

"International in scope and membership...a nonprofit organization fostering public health and safety through education, ergonomics, optimal clinical management and other measures."

Occupational Chiropractic & Applied Ergonomics Vol. 3, No. 3

HELP IN RECOVERY FROM HURRICANES

Many DCs have been directly affected or wiped out from hurricane damages in the gulf region this year. Many of YOU have asked how to help DCs recover. Here's just some ways to help:

MISSISSIPPI CHIROPRACTIC ASSOCIATION

A donation fund to benefit Mississippi DCs has been developed. Donations will be used by Mississippi doctors of chiropractic and their families to restore damaged homes and clinics. Those Mississippi chiropractors who are in need of assistance, should contact Vickie Webb at vickie_m_webb@bellsouth.net

Mail your check (payable to "MS Chiropractic Relief Fund") to:
MS Chiropractic Relief Fund
Attention: Vickie Webb
134 Marion Avenue
McComb, MS 39648

CHIROPRACTIC ASSOCIATION OF LOUISIANA

A donation fund to benefit Louisiana DCs has been developed.

Mail your check (payable to "CAL Relief Fund") to:
CAL Relief Fund
3070 Teddy Drive, Suite A
Baton Rouge, LA 70809

Donations will be used to assist Louisiana doctors of chiropractic affected by Hurricane Katrina. All donors will receive an acknowledgment letter and receipt for IRS purposes. For more information, contact Kathy Chittom at kachittom@aol.com. For more information on relief efforts in Louisiana, including how to obtain or offer housing and job opportunities, or to check on the status of a Louisiana DC, go to the CALWeb site, www.cal-online.org

IS YOUR CLINIC A READY WORKPLACE? ARE YOU A READY EMPLOYER? *WHAT IF...*

by Elizabeth L. Auppl

It may sound unrealistic that something could happen that would require you and your staff to immediately shelter in place. After all, you operate a chiropractic clinic. But to your staff, you are the employer and responsible for a safe workplace. If a mandatory order were issued to immediately shelter-in-place, your patients on-site would also be looking to you. It's easy to think that if something happens, that we would just 'get the heck out of there' but time may not permit luxuries of escaping or evacuating. The order would be enforced by local law authorities. Probably the most likely condition that would require sheltering in place would be a chemical spill or worse – an act of terrorism involving hazardous chemicals.

Just this past week in Texas, a chemical leak of 3,500 gallons of water-diluted hydrochloric acid resulted in a mandatory shelter-in-place for residents. It was a Saturday so most people were home as opposed to where they would have been during the work week. If the situation had occurred on a weekday, then sheltering in place would have been at the work place for many.

This particular case is not an isolated case. There are news items galore about chemical spills via industrial accidents, train derailments or wrecks, trucking accidents, broken piping systems and farming (fertilizers and other chemical) accidents happening all too frequently. When you consider most of our communities include industries, trains, trucks, farms and other sources where accidents are prone to happen, and because chiropractic clinics are workplaces for many, you should be prepared.

There are other circumstances that could invoke a mandatory shelter-in-place order, such as acts of violence in an area or storms. It doesn't take much effort or investment to do be prepared – and it is not unrealistic to be prepared! It is *smarter* to be prepared than it is to be caught off guard once you knew how to make preparations!

But exactly how do you and your staff go about preparing? You can follow the simple guide on *page 4* for developing your clinic's plan with the understanding that this is not a comprehensive written plan. You may also inquire with your local Emergency Manager (usually the Fire Chief) to learn if your community has written plans for you to follow; there are variances in planning depending on geographic locale, the availability of professional emergency response personnel, and so forth.

The guide (*pg. 4*) is written in simple DOs and DON'Ts format for your convenience. Please share it with your staff as a priority workplace safety concern for your clinic. Actually, it can be a fun project to embark on, with everybody having input about preparing the sheltering space.

Go To Page 4

D.O.T. ALERT

DEPT. OF TRANSPORTATION TESTING AFFECTED BY KATRINA

If you utilize Kroll Laboratories for Dept. of Transportation (DOT) drug testing, you should know the following:

Client Communications	Questions about account information or specimen status? Call 800.433.3823 or e-mail KLSSupport@krollworldwide.com
Supply Distribution	E-mail all CCF and collection kit supply requests to KLSSupport@krollworldwide.com .
Specimen Delivery	Continue shipping all specimens via DHL. They will automatically be diverted to Quest Diagnostics in Schaumburg, IL for analysis.
Result Reporting	Results will continue to be reported through Kroll's normal methods (autolink, computer fax, www.krolldatalink.com etc.).
Certified True Copies	Will either be faxed to the MRO or available as electronic images.

Not pertaining to affects of Katrina, here is some other information you will find helpful to your practice. The Office of Drug and Alcohol Policy and Compliance (ODAPC) has published **"What Employees Need To Know About DOT Drug & Alcohol Testing"**. The publication explains the entire drug and alcohol testing process to employees, gives them the process that will be followed, and identifies the employee's responsibilities and rights in the testing processes. **There is tremendous value to you, the Specimen Collector or Screening Test Technician by reading the publication in that** it will help you remember to follow all procedures very methodically.

