The Department of Labor, Mine Safety and Health Administration and Joseph A. Holmes Safety Association Bulletin contains safety articles on a variety of subjects: fatal accident abstracts, studies, posters, and other health and safety-related topics. This information is provided free of charge and is designed to assist in presentations to groups of mine and plant workers during on-the-job safety meetings. For more information, visit the MSHA home page at www.msha.gov.

Please Note: The views and conclusions expressed in Bulletin articles are those of the authors and should not be interpreted as representing official policy or, in the case of a product, representing endorsement by the Mine Safety and Health Administration or National Institute for Occupational Safety and Health.

Cover page: If you have a potential cover photo, please send an 8”x10” print or digital image on disk at 300 dpi resolution to Donald Starr, Joseph A. Holmes Safety Association Bulletin, National Mine Health and Safety Academy, 1301 Airport Road, Beaver, West Virginia 25813-9426.

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A Brief Look at the Colorado School of Mines

The Colorado School of Mines holds a unique place among America’s institutions of higher education. A public university dedicated to graduate and undergraduate engineering and applied sciences education, the school boasts a broad expertise in resource exploration, extraction, production, and utilization, along with responsible stewardship of those resources.

History and Academics

The Colorado School of Mines was born out of an Episcopal bishop’s mission to bring higher education to the budding mining community of Golden, Colorado. The education began under the roof of Jarvis Hall Collegiate School and quickly evolved into a state institution for graduate and undergraduate programs in energy, mineral, and materials science and engineering, as well as other engineering and science fields.

1870- Bishop George M. Randall opened Jarvis Hall Collegiate School just south of town.

1873- The Colorado School of Mines was established, offering academic programs focused primarily on gold and silver.

1874- The school became a territorial institution.

1876- Colorado attained statehood, and the school became a state institution.

1880- Chemistry Hall, the first building on the current campus site, was built.

1883- The university’s first formal commencement was held for a graduating class of two.

1889- The first international student graduated.

1894- Engineering Hall, the oldest building still in use today, was built.

1898- The first female student graduated.

1908- The school’s “M,” the second oldest mountainside monument in the nation, after Utah’s “U,” was constructed on Mount Zion.

1920s- The departments of Geology, Petroleum Engineering, and Geophysics were added.

The following is a timeline taken from the Colorado School of Mines Web site (2000) reflecting its journey from humble beginnings:

1859- Golden City, Colorado, was established near Denver and became a center for miners and mining in the young West.
1946- A program for petroleum refining was added.

1946 to Present- A number of programs have been added, including engineering, math, chemistry, physics, geology, and computer science.

The Colorado School of Mines has come a long way since its inception—from a school started just outside of a growing mining town to a diverse, world-renowned public university with standards among the highest in the nation.

References


The Tradition of the Colorado School of Mines “M”

From the Colorado School of Mines History & Traditions Web page (2000)

In 1905, Joe O’Bryne created the 104 by 107 design for the Colorado School of Mines’ “M,” using descriptive geometry to make the “M” appear undistorted from any angle.

Three years later, in 1908, the “M” was constructed at an elevation of 6,900 feet by 250 students and 20 faculty members. The “M” was lighted for the homecoming celebration in 1931, and has been permanently lighted since 1932.
2007 National Meeting and Training Seminar of the Joseph A. Holmes Safety Association

The 2007 National Meeting and Training Seminar of the Joseph A. Holmes Safety Association will be held in San Diego, California, June 5-7, 2007. A wide variety of safety and health workshops will be presented by experts from around the U.S. who represent all sectors of mining.

The meeting will be held at the Bahia Resort Hotel. To make reservations and receive directions, call 1-858-488-0551. Please mention Holmes Safety Association to receive a discounted reservation rate. The hotel address is Bahia Resort Hotel, 998 West Mission Bay Drive, San Diego, CA 92109.

