

SAN BERNARDINO COUNTY FIRE DEPARTMENT OPERATIONS DIRECTIVES



2640 HAZARDOUS MATERIALS, PERSONAL EXPOSURE PROGRAM.

I. BACKGROUND:

- A. The Fire Department recognizes the importance of a systematic program that records each safety member's exposure to hazardous substances through the course of their employment.
- B. The current Memorandum of Understanding with Local 935 provides funding for Safety members to participate in the State's "record keeping system of exposure to hazardous materials".
- C. NFPA 1500 Chapter 8-2-1 advises establishing and maintaining a permanent health file on each employee.
- D. The State system provides for records to be kept in the hands of the employee and the State, but does not provide for the maintenance of a local health file.

II. POLICY:

- A. This policy requires that a second level of documentation be maintained by the Department to ensure long term retention of health records pertaining to suspected exposures to hazardous materials.
- B. It is the employee who has the initial and most important responsibility to begin the documentation process and to continuously provide the necessary information throughout his/her career to ensure credible health records that will assist in a favorable review should an exposure or health issue arise in the future.

III. FUNDING SOURCE

- A. Fire District Budget: budgeted each year.
- B. The Foundation has agreed to cover all Paid and Paid-call personnel by this program.

IV. CALIFORNIA FIREFIGHTER FOUNDATION - Personal Exposure Record.

Application procedure:

- A. Every Employee who has not been enrolled, and each new Department firefighter shall, fill out an application form.
- B. The form will be forwarded to:
California Fire Foundation
1708 Creekside Oaks, Ste 200
Sacramento, CA 95933

- C. A Twenty dollar (\$20.00) check for the subscription should be obtained from the Auditor-Controller and submitted with the application
- D. Each employee will be issued a small red booklet 4 1/2" by 6" containing postage paid post cards with NCR (No Carbon Required) copies. The post card is the exposure report form. There is also a message in the front of the booklet which gives a phone number for questions.
- E. Use of the Exposure Booklet:
 - 1. When an employee feels he or she has been exposed to hazardous material (including smoke) the employee should fill out and mail the card, retaining for his or her records the NCR copy.
 - 2. When to fill out the form? See Page 4.
 - 3. Additional guidelines for filling out the booklet:
 - a. You don't have to see, smell, or touch anything in a toxic environment to be exposed. If you are an engineer on a pump panel at a working fire, in a chemical warehouse, you are in an atmosphere of toxic fumes, products of combustion, runoff water polluted from deployment on the fire, etc. **WHEN IN DOUBT, FILL IT OUT!**
 - b. If you are at a medical aid call or an accident, and the patient has a contagious disease or you come in contact with their blood, document the exposure! Try and obtain accurate information from the receiving hospital or local health officer to ensure good reporting.
- F. Reordering Booklets:
 - 1. When you have completed about one-half of your booklet, it should be time to re-order an additional booklet, (See Page 5) "Request for Additional Exposure Report Forms".
 - 2. Each Division office shall maintain a supply of the "Request for Additional Exposure Report Forms".
 - 3. The Fire Department will maintain a supply of the "Request for Additional Exposure Report Forms". The Division will order them through the Fire Department Warehouse.
- G. Fire Department Individual Exposure Record:
 - 1. Each time an employee fills out the State Personal Exposure Record the employee will fill out the Fire Department Individual Exposure Record (See Page 6).
 - 2. Once the Fire Department Individual Exposure Record has been filled out, the form shall be given to the individual's supervisor at the time of the exposure.
 - 3. It is the supervisor's responsibility to sign the form and forward it to the Division Chief.
 - 4. After a review by the Division Chief, he will forward the form to the Department's personnel clerk.
 - 5. Upon receipt of a completely filled out Exposure form, the Personnel Clerk will file the form in the employee's Personnel File as a permanent record of exposure and forward a copy to the employee's Battalion Commander.

6. The Personnel Clerk will forward a copy of the Fire Department's Individual Exposure form to the County Occupational Health Physician.
7. The individual's supervisor shall institute an inquiry into the exposure to determine the background and reason for the exposure. This will insure that corrective measures are taken if possible.
8. The Fire Department Individual Exposure Record (Form # FP-003) may be obtained through the Fire Department Warehouse Catalog.

H. WELCOME TO THE PERSONAL EXPOSURE RECORDING PROGRAM!

1. You are now a part of a pioneering effort to gather quality information on firefighter exposures to smoke, chemicals and communicable disease.
2. This information will help you in the unfortunate case you become ill as a result of your job.
3. It will benefit you and your fellow firefighters by graphically illustrating exposure problems yet unsolved.
4. With the data you are reporting, we can work together to improve firefighter protection on the job.

I. WHEN SHOULD I FILL OUT THE PER FORMS?

1. When you have been exposed to a hazardous chemical in any of the following ways:

SKIN CONTACT	INGESTION	INHALATION
---------------------	------------------	-------------------

2. Anytime you do interior fire attack;
3. Anytime you remove your turnouts and still smell like smoke;
4. Anytime you fight a fire without SCBA;
5. Anytime you have an equipment failure (turnout, SCBA) which causes you to be exposed;
6. Anytime you experience long-term exposure to wildland fire incidents, Anytime you were at a Haz Mat incident and were not decontaminated;
7. Any unknown Haz Mat incident where you had direct exposure or not (when it looks ugly, it probably is ugly);
8. Anytime you have skin contact with body fluids (especially blood) from a patient;
9. Anytime you have been exposed to a communicable disease virus;
10. Anytime you incur needle sticks;
11. Anytime you experience any of the symptoms shown on the PER form;
12. Anytime you feel you have been exposed - "When in Doubt, Fill it Out!"

Note: You may also report injuries on the PER form if you like, even though the form was originally designed for clinical and medical exposures.

REQUEST FOR ADDITIONAL EXPOSURE REPORT FORMS

SOCIAL SECURITY #:

DATE:

NAME:

LOCAL UNION/DEPARTMENT:

ADDRESS:

CITY:

STATE:

ZIP:

**SAN BERNARDINO COUNTY FIRE DEPARTMENT
PERSONAL EXPOSURE RECORD**

EMPLOYEE NAME:

FIRE DISTRICT:

DATE:

INCIDENT NUMBER:

LOCATION OF INCIDENT:

SUPERVISOR'S NAME:

SUPERVISOR'S SIGNATURE:

WORK LOCATION: SAFETY NON-SAFETY

EXPOSED AT: FIRE PUBLIC SERVICE MEDICAL EMERGENCY OTHER

DESCRIBE INCIDENT:

LIST CHEMICALS PRESENT:

LIST SYMPTOMS:

PHYSICIAN CONSULTED: NO YES

PHYSICIAN'S NAME, IF YES:

STATE EXPOSURE FORM COMPLETED: YES NO

WORKERS' COMPENSATION REPORT COMPLETED YES NO

**PERSONNEL CLERK - FORWARD ONE (1) COPY OF THIS REPORT TO THE COUNTY
OCCUPATIONAL HEALTH PHYSICIAN**

8/91

Form#: FP-003