Get it on-line at the ODAPC's web site at <http://www.dot.gov/ost/dapc/documents.html>. You can print the information for distributing to your patients or to employer clients; it is also available by ordering original copies directly from the ODAPC, you will find the ordering information you need at the web site, or you may order small quantities (less than 50) from our ODAPC by calling 202.266.DRUG (3784).

GET D.O.T. EMAIL ALERTS

You will also find very helpful, visiting the web link below. Register online for email alerts so you can keep current on policies and changes. Remember from your training that the DOT considers it your responsibility to remain current on any changes in the drug and alcohol testing program. And – since audits happen – and you may not even know you are being audited until after the fact, please stay current. The link is: http://www.dot.gov/ost/dapc/email_list.html?email.

AUTHORS ARE NEEDED!

Please share what you are doing in occ-health or wellness with other readers. There are other ways to help too if you don't want to write an article. You may know web sites that would be helpful to DCs involved in occ-health, or you may have recently read a book or report others would find helpful. Forms that DCs can use in their industrial practice are always helpful. Please contact the IACOHC for submitting an article or other items. Thank you!

OSHA'S WORKER SAFETY TIPS SERIES FOR THE CONSTRUCTION INDUSTRY

Are you working with industrial clients involved in the construction industry? Or perhaps you are treating patients who make their living through construction. Then the following information will be of interest to you and to your clients and patients.

While 2004 was a year that showed a sharp decline in workplace accidents and deaths overall, the construction industry had increased incidences of fatalities and injuries

The information found on page 3 of this publication is provided by the Occupational Safety and Health Administration (OSHA) and is considered *public domain* information that you may photocopy as desired and distribute to your patients and/or industrial clients. We suggest providing a copy to every patient. Go to page 3 now.

OSHA's WORKER SAFETY SERIES

Construction

Nearly 6.5 million people work at approximately 252,000 construction sites across the nation on any given day. The fatal injury rate for the construction industry is higher than the national average in this category for all industries.

Potential hazards for workers in construction include: falls (from heights), trench collapses, scaffold collapses, electric shocks and arc flash/arc blasts, failure to use proper personal protective equipment, and repetitive motion injuries.

Hazards & Solutions

For construction, the 10 OSHA standards most frequently included in the agency's citations in FY 2004 were:

1. Scaffolding
2. Fall protection (scope, application, definitions)
3. Excavations (general requirements)
4. Ladders
5. Head protection
6. Excavations (requirements for protective systems)
7. Hazard communication
8. Fall protection (training requirements)
9. Construction (general safety and health provisions)
10. Electrical (wiring methods, design and protection)

Scaffolding

Hazard: When scaffolds are not erected or used properly, fall hazards can occur. About 2.3 million construction workers frequently work on scaffolds. Protecting these workers from scaffold-related accidents would prevent an estimated 4,500 injuries and 50 fatalities each year.

Solutions: • Scaffold must be sound, rigid and sufficient to carry its own weight plus four times the maximum intended load without settling or displacement. It must be erected on solid footing.

- Unstable objects, such as barrels, boxes, loose bricks or concrete blocks must not be used to support scaffolds or planks.
- Scaffold must not be erected, moved, dismantled or altered except under the supervision of a competent person.
- Scaffold must be equipped with guardrails, mid-rails and toe-boards.
- Scaffold accessories such as braces, brackets, trusses, screw legs or ladders that are damaged or weakened from any cause must be immediately repaired or replaced.
- Scaffold platforms must be tightly planked with scaffold plank grade material or equivalent.
- A "competent person" must inspect the scaffolding and at designated intervals re-inspect it.
- Rigging on suspension scaffolds must be inspected by a competent person before each shift and after any occurrence that could affect structural integrity to ensure that all connections are tight and that no damage to the rigging has occurred since its last use.
- Synthetic and natural rope used in suspension scaffolding must be protected from heat-producing sources.
- Employees must be instructed about the hazards of using diagonal braces as fall protection.
- Scaffold can be accessed by using ladders and stairwells.
- Scaffolds must be at least 10 feet from electric power lines at all times.

Fall Protection

Hazard: Each year, falls consistently account for the greatest number of fatalities in the construction industry. A number of factors are often involved in falls, including unstable working surfaces, misuse or failure to use fall protection equipment and human error. Studies have shown that using guardrails, fall arrest systems, safety nets, covers and restraint systems can prevent many deaths and injuries from falls.

Solutions: • Consider using aerial lifts or elevated platforms to provide safer elevated working surfaces;

- Erect guardrail systems with toe-boards and warning lines or install control line systems to protect workers near the edges of floors and roofs;
- Cover floor holes; and/or
- Use safety net systems or personal fall arrest systems (body harnesses).

Ladders

Hazard: Ladders and stairways are another source of injuries and fatalities among construction workers. OSHA estimates that there are 24,882 injuries and as many as 36 fatalities per year due to falls on stairways and ladders used in construction. Nearly half of these injuries were serious enough to require time off the job.

Solutions: • Use the correct ladder for the task.

