

Health & Safety Office Update

Uniformed Firefighters Association

SAFE RESPONSE ALWAYS!

Some things change, but a safe response should not!

As the summer months quickly approach, Sergeant-at-Arms/Health and Safety Officer Bill Romaka wishes to remind all members about the importance of performing their jobs in a safe manner at all times. As staffing has been reduced, the risks to our members have increased. Safety includes responding to and from scenes safely, wearing proper PPE at all times and recognizing that hazards come in many forms for firefighters. While firefighters routinely look for hazards on fire scenes, exposure to a blood-borne pathogen or arriving at a fire scene dehydrated also present significant risks to your health and safety. The small hazards you can't see or the ongoing damage to your body due to lack of proper care can be just as deadly as the highly visible hazards. Protect yourself from all possible hazards to enjoy a long, healthy career and retirement!

The Health and Safety Office remains dedicated to providing you with as much assistance as possible to protect yourself on the job. We provide training on various health and safety topics in your firehouse, thanks to a grant provided by the Department of Labor Hazard Abatement Board. We will bring the training to you for your convenience. If you would like to schedule a training session, please contact Tony Caracciolo, the Field Safety Representative at 718-536-7223. You can also email him at tonyc@ufanyc.org.



The Health and Safety Office also has a wide assortment of informational brochures on various topics. If you would like any of them sent to you or your firehouse, please contact the office at 212-545-6965 or email broyce@ufanyc.org.

The following topics are available:

- Men's Health Topics
- Lung Health and Tobacco Use
- High Blood Pressure and Heart Health
- Heart Attack and Stroke Risk Factors
- Weight Management and Nutrition
- Gastro-esophageal Reflux Disease
- Managing Stress and PTSD
- Alcohol and Drug Use
- Sprains and Strains
- Injury Prevention
- Cancer Prevention
- Heat Stress
- Hearing and Eye Safety
- Terrorism

If you need any information on additional topics, feel free to contact the Health and Safety Office and we will locate it for you!

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Tony's Corner

As the Health and Safety Field Representative, my job is to train members with a list of topics that we feel are pertinent to the health and safety of all firefighters. My position is guided and funded by a grant from the New York State Department of Labor Hazard Abatement Board. Under the grant, I visit firehouses weekly and discuss these topics and also perform risk assessments on the firehouses. At every firehouse visit, once I fulfill the grant requirements, I will always stay and answer all members' questions and concerns about firefighter health and safety. The most common subjects are LOD medical bills sent to members' homes, proper wording for CD-72/73 (incident/accident, symptoms, etc), medical office issues and individual, more specific member issues. Below I will touch on the first two subjects.

Concerning receiving medical bills for a LODI at your home, you are responsible to bring it to our attention as soon as possible. You are receiving the bill in error and, if not dealt with immediately, collection notices and letters from lawyers will follow. The worst thing you can do is ignore the bill and think the city will handle it! Credit scores can and have been adversely affected. The simple procedure in place for our members is to fax the bill to the Health and Safety office along with the corresponding CD-72. The fax number is 212-683-4768. Understand that we expedite the bill being paid and try to obtain, if needed, an acknowledgement that the bill was never your responsibility. Unfortunately, it will still be your responsibility to call the credit agencies to have it removed from your history and that is why it is critical to take the bill, find the CD-72 and fax it to us immediately.

The CD-72 is the most important document you will fill out in your career and needs to be treated as such. Anyone with concerns about properly filling out a CD-72 should contact Lou Sforza, the UFA Pension Consultant. We are all guilty at one time or another of looking at the document with a 2-3 week mindset as we write it. Simply put, the "I'll get a couple of weeks out of it" mentality is dangerous. We have all heard the horror stories and they will continue if we take the nature of our injury lightly. It is your responsibility to come up with the narrative and hand it to your officer to put on the form. There are no witnesses to what happened and how you felt (symptoms, not diagnosis!) during the chaos of the fire ground with zero visibility. Never diagnose or diminish your injuries. For example, if you fall backwards and land on your mask, you potentially crushed your neck, spine, back or shoulder. You did not strain/sprain/twist or wrench your neck, back or shoulder. These words should be avoided in your narrative. The difference between an incident and an accident is what confuses most members. You were hired and expected to perform all the basic duties of firefighting. These are, but not limited to, opening hydrants, stretching and operating hose lines, pulling ceilings, forcing doors, etc. If you are pulling a ceiling and the ceiling falls on you, it can be deemed an incident. If you are pulling the same ceiling and an object hidden in that ceiling (unexpected, unforeseen) falls on you and injures you, it will be considered an accident.

