

# Spartanburg Public Safety Department Fire Division

Standard Operating Procedure	No. 100.10
<b>Toxic Exposure Investigation Program</b>	Page 1 of 6
Supersedes: 12/01/2002	Effective: 12/01/2005

## I. PURPOSE

This procedure and attached form is a quick reference for the identification of the type of incident and units involved with the exposure, the various forms documenting the exposure, the samples collected and the lab the samples were sent to.

## II. POLICY

It is the policy of the Spartanburg Fire Division to investigate and document all known or suspected toxic exposures. The Training Officer will collect all data and maintain records of all exposures. The Safety Officer or designee will be responsible for the collection of all samples and communication with the laboratory on their findings. The Fire Chief and Risk Management shall be notified as soon as possible of a suspected exposure.

## III. CONTENT

### **Incident number, time, date, location, and business/occupancy name.**

Should be filled out from dispatch information. Inaccurate information must be corrected as soon as possible.

### **Incident Type**

Put a check in the appropriate category. If any oddities or unusual circumstances exist, fill out Other/Describe section as accurately as possible.

### **Chemicals involved in incident**

Obtain from on-scene Command. List chemicals from Material Safety Data Sheet (MSDS), or bill of lading.

### **Units exposed**

Obtain from incident history. List all units.

**Incident History attached to report**

Check appropriate box and fill in time and date Incident History was obtained. This document must be obtained to complete the form. If unable to get the Incident History at time of filling out form then check the no box so that the form can be obtained at a later date.

**Lab results attached to report**

Check appropriate box. These forms may not be readily available, but it is important to note that they are not attached to the report. The form can be updated, noting that the lab reports are now a part of the report.

**Hazardous Materials Exposure Form attached**

Check appropriate box. These forms may not be available when completing the investigatory form. This section can be updated when forms are received.

**Investigator name**

The investigator's name must be printed and signed in the appropriate areas.

**Sample Collection Sheet**

USE ONE SHEET PER SAMPLE!!!

**Sample type**

Check the appropriate category.

**Sample ID #**

Identify sample using the first letter of the geographic area the sample is collected at. Then use a number one through...respectively to quantify the number of samples taken at that location. Then use the letter of the appropriate category checked. This labeling system will be the same that is used to mark the sample's container.

Example: Sample type: ashes/burnt combustibles (Category A)  
three samples collected on north side of structure  
SAMPLE ID #N1A  
SAMPLE ID #N2A  
SAMPLE ID #N3A

**Location where sample was collected**

Put a check in the general geographic location of the incident where the sample was collected.

**Time and Date sample collected**

Self-explanatory.

**Lab samples sent to**

Fill in the name of the lab the sample(s) were sent to.

#### **IV. TOXIC EXPOSURE REPORTING**

Fire Division members who are exposed to known or suspected toxic substances during the performance of work duties must contact the Shift Chief. The Shift Chief will initiate the toxic exposure investigation.

#### **V. TOXIC EXPOSURE NOTIFICATION**

When personnel are exposed to toxic substances, whether known or suspected, the Shift Chief should be contacted immediately so the investigation can be initiated at the time of the exposure and at the incident location of the exposure. If samples need to be obtained, the Shift Chief may request the assistance of an investigation unit to assist with or manage the collection of samples.

The Toxic Exposure Form shall be filled out by the Investigating Officer as completely as possible with the information made available to him/her by Command.

Notification of all employees exposed will be made as soon as possible. All exposed employees shall fill out a Fire Personnel Toxic Exposure Form.

#### **VI. DOCUMENTATION OF EXPOSURE**

The Investigating Officer is responsible for conducting an investigation and completing the Toxic Exposure form. The investigation will also consist of sample collection at the incident. The Investigating Officer or designee may need to request assistance from the County Haz Mat team to do the sample collecting if the nature of the incident so dictates. The Investigating Officer will determine what types of samples to collect and then be responsible for getting the samples to a lab for analysis. Each sample will be identified with a incident number, date, location, and area of collection.

The Investigating Officer will complete the Toxic Exposure form after all data is collected and the sample analysis is received from the lab. The Toxic Exposure form for that specific incident will have attached to it all Fire Personnel Toxic Exposure Form 91-35D, Rev. 6/99 that have been sent in. This information will be given to the Training officer for review and will be added to personnel records.

#### **VII. TOXIC SUBSTANCE SAMPLE COLLECTING**

The Investigating Officer or designee will collect the toxic substances needed for lab analysis. The Investigating Officer or designee will have sample collection kits in their possession. These kits will be used for the collecting of toxic substances for lab analysis.

## **VIII. EXPOSED PERSONNEL**

The exposed personnel will be transported to the contracted hospital at the time of exposure for evaluation and treatment if required.

## Toxic Exposure Form

General		
Incident Number:	Date:	Time:
Address of Incident:		
Officer In Charge:		Shift:
Type of Incident:		
Name of Exposed Employee:		

Exposure	
Exposure through (circle): Inhalation Absorption Ingestion Unknown.	
Suspected Type Of Exposure (circle): Chemical Biological Unknown	
Fire Involved in or During Exposure:	
Names of Chemicals in the area of the Exposure:	
Safety Equipment worn at time of exposure:	
Decontamination Measures Taken On Scene:	
Additional Decontamination Measures:	
Medical Treatment Administered on Scene?	
Transported to Hospital? Yes / No	If Yes, Name of Facility:
Clothing Gathered For Sampling? Yes / No (Yes: Complete Sample Collection Form).	
Any Additional Samples Collected? Yes / No (Yes: Complete Sample Collection Form).	

Medical Information			
Current Medications Taken:		Reported Medical Problems:	
Resting Pulse:		Resting BP:	
Signs or Symptoms Displayed:			
Time	BP	Pulse	Resp

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**TOXIC EXPOSURE SAMPLE COLLECTION SHEET**

SAMPLE TYPE: \_\_\_\_\_ SAMPLE ID# \_\_\_\_\_

ASHES/BURNT COMBUSTIBLES	_____	(CATEGORY A)
WATER/LIQUID RUNOFF	_____	(CATEGORY B)
SMOKE/VAPOR	_____	(CATEGORY C)

LOCATION WHERE SAMPLE WAS COLLECTED:

NORTH \_\_\_\_\_ SOUTH \_\_\_\_\_ EAST \_\_\_\_\_ WEST \_\_\_\_\_

INCIDENT # \_\_\_\_\_

TIME SAMPLE COLLECTED: \_\_\_\_\_

DATE SAMPLE COLLECTED: \_\_\_\_\_

LAB SAMPLES SENT TO: