

Health & Safety Office Update

Uniformed Firefighters Association

Protect Yourself

July, 2013

PROGRESS FOR WTC HEALTH PROGRAM

Sergeant-at-Arms/ Health & Safety Officer, Gerard Fitzgerald is extremely pleased to share the following news regarding the James Zadroga 9/11 act:

*On May 2, 2013, the Administrator of the World Trade Center (WTC) Health Program received a petition requesting the addition of **PROSTATE CANCER** to the List of WTC-Related Health Conditions (List) covered in the WTC Health Program. The Administrator has determined to publish a proposed rule adding prostate cancer to the List in the WTC Health Program regulations.*

It is with great happiness that we share with you this exciting development. The proposal to add prostate cancer as a covered cancer under the Zadroga bill is an overdue victory.



We urge you to speak with your physician about getting screened for prostate cancer. Screening is done with a physical exam and blood test. To request an informational pamphlet on screening for prostate cancer please contact Erin O'Donovan at the Health & Safety office:

phone: 212-545-6965
Fax: 212-683-4768
eodonovan@ufanyc.org

The Health and Safety office remains dedicated to providing you with as much information on protecting yourself as possible. In this newsletter we will focus on health concerns related to addiction, cancer, stroke and also provide education on the threat of exposure and the proper protocol if you are exposed to dangerous elements.

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Protein Supplements

Protein supplements are widely known as products that are useful for bodybuilders and weightlifters. Although it's true that high-protein items can help you gain muscle mass in the long term, they can also bring a list of other side effects that range from the very positive to the potentially destructive.

The U.S. Food and Drug Administration requires manufacturers of powdered protein supplements to ensure they are safe before they hit store shelves; however, the FDA does not regulate dietary supplements as tightly as it regulates conventional foods. Consequently, this leaves a window open for certain risks and side effects. Before trying any type of protein powder, check with your doctor.

A study conducted by "Consumer Reports" in 2010 chemically tested for levels of heavy metals in 15 different protein powders. The results showed three of the powders contained higher than acceptable amounts of certain heavy metals, including mercury, arsenic, lead and cadmium. Long-term, excessive intake of any protein may lead to deterioration of your kidney function. Excessive amounts of protein may also put your liver under stress, potentially damaging this vital organ. Whey protein is a popular dietary supplement for improving muscle strength and body composition. Clinical studies have not confirmed that consuming excessive amounts of whey damages your kidneys or liver. However, a March 2011 study conducted by the University of Granada suggests that a diet high in whey protein changed the kidney structure of laboratory rats. The study also stated that resistance training reduced the impact of the kidney alterations, information that would impact bodybuilders who use high levels of whey protein while exercising intensely. Though the threat of kidney disease is mitigated by activity, firefighters may wish to avoid excessive use of proteins or carefully monitor your intake of any health supplement and never exceed recommendations made by your doctor.

Leaves of 3, Let Them Be

Recently, there have been several cases of poison ivy. Contact with the plant's oil results in a painful rash and blisters. Indirect contact may occur from plant oil on clothing or gear. A reaction normally occurs eight to fifteen hours after contact. However, it may take up to five to fifteen days after contact with the oil if this is your first exposure.

If you are fighting a brush fire in an area where poison ivy is seen or suspected, it is crucial that you document a potential exposure. Obviously, poison ivy may occur from an exposure on or off duty. Always take appropriate precautions to protect yourself from poison ivy whenever you are outside and in an area where poison ivy may be growing. If you are exposed to it on the job, you may not develop a rash until past the deadline for filing a CD-73. The difference between a LOD exposure and a non-LOD exposure will be having the proper CD-73 filed before the deadline. If your gear is exposed to poison ivy, you need to send it for decon to remove the oils. Mark on the gear that it has been exposed to poison ivy so others are aware. If you do see poison ivy, notify the officer on duty so precautions may be taken to protect yourself and others.

Addiction to Prescription

Addiction is one of the most common and deadly diseases that is known to currently exist in society, but a disease that is treatable with the proper care.

Specifically, prescription drug addiction is a serious health concern that is becoming more and more popular day by day. It could start out as a simple prescription to alleviate pain, but can develop into a full on addiction.

The commonly abused classes of prescription drugs include opioids (for pain), central nervous system (CNS) depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy).