As the UFA Health and Safety Field Rep I take my job seriously. I am always available to all members and I will help in any way I can. My cell number is 718-536-7223 or you can email me at tonyc@ufanyc.org with questions or to schedule an appointment for a NYSDOL presentation.

Avoid the Need for the Presumptive Stroke Bill

You and your family will appreciate it!

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 is presumed to be job-related. However, your best protection still remains reducing your risk factors to prevent a stroke! For more information regarding strokes, please feel free to contact the Health and Safety Office at 212-545-6965, or speak to your healthcare provider.

Modified Response Plan and YOU!

Late last year, the FDNY began this new pilot program for Queens with an intended result to lower accident rates and encourage a more cautious response. On April 4th, they expanded this program into Brooklyn and Staten Island. While the announced intent can be deemed laudable, the UFA has many concerns about how this program data may actually be used against the memberships and how it may compromise firefighter safety!

In the current atmosphere of budget cuts and threatened firehouse closings, any reduction in response can lead to additional bad management decisions going forward. On September 17th of last year, we responded to the department with a list of concerns and thoughts. These concerns weren't meant to object for the sake of objecting, but to have genuine concerns addressed before an undesirable situation occurs that increases the risks for our firefighters. Such a situation occurred on March 4th in Richmond Hill, when a call for a reported gas lead turned into a 2nd Alarm fire requiring 25 companies and over 100 firefighters. When Engine 308 responded with lights and sirens as the single engine, they had to wait several minutes for the arrival of the second engine company to assist them in stretching a hose line. This is just one example!

There is a big problem that is compounded when change upon change is put upon our most valued resource, our firefighters, without proper precautions being put in place. Taking away the 5th man and changing the response policies are recipes for disaster as there has not been, nor is there planned, any real training to adjust for the new situations our members may find themselves in. Just think of the problems that will be created in an area such as Staten Island, where our apparatus have much further responses. Should a single engine end up at a working fire, how long would it take for an additional engine, needed to stretch the first line, to arrive? Without timely water, our truck companies and civilians will be put into more perilous situations at an alarming frequency.

The UFA has long advocated for safe responses. We have requested the Department join us in requiring apparatus on emergency responses to come to a complete stop at red lights and stop signs, which is consistent with New York State laws. While the Department looks at response times between fires and CFR calls as disparate, we always point out that the answer is not in lowering response times to CFR calls where there is proven to be less apparatus accidents. Rather, the solution remains driving in a safe response to ALL calls.

We are all aware of the significant false reduction in response times due to the event of the UCT program where upwards of 30 to 40 seconds to more are not counted to give the appearance that it is safe to close firehouses. For this reason, our members should think long and hard about what is an appropriate response to these new response policies. It is always time to put your health and safety and family first!

Body Scans at Reduced Cost

Health and Safety Officer/Sergeant-At-Arms Bill Romaka would like to remind members that body scans are available to active and retired NYC Firefighters from Inner Imaging. The scans of the heart and lungs are normally \$600-\$800; however, they are offered to UFA members at the reduced rate of \$350. It is particularly recommended that members considering retirement undergo a full physical examination. To schedule an appointment, or for further information, please contact Inner Imaging at 212-777-8900 or visit their website of <http://www.innerimaging.com>.

GERD: Not Just a Little Heartburn

If you ask firefighters to name health risks due to their jobs, they would likely mention heart attacks, burns and back injuries. However, NYC firefighters also suffer from GERD at significant numbers and should be aware of the signs and symptoms of it. GERD stands for Gastro-esophageal Reflux Disease, a condition in which the contents of the stomach can leak back into the esophagus, the tube that carries food and liquid from the mouth to the stomach. This can result in irritation of the esophagus, leading to heartburn and other signs and symptoms.