- Have a competent person visually inspect ladder before use for defects such as:
 - _ Structural damage, split/bent side rails, broken or missing rungs/steps/cleats and missing or damaged safety devices;
 - _ Grease, dirt or other contaminants that could cause slips or falls;
 - _ Paint or stickers (except warning labels) that could hide possible defects.
- Make sure that ladders are long enough to safely reach the work area.
- Mark or tag ("Do Not Use") damaged or defective ladders for repair or replacement, or destroy them immediately.

Stairways

Hazard: Slips, trips and falls on stairways are a major source of injuries and fatalities among construction workers.

Solutions: • Stairway treads and walkways must be free of dangerous objects, debris and materials.

- Slippery conditions on stairways and walkways must be corrected immediately.
- Make sure that treads cover the entire step and landing.
- Stairways having four or more risers or rising more than 30" must have at least one handrail.

(The above information is published by OSHA and is considered *public domain*. It may be photocopied and distributed as desired, giving credit to OSHA.)

**Occupational Safety and
Health Administration
U.S. Department of Labor
www.osha.gov**

GUIDE FOR DEVELOPING YOUR CLINIC'S WORKPLACE SHELTER-IN-PLACE PLAN

(from page 1
)

The following offers the DOs and DON'Ts in planning for your clinic's workplace safety plan addressing sheltering-in-place. Assign the planning to more than one staff person, or help your sole staff person in planning. As you plan, keep in mind that your local Emergency Manager will order sheltering-in-place via your local radio station(s) or via other methods such as announcements through local law enforcement or emergency personnel. Once ordered, all persons should be in the safe sheltering room within 3 minutes of the official announcement, at which time the doors to the sheltering space are locked.

DO:

Identify a "safe room"

- with as few windows and doors as possible
- to accommodate as many people as might be sheltering at your workplace
- that has adequate space for storing sheltering supplies
- that may have access to an adjoining restroom if possible

Assemble a "Sheltering Kit" to include (but not limited to):

- radio, emergency radio, weather warning radio (you can buy types of radios that crank rather than needing power to operate)
- cell phone with programmed emergency phone numbers and phone numbers important to all clinic personnel (family, friends, physicians, schools, babysitters, etc.)
- flashlights and extra batteries, or flashlights that don't require batteries
- bottle drinking water enough for every person
- a sign-in and sign-out sheet (for accounting for all persons in shelter area)*
- personal products for women, men, children, elderly and infants
- products for pets if pets will be allowed in safe room
- tape – lots of it – for sealing off vents, door seals and windows
- plastic sheeting – lots of it, also used for sealing off
- medications – those employed at the clinical workplace should store a supply of prescription meds to be on hand in the event of a shelter-in-place emergency
- first aid kits
- pillows, blankets, and other like-items (you don't know how long you might have to remain in place or the time of day it may occur)
- towels (for dampening and placing at the bottom of doorways if necessary)
- fire extinguisher(s)
- energy snacks (avoid products containing sugar)
- pet foods & supplies

- a sign reading "Shelter-in-Place in Effect – Do Not Enter" (posted 3 minutes after the onset of the order to shelter-in-place and removed later once the official all-clear is issued)
- other items you and your employees can think of as being necessary

Develop written procedures to follow to include:

- who will get persons at the clinic to the safe room within a 3 minute window of time once the order is given
- who will locate the cell phone(s) to be included in the shelter
- who will listen for announcements
- who will tend to peoples' needs inside the shelter room
- who will monitor so that everybody signs in and out
- who will secure the vents, windows, doors
- who will shut off air conditioning and heating components once the shelter-in-place order is given
- who will lock the doors to the clinic and to the shelter room
- who will be the one contact person to leave the shelter first in order to meet all others outside at a given (specific) area once the all-clear is issued (this person accounts for all persons)
- who will remove DO NOT ENTER sign when emergency is over

Safe rooms should be able to accommodate people with special needs as wheel chair access, use of crutches, and so forth. When identifying who will do what (how and when), be methodical in how instructions are followed out.

Assigning certain tasks to certain people helps organize the response to sheltering-in-place orders, helps ensure safety for all, and helps to ease the load of one person bearing the load. Have a back up plan – such as when assigning tasks be sure to identify an alternate person to carry out a task if needed.

You will never regret having prepared a plan for your clinic. You will regret not having done so only later to learn human life could have been spared.

** Signing out of the sheltering room should only be done when an all-clear has been issued by the local emergency manager. The sign-in/out sheet helps keep track of persons in an emergency since emergencies tend to change without warning.*

DON'T call schools or try to run out quick to pick up children (schools have their own plans in place, and children will be safer at school than inside a vehicle)

DON'T leave the safe room until the official all-clear signal is given by emergency management

DON'T risk safety of humans for the safety of pets

DON'T call 911 for non-emergency needs

DON'T wait to prepare! DO plan now!

Additional resources may be found at:

<http://www.nicsinfo.org/SIP%20plan%20for%20offices%20NICS%20feb2003.pdf>.

<http://www.osha.gov/SLTC/etools/evacuation/shelterinplace.html#procedures>.