Opioids include

- Fentanyl (Duragesic®)
- Hydrocodone (Vicodin®)
- Oxycodone (OxyContin®)
- Hydromorphone (Dilaudid®)
- Oxymorphone (Opana®)
- Propoxyphene (Darvon®)
- Meperidine (Demerol®)
- Diphenoxylate (Lomotil®)

Central nervous system depressants include

- Pentobarbital sodium (Nembutal®)
- Diazepam (Valium®)
- Alprazolam (Xanax®)

Stimulants include:

- Dextroamphetamine (Dexedrine®)
- Methylphenidate (Ritalin® and Concerta®)
- Amphetamines (Adderall®)

Members should take steps to ensure that they use prescription medications appropriately. Always follow the prescribed directions, be aware of potential interactions with other drugs, never stop or change a dosing regimen without first discussing it with a healthcare provider, and never use another person's prescription. In addition to describing their medical problem, patients should always inform their healthcare professionals about all the prescriptions, OTC medicines, dietary and herbal supplements they are taking before they obtain any other medications. Dispose of your painkillers when you are finished with them and never give them to anyone else. If for any reason you feel you may be becoming addicted to your prescription painkiller, seek help immediately from a physician.

Field Exposure Directions

While all attempts should be made to reduce your risk of exposures, if one does occur, it is crucial to follow the proper steps, obtain the necessary medical assistance, and thoroughly document the exposure.

If you have an exposure of any kind, follow the steps below. Please recognize that this information may change. If you are unsure of what to do, notify your officer, document the exposure and call the Health and Safety Office at 212-545-6965 for further assistance.

PROCEDURE:

Notify your officer immediately

Notify the medical office immediately

Give a complete and thorough description of the exposure

If you are prescribed medications, take them as prescribed. Notify the Bureau of Health Services if you are having any concerns with your medications.

Complete a CD-73, the field exposure form for Chemical Exposures

Examples are: acids, hydrocarbons, asbestos

Complete an MDX-3, the field exposure form for Biological Exposures

Examples are: blood or other bodily fluids, anthrax, rabies, animal bites of any kind.

Contact Al Vaughn at the Infections Disease Control unit during business hours at 718-999-1851/1850.

During non-business hours contact the medical officer on duty

Make sure that follow-up is done with the hospital and the patient

Documentation is extremely important! We cannot emphasize proper and thorough documentation enough.

Follow-up with the Bureau of Health Services to ensure that your health needs have been met.

The Officer should **immediately fax** the completed MDX-3 to the Medical Officer on Emergency Duty at 718-999-0035. If the Officer is unable to complete the transmission via fax, or if telephone confirmation of receipt of the MDX-3 is not received, the **Officer should notify the Bureau of Health Services at 718-999-1849/1850**. A doctor from the Bureau of Health Services should call back or visit the exposed member to obtain information concerning the exposure **during your tour**. The doctor will make the determination as to whether the exposure requires tests or treatments and provide counseling pertaining to the exposure.

If you would like information relating to specific types of exposures sent to you or your firehouse, please call the Health and Safety Office. We will fax or mail you the information to assist you with your questions and concerns.

Exposure Flow Chart

Disease	Transmission Route	Medical Care Required	Comments
Chicken Pox	Droplets Saliva Direct Contact	Call BHS for Immunity Status	Members who are not immune may work days 1-9 following exposure. Days 10-21 will be off duty.
Hepatitis B	Bloodborne Body fluids	Call BHS for Immunity Status	All non-immune members are offered vaccination during probationary training.
Hepatitis C	Bloodborne Body fluids	BHS follow-up	No vaccination is available. Follow-up testing would be conducted at BHS.
HIV	Bloodborne Body fluids	1. E.R. or BHS evaluation for at-risk patients 2. BHS follow-up for casual	For at risk patients – prophylactic medications are available and should be started through the E.R., with follow-up at BHS.
Measles	Droplets Saliva	Call BHS for Immunity Status	Vaccinations are available and offered to ALL non-immune members voluntarily.
Meningitis	Droplets Saliva	BHS follow-up	If a member shows any signs/symptoms, consult a physician immediately and follow-up with BHS. There are prophylactic medications for exposure to bacterial meningitis; viral meningitis does not require medications. If you have an exposure to bacterial meningitis, do not delay treatment for exposure. Follow-up with BHS.
MRSA	Direct / Indirect Contact	Call BHS / Varies	May require antibiotic treatment and requires clearance of infection by culture prior to return to FD.
Mumps	Droplets Saliva	Call BHS for Immunity Status	Vaccinations are available and offered to ALL non-immune members voluntarily.
Rabies	Saliva	1. ER or BHS eval 2. BHS follow-up-	Vaccination given depending on exposure risk. Efforts will be made by the Dept. of Health to determine if the animal is rabid.
Rare Diseases (Diphtheria, Plague)	Varies	Based on disease	Contact BHS for directions on specific disease.
Rubella	Airborne	Call BHS for Immunity Status	Vaccinations are available and offered to ALL non-immune members voluntarily.
Tuberculosis	Droplets	Call BHS	PPD Testing done at each annual exam and after confirmed TB exposure. Positive PPDs are verified by blood testing.

Special thanks to Dr Kerry Kelly for her assistance with the flowchart

Cancer Survivor Care

The American Society of Clinical Oncology (ASCO) has published recommendations of how to improve cancer survivor after care. Many survivors face increased health risks as a result of the cancer itself, a preexisting issue or possible exposure to the therapy. Additionally, cancer and treatment related changes can lead to early development of age-related changes, atypical symptoms of common health conditions, and an increased risk of developing these health conditions. Poor response to treatments that would normally successfully treat these health issues can also plague cancer survivors. Currently in the United States, there are over 13 million cancer survivors. That number is expected to reach 18 million within 10 years. The need for an improvement in the coordination strategy for follow up medical care to the growing population of cancer survivors is becoming increasingly recognized.

As cancer patients transition out of treatment and into primary care many patients fall “through the cracks” as stated by ASCO president, Sandra Swain. The need for improved attention to the coordination of care to promote disease prevention and general medical care needs to be prioritized. ASCO is looking to oncology professionals to lead and develop a strategy for coordinating follow-up care with primary care providers.

According to the ASCO recommendations, the following key concepts should be promoted and/or expanded:

- patient-centered coordinated care based on shared-care models, which allow for collaboration among practitioners of different disciplines quality-improvement programs, such as ASCO's Quality Oncology Practice Initiative, to help physicians monitor and improve care
- research on long-term and late effects
- education of healthcare providers on survivorship care
- empowerment of cancer survivors and their families to advocate for their needs and to ensure optimal long-term health.

The organization says that it is working to implement the various recommendations by providing and/or further developing:

- cancer survivorship educational sessions at its annual meeting and related continuing medical education online
- quality measures for survivor care, including the use of treatment plans that can be shared by different types of healthcare providers
- clinical guidelines on the long-term and late-effects often experienced by survivors and on surveillance for cancer recurrence
- accurate, easy-to-read information on the Cancer.Net web site for patients.

If you would like a full copy of ASCO's recommendations as published in the *Journal of Clinical Oncology*, please call the Health & Safety office @ 212.545.6965

Stroke Risk Factors

Most firefighters realize they have an increased risk for heart attacks and sudden death from heart disease. However, since heart attacks and strokes share many of the same risk factors, firefighters must recognize their increased risk for stroke as well. Some of these risk factors can't be changed. The important thing is to focus on the ones you can change and to recognize the signs and symptoms of a stroke, should you or a loved one suffer from one. Like heart attacks, time is crucial with strokes!

Strokes result from a blockage of blood flow to the brain or a blood vessel rupturing inside the head. The first type of stroke is the most common, causing approximately 85% of all strokes. This type of stroke is the result of a blood clot stopping the flow of blood through a blood vessel in the brain, resulting in brain cells dying. Any conditions that result in narrowing of blood vessels, such as high total cholesterol or low "good" cholesterol increase the risk of this occurring. Conditions that increase the risk of developing a blood clot, such as smoking, also increase the risk of having a stroke. The risk of having a blood vessel rupture increases with heavy alcohol consumption, smoking and a family history of these types of strokes. The major risks of having a stroke include:

- *Male over age 45 or female over age 55*
- *Family history of heart attack or stroke*
- *History of heart disease or high blood pressure*
- *History of stroke or "mini-stroke"*
- *Smoker or living with a smoker*
- *High total cholesterol or low "good" cholesterol*
- *Low physical activity levels*
- *Overweight or obese*
- *Diabetic*
- *African-American*

The signs and symptoms of strokes depend upon what type of stroke the person is having and where the brain damage occurs. Not all strokes look the same, so be alert for any changes in mental status or the ability to function in an individual. These changes may indicate that the person is having a stroke. When in doubt, seek medical attention immediately. The common signs and symptoms of a stroke include:

- Sudden numbness or weakness to face, arm or leg, especially to one side of the body
- Sudden confusion or difficulty speaking or understanding
- Sudden onset of blurred vision or difficulty seeing in one or both eyes
- Sudden dizziness, loss of balance and coordination, or difficulty walking
- Sudden severe headache, often described as the "worst headache of my life"

As with heart and lung conditions, a "Stroke Bill" covers New York City Firefighters. The bill, signed into law by Governor Pataki in 2006, offers firefighters the protection that a stroke that occurs on-duty or within 24 hours of a tour is presumed to be work-related. However, your best protection still remains reducing your risk factors to prevent a stroke!

Apparatus Accident Protocol

- ✓ For Line of Duty accidents, you are **not** required to provide your private insurance information.
- ✓ You **must** give your name and address exactly as it appears on your driver's license.
- ✓ Death, Injury or a Major Accident can result in a Police Officer or the Fire Department demanding blood and/or urine tests. ***Notify the UFA immediately.***
- ✓ Make sure that the correct insurance code (**994**) is inserted **boldly in black** ink on the MV-104.
- ✓ If no officer is present, you are required to fill out the CD-19.
- ✓ If a line-of-duty accident impacts your private insurance status, please contact Safety Command— Accident Claims Unit at 718-999-2936.

BUCKLE UP AND DRIVE SAFELY!!!

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