Business meetings scheduled:

- Monday, June 4, at 4 p.m. – NASMITA Meeting
- Tuesday, June 5, at 10 a.m. – JAHSA Executive Committee Annual Meeting
- Thursday, June 7, at 2:15 p.m. – JAHSA General Meeting

Planned Workshops will be held June 5 through 7:

- MSHA rulemaking
- Self-Contained Self-Rescuers
- Safety for the Aging Workforce
- New Miner Training
- Blasting Safety
- Compressed Gases Safety
- Crane Training Programs
- Electrical Safety
- Emergency Planning
- Independent Contractor Safety
- Loss Control
- Part 46 Safety Training
- Powered Haulage Safety
- Welding Safety
- Substance Abuse in Mining
- Train the Trainer
- Preventing Identity Theft

More information can be found at the Holmes Association website: www.holmessafety.org

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U.S. Department of Labor
Mine Safety and Health Administration
3rd INTERNATIONAL MINE RESCUE
CONFERENCE

Gaylord Opryland Resort & Convention Center
Nashville, Tennessee USA

August 27 - September 1, 2007

• Hear from mine rescue experts from around the world!
• Network with the world’s foremost mine safety and health professionals!
• Learn about new developments in mine rescue technology!

EXTRA!!

Conference attendees are welcome to view the 2007 National Coal Mine Rescue, First Aid and Bench Competition

For more information, call 202-693-9470
First Aid Training Helps Local Heroes Save Lives

by Belinda Parsons, MSHA

Preparation can save a life. Isn’t a life worth a few hours of your time in training? Stuart Pohar and Chad Davis would certainly say so!

On August 4, 2005, Stuart Pohar and four other boys were swimming in the Little Vermillion River near LaSalle, IL, at the bottom of a deep ravine. At approximately 7:30 p.m. the boys decided to go home. Eleven-year-old Austin Poole fell on a large rock or piece of jagged metal and severely cut his left leg.

Austin’s wound was very large and deep. The bone was exposed and muscle and arteries were cut. He was likely going into shock. Austin started screaming and crying and the other 3 boys were in a state of panic.

Stuart knew the situation was serious when he ripped Austin’s pants to expose the wound. Austin wanted to go into the river and wash off his leg, but Stuart advised him not to because the water was dirty and polluted.

Stuart realized he had to remain calm and get the other boys to calm down while reassuring Austin he would be ok. He took a leadership role as “the Boy Scout in him kicked in.”

Using a shirt out of a book bag, he wrapped the leg to stop the bleeding. He told the other boys they had to carry Austin out of the ravine before they called 911 because the authorities would never find them where they were located. Stuart feared the ambulance would arrive, but then leave thinking it was a false alarm.

The boys started up a series of three steep hills in rough dangerous terrain. After they reached the first hill, Stuart realized the bleeding had started again, so he used a pair of sweat pants to tie a tourniquet above the wound and completely stop the blood flow. He then advised the other boys to resume the rescue and head topside towards town.

Stuart continually reassured Austin that he was ok and kept the other boys calm and focused on the rescue. After quite a long time they reached the top of the ravine. Stuart called 911 and told the dispatcher his friend had cut his leg badly and needed an ambulance.

The first person to arrive on the scene was LaSalle police officer, William Leopold. Officer Leopold saw that Austin’s wound was very bad. He also saw that Stuart had taken charge of the scene.

Although he was first aid trained, Officer Leopold stepped back and waited for the ambulance. He said it was remarkable how Stuart took charge of the situation and had the leg bandaged perfectly. He said Stuart was in charge until the ambulance arrived and the emergency medical technicians took over.

Officer Leopold said Stuart handled this emergency better than most trained adults. The EMTs were impressed with the bandage job and decided...

(Continued on next page)
to not disturb the wound for fear it may cause it to bleed again.

At the hospital the medical staff was impressed with the first aid that was applied to Austin and remarked that Stuart had applied a perfect tourniquet.

The surgeon told Austin’s mother that Stuart likely saved her son’s life.