While heartburn is by far the most “classic” symptom of GERD, other signs and symptoms include a sour-tasting fluid in your mouth, frequently having to use antacids, frequent belching, having troubling swallowing and nausea. Many of these signs and symptoms get worse after eating. The chest pain associated with heartburn sometimes feels like the pain caused by heart problems. When in doubt as to the cause of chest pain, get evaluated by a physician. Do not ever assume something is “just a little heartburn” when it is causing chest pain or dull pressure in the chest without a thorough evaluation by a physician. It is always better to be safe than sorry!

Many lifestyle choices can help control GERD. At the bottom of the esophagus, there is a muscular ring called the lower esophageal sphincter (LES) that acts as a one-way valve to prevent food and stomach acid from backing up into the esophagus. GERD results from a weakened LES. Eating smaller meals helps prevent additional pressure on the LES. Also, avoiding certain foods may reduce the acid in the stomach and also reduce the pressure on the LES. These foods include chocolate, caffeine, spicy foods, fatty foods, soda (with or without caffeine), onions and tomatoes. Individuals often discover that certain foods irritate their GERD and should be avoided. Alcohol and smoking should also be avoided.

Often sleeping with the head of the bed elevated helps prevent stomach fluid from flowing into the esophagus. Raising the head four to six inches should help. It has also been shown that if you sleep on your left side it will assist your digestive system and reduce your chance of suffering from GERD while you sleep. There are also medications that reduce the acid in the stomach. Your health care provider can give you more information.

GERD is not a risk-free condition. GERD is associated with the development of a condition called Barrett’s Esophagus. In Barrett’s Esophagus, the lower esophagus undergoes changes in the cells, resulting in a pre-cancerous condition. Individuals with Barrett’s Esophagus are at risk for developing esophageal cancer. The condition must be monitored for the possible development of cancer. The risk of developing Barrett’s Esophagus and esophageal cancer is low, but it still should be considered as a serious potential health risk. GERD should not be ignored as “just a little indigestion.” If it is something that bothers you regularly, speak to your doctor about it.

Firehouse Repairs

Just a reminder that any safety issues regarding firehouses must first be reported to the Officer on duty and the Resource Center. These include problems with plumbing, sewage, broken Nedermans, maintenance issues and rodent infestations. The Officer should call the Resource Center at 718-999-4357 Monday through Friday between 7AM and 3PM. After hours is for emergencies only. The Resource Center will give a Work Order Number to the Officer. Please allow a reasonable amount of time for the concern to be addressed. After a suitable amount of time, the Officer may follow-up on the issue to determine what needs to be done to correct the problem.

If you believe there is an immediate health and safety issue, please have your Officer follow the above steps, obtain the Work Order Number and the date it was obtained and then notify the Health and Safety Officer/Sergeant-At-Arms for assistance.

Bloodborne Pathogens

The risks of the job for firefighters keep increasing. As the number of CFR-D calls increase, firefighters are more likely to be exposed to diseases, including bloodborne pathogens. It is important to remember that this exposure may occur at any time on a scene or from blood and body fluids not properly decontaminated on equipment. Anyone's blood or body fluids may carry the germs to cause a disease in you if you are exposed to it. Therefore, taking the proper precautions to prevent this exposure is an important means to protect yourself.

The major bloodborne pathogens include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS). HBV and HCV both attack the liver and can cause severe liver damage, possibly leading up to death. There is a vaccine available to prevent Hepatitis B infection; however, at this time, there is no vaccine available to prevent Hepatitis C infection. As a firefighter, you are at risk for both of these infections. If you have not had your Hepatitis B immunizations, speak to your health care provider regarding whether or not you should receive them. HIV weakens your body's immune system, making it more susceptible to illness. Currently, there is no vaccine available for HIV.

Bloodborne pathogens enter the body through the eyes, nose, mouth or broken skin, such as a cut, scrape, rash or cracked skin, or if you are stuck with a contaminated object. In order to prevent possible exposure to a bloodborne pathogen, always wear proper personal protective equipment (PPE). PPE may include gloves and masks, a mouthpiece for mouth-to-mouth resuscitation, and goggles. You should also wash your hands frequently throughout the day. Hand washing is the single most important means of preventing the spread of infection.

If you have an exposure or a potential exposure, wash or rinse the area thoroughly. Report the exposure to your officer immediately. As soon as possible, be certain to properly fill out the MDX-3, Members Infectious Disease Exposure Report, with as much information as possible and have it faxed to Alpheaus Vaughn at 718-999-0173. Make sure it says "Infectious Disease Control, Attention Al Vaughn."

