

RI Committee on Occupational Safety & Health

Stabilization workers

Disaster Preparedness and Worker Safety

When you look at disaster preparedness from a worker health and safety standpoint you see three distinct strata or levels of agencies and workers involved. Primary emergency responders and response agencies would be called in to deal directly with the event (fire and EMS, health and public safety and related responders from state agencies (DEM, Health). And they would be at highest risk. Thus, their training and protective control methods should be the most extensive.

Another level that has received a lot of attention refers to disaster preparedness on the part of the general community as a whole. This directs attention to how a variety of institutions (business schools, universities etc.) while not directly called upon to respond might be impacted by an event. These need a preparedness plan and some training (and in certain cases provision for employee protection) but their levels of risk are limited. Thus their plans usually would instruct staff and employees (clients, students, resident) about what to do—and what not to do, i.e. with staying out of the situation. The key issues here would be evacuation and sheltering in place and communications.

A third strata which has not received enough attention are organizations, agencies and workers who may involved in disasters response but not on a level of risk associated with first responders. First, there are institutions and facilities that must operate even during an ongoing disaster. Think here of power, water and sewer treatment facilities, hospital and nursing homes, of food transit and transport.

Second, some agencies and their workers might also be called upon to respond more directly to the disaster though in a well defined and limited way; and these include utility and electrical, power and gas company employees, and construction firms and workers that might be asked immediately to repair structures or roads. Include health care workers who might be asked to set up triage closer to the event to deal with victims. And some transit.

Given what has been seen at both the WTC and the Gulf Coast there is an increasing need to place greater focus on these situations. Perhaps we should term these *stabilization workers*. They are not usually immediate responders in the sense that fire and public safety are but they can straddle the line between first response and secondary cleanup recovery.

The variety of potential hazards is staggering: due to the unstable nature of many of the work sites. An accurate assessment of all hazards may not be possible because they may not be immediately obvious or identifiable. And in some cases there are post event health impacts that we have yet to disentangle.

There are dangers involved in working in and around collapsed structures, a range of respiratory hazards, electrocution from power lines and recovery equipment, dangers using heavy equipment and chainsaws, carbon monoxide poisoning from portable generators,

biological hazards from animal and insect vectors to water pollution, and personal security as well. Navigating transportation hazards can be a major issue. (In addition vaccine/immune status may become an issue.) Other priorities for safety include, insect controls, waste disposal, bloodborne precautions and basic hygiene.

Guidance and direction

As a result of problems associated with the cleanup to the WTC event in NYC CDC had proposed a set of guidelines, **Suggested Guidance for Supervisors at Disaster Rescue Sites** which provide crucial overall guidance. RICOOSH has petitioned Congress to impose these criteria by inserting them into all federal disaster response and relief contracts.

In addition, federal OSHA has assisted in the development of a safety training course for disaster site workers (e.g. utility, demolition, debris removal, or heavy equipment operation). OSHA has proposed a Disaster Site Worker Course as part of the National Response Plan.

Training deals with the safety and health hazards of chemical, biological, radiological, nuclear, and explosive agents that maybe encountered at any disaster site. It highlights the importance of respiratory and other personal protective equipment, of proper decontamination procedures; it explains safety practices imbedded in the Incident Command System/NIMS and alerts workers to traumatic incident stress that can result when working in disaster conditions. OSHA does not, however, use this codicil to the NRP as a regulatory mandate.

Resources

To protect workers during recovery operations, CDC has provided multiple sets of guidelines, at www.cdc.gov/disasters Guidelines for Worker Safety During Hurricane Cleanup (www.cdc.gov/disasters/hurricanes/workers. includes health recommendations for relief workers and guidance on worker safety during a power outage.

Fact sheets on issues and hazards are available as well on the OSHA's Natural Disaster Recovery page: www.osha.gov.

In addition, previously published reports regarding health conditions after hurricanes and similar events have been added to the MMWR website (www.cdc.gov/mmwr).



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