Chad Davis, a miner at ILC Resources, also put his first aid training to good use to help in an emergency situation:

On his way to Mason City, Iowa, Chad came upon a one-car accident with multiple victims. Due to bad weather conditions, the pickup truck had rolled into the ditch. Although one victim was thrown through a side window and had already lost a lot of blood due to multiple wounds, Chad was able to stop the victim’s bleeding.

Chad also treated all the victims for shock, minor cuts and abrasions. Everyone was stabilized when the medical team arrived.

Chad said, “It was the first time I had ever had to use my training, and I was very happy that I had been trained in First Aid.”

“It will never happen to me” is the kind of thought process that leads people to be unprepared for an emergency. Please, get trained, and be prepared.

Thanks to Ben Caplan, safety manager of ILC Resources in Alden, Iowa, and Daniel Johnson, the safety manager at Buzzi Unicem USA and Boy Scout Leader in Oglesby, Illinois, for their reports and contributions to saving lives.
## 2007 Seminar & Workshop Schedule

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| May 30-31  | Roof Control Seminar  
To Enroll: 304-256-3252                                              | National Mine Health & Safety Academy, Beaver, WV |
| June 5-7   | J.A. Holmes Safety Association 2007  
National Meeting and Training Seminar  
For More Information:  
Al Simonson: (507) 625-9084  
Robert Glatter: (202) 693-9575  
Pat Hurley: (202) 693-9581     | Bahia Hotel, San Diego, CA                      |
| Sept 4-6   | Mine Construction, Maintenance, and Repairs Safety Workshop  
Registration: (304) 256-3252  
Presentations and Exhibits:  
Tom Bonifacio: (304) 256-3357  
Melody Bragg: (304) 256-3356    | National Mine Health & Safety Academy, Beaver, WV |
| Oct 9-11   | TRAM / National Mine Instructors Seminar  
To Enroll: 304-256-3252                                                  | National Mine Health & Safety Academy, Beaver, WV |

(Continued on next page)
Roof Control Seminar
May 30-31, 2007

This seminar is designed for miners, company managers, engineers, trainers, roof bolter machine operators, and for any individual involved in coal mine roof safety. Federal and state enforcement personnel who want to learn about the latest developments in roof and rib control will also find this seminar very beneficial.

This seminar will update personnel on new products and methods related to roof stability. It will also include presentations by personnel from the Academy, Technical Support, MSHA headquarters, other government agencies, and industry. All subjects will incorporate safe mining practices which will help reduce roof fall injuries and fatalities. The seminar will discuss new roof control techniques, trends, and developments.

Contents:

- New Roof Bolting Products
- Supplemental Supports
- Roof Control Machinery Updates
- Roof Control Fatality Trends and Prevention

TRAM / National Mine Instructors Seminar

October 9-11, 2007

This seminar provides opportunities for health and safety trainers to improve their training programs with new materials and new ideas. The seminar will also include an exhibit of training materials developed by MSHA, state grants recipients, and the mining industry. Small workshops allow participants to interact with workshop leaders and other participants.

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Another feature of the seminar is the training materials competition. Health and safety training materials entered in the competition will be judged and winners will be announced at the seminar. All materials entered in the competition will be displayed.
Pittsburgh Coal Mining Institute of America
&
SME Pittsburgh Section Annual Joint Meeting
October 25 - 26, 2007
Hilton Garden Inn, Southpointe, Canonsburg, PA,
(on I-79, south of Pittsburgh)

For more information, contact Jurgen Brune
Phone: 412-386-4922, Cell 412-897-2919, Fax 412-386-6595
Email: jbrune@cdc.gov
Personal Safety & Well-being Series: Depression
by Janet Williams

This is the fourth in a series of five articles dedicated to issues concerning personal safety and well-being.

Depression is a common, yet serious, medical concern that affects over 19 million American adults each year (National Mental Health Association, 1999). You or someone you care about may be one of the many who are suffering from undiagnosed depression. The information in this article may help you better understand depression and show how you can avoid unnecessary suffering.

What is Depression?

