ften, nutritional health depends on what you order at the drive-in window. But, you can eat healthy foods even while on the road.

The recommended daily allowance for an adult averages 2000 calories, 65 grams of total fat, 20 grams of saturated fat and 300 grams of carbohydrates. Naturally, construction laborers need more calories than this due to the strenuous, calorie-burning nature of the work. In fact, some experts calculate that Laborers need twice as many calories, especially in cold weather when the body needs extra fuel to maintain its core temperature. However, they should watch their intake of fats and carbohydrates.

Nevertheless, the daily allowance may not go as far as you’d expect. A McDonald’s Big Mac with large fries has 63 grams of fat, only two grams less than the recommended limit for a full day. A Burger King B.K. Big Fish has even more: 75 grams of fat.

Most of us consider salads to be healthier than sandwiches. But the dressings and cheeses on many salads push their fat content to surprisingly high levels. A Taco Bell taco salad has 52 grams of fat, or more than the combined fat content of five regular tacos. Even the foods that are widely considered to be healthier than others may not be. Those who consider chicken to be healthier than beef, for example, should remember that many chicken preparations – nuggets, for example – are full of trans fats.

The good news is that nearly all fast-food places have low-calorie options for satisfying and healthy meals on the road. Fast food companies are responding to increased consumer demand for lower-calorie foods with less fat and carbohydrate content. However, even as the fast-food market changes, we as individuals can make wise decisions that tilt the health and nutrition odds in our favor, wherever we choose to eat.

The other fast-food places you’ll see on your travels also offer low-calorie, low-fat options. Just ask for them at the window or the counter.
As every laborer who works on scaffolds knows, it’s dangerous up there – even deadly.

In the 12 months ending last September, 29 construction workers died in work-related accidents in New York City alone – 17 by falling to their deaths. That’s nearly double the 2005 toll, in both categories. The number of accidents involving hanging scaffolds also nearly doubled in the city, from 11 last year to 19 this year – after only five in 2004.

OSHA reports that since it revised its scaffolds standard in 1996, 25 percent of workers injured in scaffold accidents had received no scaffold safety training, and 77 percent of scaffolds were not equipped with guardrails. Another recent study paints a somewhat more optimistic picture, reporting that only 67 percent of scaffolds did not have guardrails; but even by that measure, too many laborers remain unprotected.

OSHA estimates that improved training and compliance with safety standards could save as many as 50 lives annually by preventing 4,500 accidents. Scaffolding accidents are relatively rare on union construction jobs, reported NYS AFL-CIO President Denis M. Hughes in a recent legislative alert. An OSHA report on construction site inspections during 2005 noted that large, unionized contractors had a 15 percent rate of violations to inspections, compared to 47 percent for general contractors overall.

The laborers protect members from scaffold injuries by taking a strong leadership position in safety training and advocating for compliance with safety standards on the job site, requiring 32 hours of scaffold training in New York City.

Training alerts laborers to the hazards of scaffolds including:

- Falls from heights, due to lack of guardrails or fall-protection;
- Collapse of the scaffold, due to faulty assembly, instability or overloading;
- Falling tools, building materials or debris striking laborers working below; and
- Electrocution, caused by scaffolding coming into contact with overhead electric power lines.

Training also takes into account the different types of scaffolding including:

- Supported scaffolds which are platforms held in place by rigid, load-bearing poles, frames, legs or outriggers; and
- Suspended or hanging scaffolds which are platforms supported by ropes or other non-rigid overhead support.

Supported scaffolds include:

- Frame Scaffold or Fabricated Frame, with integral posts, horizontal bearers and intermediate structures;
- Manually Propelled/Mobile, with wheels or casters, but no power, to be moved by hand;
- Pump Jack, with vertical poles and movable support brackets mounted on the poles;
- Ladder Jack, with platforms resting on brackets supported by ladders;
- Tube and Coupler, with platforms supported by tubes connected by devices which link uprights, braces, bearers and runners;

(continued on page 3)
Supported scaffolds (continued from page 2)
- Pole, with posts that have fixed connection points that accept runners; and
- Specialty, designed for very specific applications, such as for plasterers, decorators or bricklayers.

Suspended scaffolds include:
- Two Point (swing stage), with hangers suspended by two ropes from overhead supports and with the ability to raise and lower the platform;
- Single-Point Adjustable, with a single rope from an overhead support and with the ability to raise and lower the platform;
- Catenary, with a platform supported by two horizontal anchor ropes attached to structural members of a building;
- Multi-Point Adjustable, with a platform suspended by more than one rope from overhead supports and with the ability to raise and lower the platform (includes chimney hoists, for example);
- Interior Hung, with a platform suspended from the ceiling or roof structure on fixed-length supports;
- Needle Beam, with platform suspended from needle beams, usually attached on one end to a permanent structural member of a building;
- Multi-level, with a series of platforms suspended one above another through two-point or multi-point suspension and common stirrups; and
- Float (ship), with a braced platform resting on two parallel bearers from overhead supports by a rope of fixed length (also known as a boatswain’s or bosun’s chair).

Laborers also use special supports such as manlifts, personnel hoists and other motorized or movable systems to reach elevated job sites. Each type has its own purposes and characteristics, and each also has specific safety precautions to prevent accidents and injuries.

Using approved safety procedures specific to the type of scaffold in use can protect Laborers on the job. But the key elements in scaffold safety are training and careful attention to detail.

The Laborers devote tremendous resources to these safety activities for the protection of our members. For example, in NYC the Mason Tenders Training Fund offers a variety of scaffolding training classes. Training is very detailed and comprehensive because of the seriousness of the hazards and the many types of scaffolding used.
HOW TO AVOID
MEDICATION ERRORS

Medications can help you to heal or harm you, depending on how you use them. More people die from medical errors than from workplace injuries. According to the 1999 report “To Err is Human” from the Institute of Medicine, 44,000 to 98,000 people a year die from medical errors in hospitals alone. More than 7,000 of those deaths were related to medications, plus thousands of injuries, both major and minor.

Following are suggestions for the safe handling and use of medications, at home, at a health care clinic, at the pharmacy or at the hospital. Getting clear information and following directions can protect you from errors and ensure that the drugs you take help you heal properly. The most common errors include pharmacies mistakenly providing the wrong drug when filling prescriptions (since many drug names are similar) and consumers taking the wrong dosages of drugs or administering them improperly by failing to follow directions.

At Home
Make a list of everything you’re taking: prescription medications, vitamins, supplements and over-the-counter medications.

Bring the list with you to your next doctor visit and do the same at the pharmacy.

At a Health Care Clinic
Ask for complete information on any prescriptions you receive. This information should include the name of the drug, what it’s for, how much to take, how often to take it, and information on side effects and interactions with other drugs or foods.

At the Pharmacy
Get complete information here, too, including the name of the drug and clear directions on how to use it.

Make sure the information on the drug matches the information on the prescription that your doctor gives you.

Remember that you are entitled to have the pharmacist answer all your questions.

You can ask the pharmacist for face-to-face and written instructions for safe use - this includes how much of the drug to take, and how often to take it, what possible side effects you should look out for, and possible interactions with other drugs or foods.

At the Hospital
If you are going in for surgery, ask if there are drugs you should be taking, such as prescription antibiotics, or any drugs you should not be taking before the procedure.

When you leave, ask for complete information on any drugs prescribed for your recovery.

With a clear understanding of what drugs you’re taking, what they are for, how to use them safely, and what side effects or interactions to look out for, you can safely rely on the medications that are prescribed to help you heal and stay healthy.