that is licensed for taking all X-Rays, including those for Pediatric and Podiatric patients.