Depression is a “disorder marked especially by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite or time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal thoughts or an attempt to commit suicide” (Merriam-Webster, 2005).

Depression is more than just a gloomy mood one experiences from time to time. It is a serious, but treatable, medical condition involving the body and mind. Depression affects the way a person thinks, feels, and behaves and has a significant negative impact on one’s mental and physical well-being. Depression interferes with a person’s normal functioning and can cause a great deal of pain and suffering by influencing work, school, and social and family life.

Depression is not a sign of personal weakness, or something that can be wished away. People with serious depression cannot just “snap out of it” and get better. Like any serious illness, depression must be treated. Without help, symptoms can last for weeks, months, or even years.

More Than One Type of Depression?

There are several different kinds of depression. Major depression, dysthymia, and bipolar depression are the three most common types of depressive disorders.
Briefly, major depression is the most serious type of depression. Although the number and severity of symptoms vary from one individual to the next, the result can be debilitating and can significantly interfere with a person’s ability to eat, sleep, work, and enjoy leisure activities. A major depressive episode might occur only once in a lifetime, but commonly occurs more often.

Dysthymia is a low to moderate level of depression. Symptoms are not as severe as with major depression but they tend to be more persistent. While dysthymia may not be disabling, it can interfere with a person’s overall well-being. It is not uncommon for someone with dysthymia to experience major depression at some time during their life.

A less common type of depression, bipolar disorder, is manifested by severe highs and lows. At times, these mood changes occur quickly but more often they are gradual. When an individual with this disorder is in a depressive state, the symptoms are similar to those of a depressive disorder. When in a manic cycle, symptoms are different than those present in other depressions (e.g., excessive energy, overly talkative), yet may also affect thinking, feelings, and behaviors.

What are the Symptoms of Depression?

Depression can manifest itself in different ways. Some people experience only a few symptoms, while others experience many. The intensity and duration of symptoms also vary. Listed below are some of the symptoms one might experience when depressed:

- Persistent sadness
- Disturbed sleep patterns; insomnia, oversleeping
- Change in appetite and/or weight
- Loss of interest in activities once found pleasurable
- Irritability, agitation, restlessness
- Physical symptoms not responsive to treatment such as digestive disorders, chronic pain
- Feelings of guilt, worthlessness
- Difficulty concentrating, thinking clearly, making decisions
- Feelings of hopelessness, pessimism, indifference
- Decreased energy, fatigue
- Thoughts of death or suicide

What Causes Depression?

Just as symptoms vary, so do the causes of depression. For some people, a combination of factors may lead to depression, while in others a single factor may be the cause.

Depression is often associated with:

**Family history.** Some kinds of depression seem to run in families, suggesting a biological vulnerability, as seems to be the case with bipolar disorder, and to a lesser degree, major
depression. Although major depression can occur generation after generation, it can occur in people with no family history of depression.

**Negative thinking.** People with low self-esteem, who have a pessimistic view of themselves and the world, or who are overwhelmed by stress, worry excessively, or feel as if they have little or no control over their lives, are more likely to develop depression.

**Disease or illness.** Physical changes in the body can be accompanied by psychological changes as well. Stroke, heart disease, cancer, Parkinson’s disease, hormonal disorders, and other medical illnesses can contribute to depression.

**Difficult life events.** The loss of a loved one, difficult relationships or divorce, financial problems, or other stressful changes in life patterns can lead to depression.

**What Kind of Help is Out There?**

The first step in getting the appropriate help for depression is a thorough physical examination by a physician. If a physical cause for depression is ruled out, a psychological evaluation should be completed by the physician or other qualified healthcare professional such as a psychiatrist or psychologist. Treatment options will depend on the outcome of these evaluations.

There are various antidepressant medications and psychotherapies that can be used to treat depression. People with mild depression might do well with psychotherapy (talk therapy) alone. People with more severe depression might benefit more from antidepressants. A combined approach to treatment appears to work best for most people: medication to relieve depressive symptoms and psychotherapy to learn more effective ways of dealing with life’s problems.