Any member with a true exposure—blood in the eyes, blood to blood, etc, should ask to be taken to the nearest emergency room for evaluation and treatment. You should have your Officer immediately contact Car 32/33 to explain the situation, properly record it and follow up.

It is important to realize that permission for testing cannot always be assured and is often denied. The patient may not have been admitted to the hospital or even refused treatment. This will not prevent our best efforts being used to obtain such permission from the patient for testing. Follow-up should occur with our Infectious Disease Control Director Alpheaus Vaughn. His contact number is 718-999-1849.

MRSA

Bloodborne pathogens are not the only infectious diseases that firefighters are at risk for today. Due to their constant contact with the public, firefighters are also at risk for a bacterial infection, MRSA (Methicillin-resistant *Staphylococcus aureus*). Anyone can get MRSA, but it is often found in hospital patients, nursing home patients or individuals with weakened immune systems. It is spread from person-to-person contact and can affect any part of the body. It has also been spread through shared use of towels, razors and gym equipment. It is important to clean the gym equipment at the firehouses thoroughly, to not share personal care items, and to wash your hands frequently. You should also keep any open cuts covered. The signs and symptoms depend upon what part of the body is affected. Some individuals have no symptoms. If there is any concern, see a health care provider.

Summer Heat Stress

With the approach of summer, effective hydration becomes even more important to prevent heat exhaustion. Remember, rehab does not begin after a fire; it is something that must occur as an ongoing process throughout the day. A firefighter who arrives at a scene even moderately dehydrated may suffer from severe levels of cardiac stress. Firefighters must drink plenty of fluids throughout the day and as a part of rehab. During rehab, be sure to replenish the lost calories and electrolytes as well as the fluids and allow your body to cool itself effectively and release trapped heat.

Dehydration has serious negative effects on your body's ability to function. These include impairing the ability of your body to maintain its core temperature, reducing your body's strength and agility, increasing fatigue, and decreasing the amount of blood volume, which increases the stress on your heart. Your body is more likely to suffer heat stress and heart problems if you are dehydrated.

The signs and symptoms of heat stress include, but are not limited to the following:

- Heat cramps
- Cool, moist, pale skin
- Nausea
- Rapid or weak pulse
- Rapid breathing
- Convulsions
- Dizziness or weakness
- Headache
- Loss of thirst
- Inability to sweat or hot, dry skin
- Confusion or passing out

If you recognize that you are beginning to suffer from heat exhaustion, dress down immediately. The bunker coat, helmet, gloves and hood should be removed and the bunker pants should be opened, allowing the release of trapped heat. Active cooling allows the body to reduce its temperature and includes wet towels on the neck and submerging the forearms and hands in cool water. Drink plenty of fluids to replace what you lost through sweating. Also, rest your body to reduce your heart rate and the strain on your cardiovascular system.

Chief of Safety Stephen Raynis stated last year that the key to managing heat stress is to be familiar with the controls used to prevent it and to minimize its effects. Controls for heat stress include the following:

1. Fluid intake (hydration)
2. Work rotation
3. Active cooling
4. Rest

These are important controls for everyone to know and utilize. Do not hesitate to inform your officer of your need for these important controls.

If a firefighter can no longer sweat, has hot and dry skin, passes out or is having convulsions, the person is having a serious, life-threatening emergency. This condition can possibly lead to permanent brain damage and death. The firefighter must be cooled and emergency medical attention is required immediately. Remove the firefighter to a cool, shady area, remove his bunker gear, begin cooling him and call for EMS immediately. If there is any question concerning the seriousness of the level of heat stress, seek medical attention.

Last summer, there were multiple alarm fires on days with record temperatures. Many members suffered heat exhaustion as a result. This summer, due to the reduction in manning, there is a greater chance that the members may be stressed. Recognize the risk early and prepare for it by ensuring adequate hydration and being alert for the early signs of heat stress. Take care to ensure you are well on scene and watch others for the signs of heat stress as summer arrives.

Firefighter Apparatus Accident Reference

- 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.

If your company requires an updates Apparatus Accident Reference Card, please call the Health and Safety Office at 212-683-4832 or email us at healthandsafety@ufanyc.org.

Stay Well and Stay Safe! Have a Great Summer!

Uniformed Firefighters Association

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