The good news is that the unnecessary pain and suffering of depression can be eased. If you suspect you or someone you care about might be suffering from depression, talk to your family doctor, social worker, counselor, community health center, hospital, family services, or clergy.

The information in this article is for educational purposes only and is not intended to substitute for the advice and or services of a qualified medical or mental health professional.

**References**


Mine Construction, Maintenance and Repair Safety Workshop

Mine Safety and Health Administration
International Union of Operating Engineers
International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers

September 4-6, 2007

National Mine Health and Safety Academy

This tuition-free workshop is designed for the mining construction industry, related support groups, mining regulatory agencies, and others that are involved in the planning, design, and application of mine construction and maintenance activities. This professionally coordinated conference will award education credits for attendance.

Workshops are carefully tailored to meet the needs of construction, maintenance, and repair specialists.

2007 Programs

• Fall Protection presentation/demonstration
• Rigging presentation/demonstration
• Crane Safety
• Firefighting Demo
• Trenching Rescue
• Hand Tools
• Tire Management
• And many more . . . .

A wide range of hands-on training opportunities will be available. A complete listing of the programs will be available when the agenda is completed.

Exhibits highlighting training products and materials developed by MSHA, State Grants recipients, and the mining industry will be on display throughout the conference.

For further information contact:

Presentations & Exhibits:
Tom Bonifacio (304) 256-3357 bonifacio.thomas@dol.gov
Melody Bragg (304) 256-3556 bragg.melody@dol.gov

Conference Registration:
Kim Spencer (304) 256-3252 spencer.kimberly@dol.gov
More people are getting out and getting away in RVs during these sunny days than ever before. According to the Recreation Vehicle Industry Association (RVIA), there are over nine million RVs on the road today. With an additional 100,000 people becoming RV users each year, safety, both on and off the road, should be the first thing on new RVer’s minds.

**Before You Buy a New or Used RV**

- **Verify that it is manufactured by a member of the Recreation Vehicle Industry Association (RVIA).**
  If it is, the RV will have an oval shaped RVIA seal displayed on the exterior, usually by the entrance door. This means that the RV manufacturer is in compliance with over 500 safety requirements having to do with your RV’s electrical, plumbing, heating, and fire and life safety systems.

- **Educate yourself.**
  Learn about the different systems RVs offer, what is required to operate the RV, your vehicle’s towing capacity and hitch setup, and where you can take a training course on how to operate your RV and properly haul a trailer.
√ Check out reviews on the RV models you like.
You can go to the following web addresses to obtain RV model reviews:
RV America Owner’s Reviews at http://www.rvreviews.com/
Motor Home Review Online at http://www.motorhomereviewonline.com/
The RV Club at http://www.rvclub.com/
RV America at http://www.rvamerica.com/
√ Don’t buy any RV without taking it on an extensive test drive.
You need to do this even if you’re not yet an RVer and are uncomfortable behind the wheel or when towing.

Driving Safety Tips

√ Know your RV’s clearance.
Remember, your RV is obviously larger than a car. If you have trouble remembering your RV’s height and width, post the measurements so you can see them from the driver’s seat. RVs have really big blind spots, big enough to hide another vehicle. Adjust your mirrors, while someone walks around helping you identify the blind spots.

√ Know your RV’s turning radius.
Remember that bumping over a curb means you didn’t realize your wider turning radius. Could you have hit something more serious than the curb?

√ Know your RV’s weight
RVs weigh more, which means you will take longer to stop than you would in your car. Leave at least five or six seconds between vehicles. Start times will be longer as well, so take care when crossing traffic or passing other vehicles.

√ Be courteous.
When you notice traffic stacking up behind you, be considerate and pull over to let the traffic clear. It won’t cost you that much time, and you’ll be the good guy.

Making Your RV Safe

√ Install a deadbolt door lock.
And don’t forget the sliding doors and windows. Leave your outside security light on at night and try not to travel alone.

√ Install smoke detectors and a carbon monoxide detector.
Don’t forget to test your smoke detectors’ batteries before each trip. Have all of your exhaust systems checked; install carbon monoxide detectors at shoulder level.

(Continued on next page)
√ Have at least two fire extinguishers.
   One for the galley and one for your sleeping area. Make certain to get a chemical extinguisher that works on any type of fire.

√ Have the gas system inspected every spring.
   RV dealers or propane suppliers will inspect the regulator, valves and fittings, and check the system for leaks. They will also check the propane tank(s) for excessive rust or dents. Become familiar with the odor of propane and if detected --
   - Extinguish any open flames or pilot lights
   - Don’t touch electrical switches
   - Shut off the gas supply at the tank valve(s) or gas supply connection
   - Open the doors and windows and leave the area until the odor clears
   - Have a qualified technician check your system at once.

Remember there are very serious safety concerns that all RVers need to recognize. The best defense is a good offense. Get educated, use check lists, practice driving, parking, setting up and packing with safety always in mind. You’ll not only keep you and your family safe, but you’ll have a lot of fun and experience the rewards of becoming an expert RVer.

References


In May 2007, Bobby Simpson was presented a Sentinels of Safety Award by Laman Lankford, an EFS Training Specialist. Simpson is the owner and operator of Quality Dimension Stone Products near Salado, Texas. He was recognized for working 35,000 hours without a lost time accident.
Stay Safe in the Sun

Take the Sun Safety IQ Quiz

Summer is upon us, and it’s time to hit the beach or poolside. BBQs, gardening, bike rides and hikes are activities we look forward to with a smile. But what about those cloudy days, driving to a business meeting in the next town, or walking the dog in the park…is sun safety on your mind? Skin cancer is the most common type of cancer with over 1 million cases diagnosed each year in the United States alone. With these numbers on the rise, sun protection and safety is something everyone should practice.

Take the American Cancer Society’s Sun Safety Quiz below and test your IQ on sun safety issues.

1. I can’t get skin cancer because my routine (work, indoor hobbies, and vacations) doesn’t include any outdoor activities.

   ○ True
   ○ False

2. I should use sunscreen at outdoor football games or other outdoor activities, even though I only go (and get a slight burn) once or twice a year.

   ○ True
   ○ False

3. I can stay out in the sun as long as I want if I am wearing sunscreen.

   ○ True
   ○ False
4. A sunscreen labeled SPF 50 blocks twice as much UV radiation as one labeled SPF 25.
   - True
   - False

5. If children put on a T-shirt and reapply sunscreen after a few hours in the pool, they are safe to spend the rest of the day in the water.
   - True
   - False

6. How often does water-resistant sunscreen need to be reapplied?
   - every 2 hours or sooner
   - after sweating or swimming
   - after you towel dry
   - all of the above

7. Getting a “base tan” at an indoor tanning salon is a good way to prevent sunburn when you’re getting ready to go to the beach.
   - True
   - False

8. The two most common (and painful!) sunscreen mistakes are:
   - choosing an SPF below 15 and missing spots
   - using too little and waiting too long between applications

9. You’ve applied sunscreen at noon for an afternoon of reading beside the pool. At 2:00 p.m., what action should you take to prevent skin damage?
   - slip into full coverage cotton
   - move to the shade
   - reapply sunscreen

Quiz results:
1. False. Brief sun exposure year round can add up to serious damage for people with fair skin. Additionally, the sun’s ultraviolet rays do pass through car windows.
2. True. Studies show that even occasional exposure to strong sunlight increases the risk of melanoma.
3. False. Sunscreen does not provide total protection from damaging UV rays.
4. False. SPF describes how long a product will protect your skin, if applied correctly. Fair-skinned people begin to burn in about 15 minutes on a sunny day, so SPF 15 sunscreen (if applied properly and reapplied every 2 hours) would prevent sunburn for about 225 minutes (15 x 15 = 225).
5. False. Wet cotton only provides a protection equivalent to an SPF 4 sunscreen.
6. All of the above.
7. False. A “base tan” gives very little protection from the sun.

(Continued on next page)
8. Using too little and waiting too long between applications.

9. Move to the shade! While all three answers help, seeking shade is best.

How did you do? All nine right…good for you. If not, remember the best sun protection is provided when all the sun safety behaviors are practiced together. Below you’ll find a quick checklist from the U.S. Environmental Protection Agency’s SunWise Program.

Sun Safety Action Checklist

- **Limit Time in the Midday Sun**
  The sun’s rays are strongest between 10 a.m. and 4 p.m. Limit exposure during these hours.

- **Seek Shade**
  Shade is a good source of protection but does not offer complete sun protection. Remember the shadow rule: Watch Your Shadow. No Shadow? Seek Shade.

- **Wear a Hat**
  The wider the brim the better! This offers protection to delicate areas such as eyes, ears, face, and back of neck.

- **Cover Up**
  Wearing tightly woven, loose-fitting, and full-length clothing protects your skin from harmful UV rays.

- **Wear Sunglasses that Block 99-100% of UV Radiation**
  Sun exposure can lead to cataracts and other eye damage. Check the label closely when buying glasses.

- **Always Use Sunscreen**
  Apply an SPF of at least 15 or higher liberally on exposed skin. Reapply every 2 hours, or after being in the water, toweling off, or sweating.

- **Avoid Sunlamps and Tanning Parlors**
  The UV light source from sunbeds damages the skin and unprotected eyes.

- **Watch the UV Index**
  Developed by the National Weather Service (NWS) and EPA, the UV Index is issued daily in selected cities across the U.S. Go to: [http://www.epa.gov/sunwise/uvindex.htm](http://www.epa.gov/sunwise/uvindex.htm) to check out the daily UV Index in your area.

References


Home Alone: Is Your Child Ready?

by Janet Williams

One of the realities of today’s society is the pressure for children to stay home alone for short periods after school until parents return from work. This can be a great opportunity for children to gain confidence and self-esteem by taking care of themselves – a natural step for a child. But when is your child mature enough to take this step?

Through proper preparation and communication, you can breathe easier knowing your child is safe while home alone.

Is Your Child Ready?

Although there is no set age when a child is ready to stay home alone, most experts recommend that your child be at least 11 or 12 years old. Your child may be ready if he or she:

- Follows directions, gets ready for school, does chores, with little coaching.
- Finds constructive things to do without getting into mischief.
- Will follow a set of “House Rules.”
- Uses the phone and takes messages properly.
- Can handle normal and unexpected situations.
- Can always reach someone for help in case of emergency.
- Has successfully handled short test runs.
- Feels comfortable about being on his or her own.

(Continued on next page)
The Rules

Here are some measures you can take in order to protect your children when they are home alone:

• Set firm rules, with clear do’s and don’ts. Let your child know exactly what you expect.
• Review basic safety rules on a regular basis.
• Discuss and role-play how to respond in the event of an emergency situation.
• Post all important phone numbers (911), and special instructions in a central location, such as on the refrigerator.
• Explain that you expect your child to come straight home from school, call if there is a delay, and never except a ride.
• Have your child call your work or a trusted neighbor as soon as they arrive home.
• Instruct your child to answer the phone and door in a safe manner. Teach them not to tell callers they are home alone; instruct them to never let anyone in the house but rather to use peepholes installed at eye level.
• Make certain your child knows where to find a flashlight and fire extinguisher, and knows how to operate them. Also, ensure your child knows the exit routes in case of fire, and that he or she
should never enter the home if there is a window or door broken or open.

Short test runs are a great idea and may help you determine whether or not your child is ready to stay home alone.

Remember, no matter how mature your child acts, he or she is still a child and may be nervous or not always know how to react in a situation.

Give your youngster lots of support, encouragement, and positive reinforcement; go over the rules and cover all the bases. This will enable you to rest easier while away and help your child welcome the opportunity to demonstrate his or her maturity while always keeping safety in mind.

References

National Association of Childcare Resource and Referral Agencies.

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